

THE EVALUATION OF THE CITY OF RICHMOND'S BUILDING SAFER COMMUNITIES FUND

FINAL REPORT

City of Richmond

Building Safer Communities Fund

POTUS CONSULTING INC.

MARCH 2026

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Introduction and Review of Richmond BSCF Activities

The City of Richmond Building Safer Communities Fund (BSCF) Strategy was a three-year plan for the City of Richmond to implement the Federal BSCF to address gun and gang violence through prevention and intervention initiatives, such as, but not limited to, mentorship, counseling, rehabilitation, skills development, and recreational opportunities. The City of Richmond BSCF Strategy was supported by research and evidence-based solutions (see diagram below) to address guns and gangs in Richmond from April 1, 2022, to March 31, 2026. Programs and initiatives developed by Potus Consulting Inc. for the Richmond BSCF Strategy were tailored to Richmond’s needs and aligned with the funding conditions established by Public Safety Canada’s BSCF criteria. The strategy included consultation and engagement with stakeholders, community partners, and nonprofit organizations, which were key to forming and executing the Richmond BSCF strategy. Potus Consulting Inc. produced this strategy in 2023, which was based on comprehensive consultations with the City of Richmond, Public Safety Canada, Richmond RCMP, nonprofit organizations, government agencies such as Richmond School District, community-based groups, and other relevant community stakeholders. Many of these stakeholders were interviewed again in 2025 in support of an interim evaluation report, which was provided to the City of Richmond in the Fall of 2025.

This document serves as the final report summarizing, analysing, and evaluating each element of the City of Richmond’s Building Safer Communities Fund Strategy through Public Safety Canada’s BSCF. In addition, this final report provides an update on how the City of Richmond plans to advance the success of the BSCF after March 31, 2026.

FIGURE 1: BSCF STRATEGY FRAMEWORK



BUILDING AWARENESS, ENGAGEMENT, AND EDUCATION

END GANG LIFE

End Gang Life (EGL) is a suite of gang awareness and educational materials developed and officially copyrighted by the Organized Crime Agency of British Columbia (OCABC), a British Columbia provincial police agency that works exclusively within the integrated policing framework of the Combined Forces Special Enforcement Unit of British Columbia (CFSEU-BC). In late 2023, the City of Richmond successfully licensed EGL from the OCABC free of charge. Gang prevention and education materials, such as comic books, posters, parent and youth and parent booklets, and other products, were placed on-site or distributed for placement and use at Touchstone Family Association (TFA), as well as community locations, such as Vancouver Coastal Health, Richmond RCMP offices, Foundry, City of Richmond community centres, Richmond Media Lab, the Richmond School District (including alternative programs), Richmond Addiction Services Society, Pathways, Connections Community Services, SUCCESS, Youth Probation offices, and the Ministry of Children and Family Development (MCFD). EGL materials were offered in a variety of languages and were either supplied by OCABC and CFSEU-BC free of charge or printed by the City of Richmond via a licensing agreement. These materials are still available at many locations.

Specific events where the EGL Youth in Gangs booklets and Streetlights comic books were distributed included the 2024 City of Richmond Public Works Open House, which was attended by approximately 5,000 people; a June 2024 youth health and fitness event; the 2024 Cambie Community Carnival, which was attended by approximately 500 people; the 2024 Hamilton Night Out event, which was attended by approximately 700 people; two events during the 2024 Youth Week, which were attended by approximately 400 people; and the 2025 South Arm Neighbourhood Block Party, which was attended by approximately 500 people. Additional distribution opportunities in late 2025 included the 2025 Thompson Community Picnic and the 2025 Cambie Community Picnic, where the distribution of EGL material was fulfilled by City of Richmond staff.

Material Printed and Distributed

In total, 7,750 copies of the Understanding Youth in Gangs parent and youth educational booklets were printed in English, Spanish, Simplified Chinese, Punjabi, and Arabic. Of these, 1,450 were distributed, and the remaining 6,350 remain in storage for future distribution at city events and community engagements. An additional 250 copies of the Indigenous-specific version were printed, with 30 distributed and 220 remaining in storage for future distribution. Moreover, 25 copies of each of the three EGL posters were printed, of which 29 were distributed and the remaining 46 were retained for future distribution. Moreover, 3,000 copies of each of the three Streetlights gang awareness and educational comic books were printed, with 1,000 of each distributed and the remaining 2,000 held in storage for future distribution. It is recommended that the City of Richmond continue to distribute EGL materials at appropriate events and gatherings after the conclusion of the BSCF.

EGL Train-the-Trainer

Full-day EGL train-the-trainer sessions were held on January 16, 2024, by the CFSEU-BC at the Richmond Cultural Centre for approximately 60 participants across Richmond. This workshop introduced and trained attendees on the various types of content in the ELG portfolio. This included the Streetlights gang awareness and education comic book series aimed at teenagers, the Understanding Youth in Gangs educational booklets for youth, parents, educators, and police, and educational posters and videos.

At this event, 46 pre-workshop surveys were completed, and 76% of the respondents indicated that the topics discussed were either ‘mostly’ or ‘completely’ relevant to their roles. In terms of the general value of the workshop, only 11% of the respondents stated that they were very knowledgeable about the topic prior to the workshop. Prior to this workshop, 74% of the respondents had ‘rarely’ or ‘never’ received training on gangs or gang prevention and education. Notably, 80% of the respondents recognized the significance of workshops such as this in their roles. Respondents expressed interest in the workshop as it provided a comprehensive understanding of gang-related issues, preventative measures, intervention strategies, an overview of the relevant risk and protective factors associated with gang-curious and gang-involved youth, insights into the gang landscape in Richmond, and resources to support at-risk youth and professionals working in the field.

After the workshop, 26 participants completed a post-training survey. In total, 81% reported that the workshop ‘largely’ or ‘entirely’ met their expectations, while 76% indicated that the workshop either ‘fully’ or ‘partially’ enhanced their comprehension of gangs. Furthermore, 73% acknowledged that the workshop materials would be beneficial to them in their roles. When asked about the most salient takeaways, the primary themes centered around an enhanced understanding of the intricacies of gang recruitment, the significance of appropriate language in addressing gang-related issues, the diverse pathways associated with youth joining a gang, gang recruitment risk factors, the extensive support networks available to assist youth to avoid joining or gang or to exit a gang, and the substantial efforts being undertaken to prevent and intervene in gang activities within British Columbia. Several respondents expressed a desire for additional training and follow-up on this topic.

End Gang Life Presentations

End Gang Life presentations occurred in May 2024 in Richmond, and TFA hosted information tables at the Cambie Secondary School Wellness Fair, where anti-gang posters and other materials were provided. The City of Richmond BSCF Coordinator and TFA also used EGL materials to link key youth to BSCF Risk Interrupters and TFA, with the goal of creating future Richmond-focused anti-gang content for distribution in the community. One of the additional goals of this approach was to create avenues for referred youth to learn video production, photography, graphic design, video editing, and post-production skills. While the goal of creating Richmond-specific anti-gang messaging by at-risk Richmond youth was not achieved, primarily because BSCF clients were not interested in creating this material, the other associated goal of skill development was achieved to some degree, as discussed in the section below regarding the Richmond Media Lab.

Additional EGL-related training was held on September 23, 2024 for parents with 16 attendees. Another event was planned for November 19, 2024; however, this event was canceled owing to inclement weather and a power outage.

In June 2025, the Media Lab was in the process of organizing a poster contest on the topic of Your Voice/Your Vision – A Safer Future designed to encourage youth to design posters that reflected their ideas, experiences, and solutions for reducing gang and gun violence in Richmond. The staff of the Media Lab noted that there were no submissions from youth, which they attributed to the contest being run at the end of the school year and youth focusing on other things.

Interview Feedback

TFA staff, Richmond service providers, and BSCF clients were asked about their experiences with EGL. These interview participants described EGL as being very successful and suggested that it be a part of youth and community gang awareness, prevention, and education sustainability plans moving forward. This should be easy to achieve because, as outlined above, there are sufficient EGL materials in storage to continue distributing this material, and a licensing agreement remains in place should the City of Richmond wish to print more materials. The EGL comic books were noted to resonate very well with youth and created conversations and dialogues among them. Focused presentations, train-the-trainer sessions, and parent booklets were also popular and garnered positive feedback from youth, parents, and workers.

However, several themes emerged when discussing the challenges and barriers to using and incorporating EGL materials. One theme was that EGL materials were not being utilized by many service providers, and the printed materials remained unopened by many service providers or at the locations where the materials were delivered. Another theme was that certain locations were hesitant to display certain EGL materials, such as posters, as they believed the material could potentially lead to difficult or unwanted conversations. The final theme was the degree of skepticism regarding the overall effectiveness of the EGL in Richmond. This theme suggested that the EGL material may not resonate with all demographics in Richmond and that focusing on other emerging issues, such as vape reduction, may be more beneficial for the community. Nonetheless, it should be noted that Beck (2021) and Wong and Beck (2024) have completed evaluations of End Gang Life material, including the use of EGL content in school settings. The findings of both studies show that EGL material, including posters, in combination with presentations and engagement, has improved outcomes on gang-related attitudes, perceptions, beliefs, and knowledge among youth exposed to EGL.

CITY OF RICHMOND'S MEDIA LAB

Richmond's Media Lab was part of the BSCF strategy to address at-risk youth by providing creative and constructive outlets for personal expression. Many young people growing up in vulnerable environments experience trauma, instability, or a lack of opportunity that can contribute to their susceptibility to gang influence. The Media Lab offers an alternative path by equipping youth with the tools to tell their stories through music, art, film, and digital content, and to discover and develop employable skills. This not only helps youth process and channel their emotions in healthy ways but also allows them to be seen and heard in a world where they often feel invisible or undervalued.

Located within the Richmond Cultural Centre, the Richmond Youth Media Program (RYMP) existed prior to the BSCF and was well-equipped with computers, cameras, projectors, and many types of digital equipment and software to offer



**CITY OF RICHMOND'S MEDIA LAB
PHOTO BY POTUS CONSULTING INC.**

seasonal programs in animation, digital illustration, film editing, and more. Moving to a newly renovated space near the beginning of the BSCF initiative, the Media Lab remained a free referral-based program for youth, presented by the City of Richmond in partnership with the Richmond Addiction Services Society (RASS) and Vancouver Coastal Health Sharon Martin Community Health (SMART) Fund. This work was supported by the BSCF during the three-year project. Participants learned media literacy skills relevant to their interests in a supportive environment that included drop-in times to work independently and structured skill-building sessions. Anyone could refer youth (aged 13 to 24 years old) to the Media Lab, including the youth themselves. References were asked to complete a referral form and arrange a meeting with the Media Arts Specialist prior to joining the program, and youth could drop in or learn about the program without a referral. The Media Lab's hours were Tuesday: 4:00 – 6:00pm, Thursday: 4:00 – 6:00pm, and Saturday: 12:00pm – 4:00pm. Wednesdays also offered a "Creative Space" from 3:00pm to 6:00pm, while Fridays offered a "Jam Session" from 5:00pm to 8:00pm. The above hours were free of charge, but the Media Lab also offered paid instruction outside of these hours.

Potus Consulting Inc. interviewed in-house staff regarding their connections to the BSCF and the Media Lab more broadly. The staff reported that approximately 20 to 25 BSCF clients had used the Media Lab. Generally, the Media Lab has six to seven youth clients at a time, three to four times per week. Media Lab staff noted that BSCF youth appeared quite interested in the things occurring in the Media Lab and in their own creative projects when brought to the Media Lab by the TFA Risk Interrupters, but that the BSCF clients would not return to the Media Lab on their own regularly, which is something they would like to improve in the future.

In terms of the more structured opportunities provided by the Media Lab, the staff highlighted a wide variety of arts, digital media, and music workshops, including the Cricut machine to create items like stickers, cards, vinyl, or tote bags; 3D printing; music production through Apple's Garage Band software; songwriting and recording through electric drums, guitars, keyboards, and a turntable; photography; digital illustration on iPads with Procreate; digital animation and stop-motion animation; game design; and filmmaking and creating short videos. Staff from the Media Lab indicated that they would like to introduce more coding and video game design, robotics, and develop a stronger connection with Kwantlen Polytechnique University (KPU), which offers vocational programming. BSCF staff from TFA also noted that BSCF clients with "lived experience" could develop and co-create anti-gang or other types of prevention materials with Media Lab staff, as recommended in the initial 2023 strategy report by Potus Consulting Inc. It is evident that the Media Lab and TFA have a strong partnership that can continue to grow and develop post-BSCF. Importantly, the Media Lab is a unique setting and rare in British Columbia municipalities. For example, the City of Surrey recently opened its own version of a Media Lab; however, this is for paid instruction, unlike the City of Richmond's free version.

STRENGTHEN PREVENTION AND INTERVENTION

This component of the BSCF strategy included the Youth Empowerment Initiative, the development of Youth Micro Hubs, the hiring and deployment of Risk Interrupters, and Richmond's StreetSmarts Youth Leadership Program.

YOUTH EMPOWERMENT INITIATIVE

The 'Schools Out – Leadership Skills Group' was an ongoing initiative at various school sites across Richmond that existed prior to the BSCF. This skills group was an early prevention mentorship program

for at-risk youth in elementary schools, with the purpose of connecting clients at the earliest opportunity to prosocial high school student role models to build essential competencies to resist involvement with gangs or gang activities. Between October 2023 and May 2024, over two dozen at-risk youth from Mitchell Elementary, Brighthouse Elementary, McKay Elementary, Talmey Elementary, and Grauer Elementary were engaged with the assistance of several Richmond-area high school role models from City Centre. A noted challenge of consistent peer support for 'Schools Out' was the amount of time required to be a mentor in the Leadership Skills Group. The City of Richmond placed volunteer opportunities related to this initiative on its website to garner interest and worked with TFA to further enhance the reach of the 'Schools Out – Leadership Skills Group'. Additionally, the Guide to High School program through the YWCA and YMCA was scheduled to take place at high schools throughout Richmond and was designed to pair four to six youth mentors with YWCA staff.

Potus Consulting Inc. conducted interviews with the Richmond Community Schools Coordinator from the Richmond School District (SD38) and the Youth and Adult Counselor from TFA assigned to support the Youth Empowerment Initiative. The SD38 Coordinator's focus was to work with youth aged 6 to 13 years old on issues related to child equity. She collaborated with various community partners, including TFA, to align and prioritize goals related to increasing equity among children. She connected with TFA after TFA started the School's Out pilot program. While the Coordinator did not work in the schools with the youth in this program, she worked with TFA since 2021 and in an increased capacity since January 2024 as BSCF programming was implemented and a program called the "After School Homework Club" (Club) was developed to support youth and families at school sites to alleviate recognized barriers youth and families had with transportation to programs. The coordinator, who was SD38's only assigned staff member to the program, described the Club's goals as increasing protective factors among youth and families by including youth and parents in dedicated after-school programming. School administrators and their staff were heavily involved in identifying students and families who would benefit from additional support and programming, and the program was administered in four Richmond schools during the 2024/2025 school year. Notably, all participating schools reported positive feedback and a desire to have the program return for the 2025/2026 school year.

Programming began immediately after school and was free for youth and families, with TFA supplying a Youth and Adult Counselor and any needed materials. SD38, apart from the in-kind contribution of the coordinator, did not provide funding. The programming took place between 3:00 pm and 5:00 pm and varied between two days per week to one day per week for up to 10 weeks. The coordinator described challenges with working around competing interests for space to run the program with the schools and the need to have longer and more consistent programming, especially in the winter months. While the coordinator advised that they did not collect any data to measure or evaluate success, they described that anecdotal feedback from parents and youth was positive, with both groups showing a lot of interest in after-school programming, and school administrators requested the program return to their schools.

The Youth and Adult Counselor assigned to the Youth Empowerment Initiative by TFA was a one-on-one worker who interacted with and supported youth participating in the BSCF-funded after-school programming initiative. Additionally, they provided support for the non-BSCF School Readiness Program and the restorative justice work of TFA. Although this counselor did not have direct connections to other BSCF strategy elements, such as End Gang Life, they outlined the objectives of the Youth Empowerment Initiative as preventing gang recruitment, fostering social connections, and providing support for mental well-being. In terms of the Youth Empowerment Initiative, this TFA employee provided most of the

support for the initiative with the assistance of a university student volunteer, TFA Risk Interrupters, and youth volunteers identified through TFA's Future Leaders program, which was a non-BSCF funded program. The counselor received no BSCF-specific training, other than attending the Gangs and Guns workshop outlined below, and received no specific training other than on-the-job training and an orientation about the Youth Empowerment Initiative.

Six cycles of programming, each running five weeks per cycle, were delivered at five separate schools: Mitchell Elementary, McNeely Elementary, McKay Elementary, Garden City Elementary, and Daniel Woodward Elementary. The selection of these schools for inclusion in the Youth Empowerment Initiative was determined through a mix of school risk factors and individual risk factors determined by the counselor. Participants in some cycles were described as more gang-curious, whereas in other cycles, the program was more focused on mental health support. Approximately 60 youth participated (8 to 12 youth per cycle), and participants ranged in age between 10 and 13 years old. Between 60% and 75% were male, and approximately 10% were Caucasian/White, with East Asian youth being the largest ethnic group represented in the program. Approximately 80% of the youth were described as gang-involved or at risk of becoming gang-involved.

Common risk and referral factors among the youth were described as those struggling to make social connections, low-income youth and families, youth with a variety of learning disabilities, parents who, for a variety of reasons, such as employment, were not present for their children after school, immigrant families, and youth with behavioural and mental health issues. In terms of the general process, the counselor would meet with school administrators approximately one month prior to the start of a new cycle, and the school would identify youth who would participate in the program. Referrals to the program came from the School District, school administrators, and Station Stretch, which is a Richmond alternate school program.

The program consisted of homework support (approximately 30 minutes of the session), followed by board games and group activities that took place outdoors, in the gym, or in a multipurpose room. The sessions were designed to be casual, less regimented, open, and friendly in nature. Recruitment for programming in the first year was described as difficult; however, it became much easier as the program continued. Of the approximately 60 participants, nearly all successfully completed the cycle. Counselors advised that those youth who did not complete the cycle were typically busy with other after-school work and activities.

Some of the challenges identified by the counselor included the need to work more closely with the School District and, in rare circumstances, dealing with parents who were using the program as a free after-school daycare for their children. For TFA, success was defined as the proportion of youth in the program who completed the cycles and were asked to return to school. Additional signs of success were that participants wanted more programming, were more confident at the end of the cycles, and were building relationships and interacting more with their peers and school staff.

Notably, a letter of support for TFA was received from Matthew McNair Secondary School, which received students from Daniel Woodward Elementary, a Youth Empowerment Initiative location. The letter stated: "It is our hope that Building Safer Communities continues to be supported and expanded within Richmond. Its impact is already visible in the lives of young people in our community, and the need for this type of outreach is growing. This program fills a crucial gap that schools and existing

services alone cannot address. We recommend that it be sustained and strengthened so more youth can access the mentorship, connection, and opportunities they deserve."

Interview Feedback

Feedback on the Youth Empowerment Initiative was limited, as only a few of those who participated in the evaluation interviews conducted by Potus Consulting Inc. had any engagement or familiarity with this program element. Several individuals described the initiative as being separate and operating independently from other BSCF elements. Those with knowledge of the initiative identified challenges in recruiting and retaining youth volunteers to serve as prosocial mentors for those in the program. The primary reason cited for this was that individuals who would be ideal mentors simply did not have the time to participate in this initiative because of their involvement in numerous other school and extracurricular activities. It is also important to acknowledge that the core of the Youth Empowerment Initiative was financially supported by the United Way and that the BSCF provided additional funding to expand the Youth Empowerment Initiative for at-risk individuals.

YOUTH MICRO HUBS

Youth Micro Hubs are critical in preventing at-risk youth from engaging in criminal activity or joining gangs because they offer a safe, structured environment where young people can access positive role models, mentorship, hang out, and engage in a variety of skill-building opportunities. These hubs serve as local, community-based centers that foster a sense of belonging and purpose—key factors in steering youth away from the lure of gang life, which often fills a void left by instability at home or a lack of support. By providing casual support in areas, such as education and recreational activities, Richmond's Youth Micro Hubs address the root causes of delinquency and provide youth with constructive alternatives to street-level influences.

Richmond Youth Micro Hubs were a component of the City of Richmond's strategy to provide accessible and supportive spaces for youth. The three Youth Micro Hubs established by the BSCF strategy were located within the South Arm, Cambie, and to a lesser extent, City Center community centers. They offered a range of programs and services, including drop-in activities, mentorship, and workshops. The goal of the Youth Micro Hubs was to create safe, welcoming, and inclusive environments where young people could connect, develop positive relationships, and access resources to support their well-being. During the BSCF initiative, basic cosmetic, equipment, and furniture improvements were made in each of the above-mentioned community centre spaces. TFA Risk Interrupters were on site several days per week to establish rapport, identify, and recruit youth who could benefit from outreach and/or group support, and who were suitable for the BSCF.



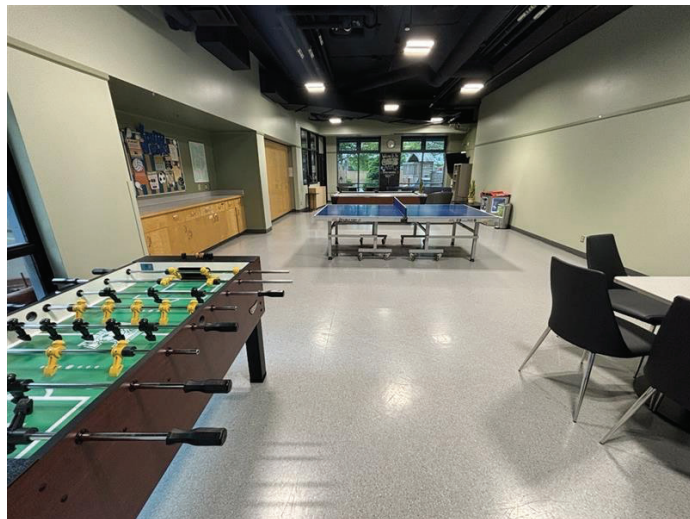
**SOUTH ARM COMMUNITY CENTRE YOUTH MICRO HUB
PHOTO BY POTUS CONSULTING INC.**

Potus Consulting Inc. visited each Youth Micro Hub several times during the BSCF project and interviewed each community center's Youth Development Coordinators to gain their perspectives on the BSCF Youth Micro Hubs, their relationship with TFA's Risk Interrupters, and their impressions of BSCF clients. Potus Consulting Inc. also interviewed City of Richmond Youth Outreach Workers who interfaced with the Youth Development Coordinators and offered more city-wide support services to youth, including in the Media Lab. It is important to note that these City of Richmond employees are not allowed to work one-on-one with at-risk youth but connect youth to programs, projects, advisory groups, and volunteering opportunities consistent with a youth's interests and skills. In addition, they maintain the operation of the social rooms and games area at the community centres and instruct and lead youth in registered and drop-in programs. It is evident that the City of Richmond staff interviewed at the community centres that house the Youth Micro Hubs cared about and were passionate about supporting at-risk youth in Richmond.

Interview Feedback

The Richmond Youth Outreach Worker provided a unique perspective on Richmond's youth engagement infrastructure, particularly regarding the BSCF strategy and its partnership with TFA. Unlike TFA's Risk Interrupters, the two city-employed Youth Outreach Workers, as mentioned above, are not permitted to conduct one-on-one work with youth because of existing policy restrictions, nor are they engaged in formal case management activities, such as individualized goal setting, progress tracking, or regular proactive contact with individual youth. Despite these limitations, they worked effectively with TFA and the Youth Development Coordinators who were present at all community centres across Richmond.

An example of effective cross-agency collaboration that included the Micro Youth Hubs was demonstrated by a city-wide Youth Outreach Worker in a case involving a Grade 7 youth at risk of gang involvement at the Steveston Community Centre. This collaboration involved the BSCF, TFA Risk Interrupters, Youth Micro Hubs, and city-wide Youth Outreach Workers. The Youth Outreach Worker reported being somewhat limited in the scope of direct engagement they could offer the youth; however, TFA's timely intervention through



**CAMBIE COMMUNITY CENTRE YOUTH MICRO HUB
PHOTO BY KIRAN SHERGILL, CITY OF RICHMOND**

BSCF programming and the Risk Interrupters created a meaningful off-ramp. As a result, at-risk youth were redirected to BSCF programming, despite being slightly younger than the usual age cohort. The Richmond Youth Outreach Worker stated that he did not know what he could have done with the youth if it was not for TFA and the BSCF. He indicated that the BSCF served a vital role in complementing existing City of Richmond services and acted as a key link with other community stakeholders. The connection to Station Stretch, an alternative school for high-risk youth from across Richmond, further underscored the alignment between outreach efforts and other support provided by BSCF partners. One City of Richmond staff member noted at the time: "If BSCF were to go away, it would be dire. The work

the Risk Interrupters do is incredibly important and impactful.” Interviews with the Youth Development Coordinators suggested that they viewed the BSCF strategy as highly effective and deeply valued the financial support provided to the social and game rooms in the three community centres housing the Youth Micro Hubs provided by the BSCF. They also recognized the excellent work done by TFA’s Risk Interrupters in the community centres and at the Youth Micro Hubs with at-risk and low-asset youth. They noted that they did not have any issues with BSCF clients or the integration of BSCF with regular community centre clients.

It was also positive to learn that BSCF clients were not restricted to only the Youth Micro Hubs but used many of the facilities found in each community center. Seeing the work done by the Risk Interrupters, the Youth Development Coordinators spoke of their interest in expanding their own roles to include the ability to do one-on-one work with youth, suggesting that this would significantly enhance overall service quality throughout Richmond. Another theme was the need for additional resources at the Youth Micro Hubs, such as sports equipment and snacks for the youth. While it remained unclear why the Youth Micro Hub at City Centre was much less impactful, the BSCF staff adjusted operations to prioritize higher-value sites. Overall, the interviews with community centre staff and the Outreach Workers affirmed the strategic importance of sustained investment in BSCF programming during the project while offering practical insights for future enhancements or modifications that may inform the City’s future investments or enhancements to the community centres, specifically to any Micro Hubs, and to expanding the role of their Youth Development Coordinators.

The Interim Report described Youth Micro Hubs as strategic neighbourhood anchors in South Arm, Cambie, and City Centre. At that stage, integration challenges existed, such as bureaucratic friction, space limitations, and uncertainty regarding uptake. However, staff interviews for this final report indicated the cultural normalization of high-risk youth within those spaces. Youth who were initially viewed as disruptive were subsequently welcomed. Community centre staff reported stronger interagency trust and increased comfort working alongside Risk Interrupters and their clients.

During the final round of interviews, staff described BSCF as having materially strengthened Richmond’s youth-serving ecosystem. Relationships between TFA, Richmond youth services, community centres, Station Stretch, Richmond Addiction Services, and Foundry were specifically described as more functional, more trusting, and more operationally aligned because of the BSCF. Notably, several staff emphasized that these partnerships were not simply administrative or referral-based; they were activated through shared case knowledge, their co-presence at the various Youth Micro Hubs, and the increase in informal collaboration that allowed agencies to operate beyond rigid role definitions. These conclusions aligned well with Potus Consulting Inc.’s broad conclusion that the BSCF functioned as a coordination catalyst, even when formal mechanisms, such as the Situation Table, experienced delays in implementation.

RISK INTERRUPTERS

At the launch of the BSCF in Richmond, TFA hired two full-time Youth Risk Interrupters, one full-time TFA Coordinator for BSCF programming, one casual on-call Youth and Adult Counselor, and one BSCF Clinical Counselor. Notably, the TFA BSCF Coordinator went on maternity leave for approximately one year in June 2024 and was backfilled by an existing BSCF Youth Risk Interrupter who provided coordination, holding/assigning referrals, and BSCF administration along with existing TFA management. This team supported BSCF clients in developing new skills in areas such as communication, goal and boundary

setting, and self-confidence, and supported client desistance from at-risk behaviours. By the end of the BSCF, according to TFA, the Risk Interrupters had accepted and worked one-on-one with 79 clients from a total of 90 referrals. The Clinical Counselor also worked closely with some clients and their families, where appropriate.

Interview Feedback

Interviews identified Risk Interrupters as central to the Strengthen Prevention and Intervention pillar of the BSCF strategy. One Risk Interrupter provided a successful story: “[My client] had charges, got in trouble, and was on probation. We got him involved in volunteering, he’s still doing that, he got involved in boxing, and he’s trying to become an amateur [boxer]. His school attendance is now good, his marks have gone up to C’s and B’s, and we brought him in for clinical support. He has ADHD and is getting help to cope with that. We also got mom and dad involved to help with at home stuff. He’s shown an interest in a lot more things now than he used to. He’s engaged way more now than he once was.”

At the Interim Report stage, the model was described as promising, relationship-driven, and uniquely positioned to engage high-risk youth who were not otherwise reachable through municipal or school-based programming. The Final Evaluation confirms this assessment and provides measurable validation. Although structural barriers to school did not significantly decrease, as will be discussed in the quantitative section of this report, this was not unexpected given systemic constraints. Symptom-level reductions suggested that the relational intervention architecture identified in the Risk Interrupters interviews translated into psychological stabilization over time. One Risk Interrupter noted, “My clients now work as a barber, a Red Seal plumber, in the Canadian Armed Forces, a mechanic, and in vehicle sales. They have had high school graduation, and opportunities to travel overseas for Co-ops. All of them originally came from crime and delinquency.”

TFA staff descriptions of relational continuity (e.g., meeting with youth on evenings and weekends, transporting them to activities or appointments, and responding to clients when in crisis) directly align with the type of protective factors that research links to desistance, as noted in the original BSCF strategy report. One Risk Interrupter shared an impactful result from one of their clients: “When I met her three years ago, she was non-verbal. She didn’t go to school, had a bad relationship with her mom, and wasn’t engaged in any extracurricular activities. I started working with her and she started communicating more... and is working her way back into high school now.”

While the Interim Report framed this relational approach as foundational, by the end of the BSCF, it was functionally transformative. One Risk Interrupter offered a powerful story to showcase this conclusion: “One of my youth clients was a dial-a-doper, had a gang-affiliated stepdad who made him sell cocaine, was committing robberies, and had a very unstable environment in general. Mom kept the guy around because he was the bread winner. The youth contacted the Ministry and that almost broke up the family, and the family hammered him over that with physical and verbal abuse. But now, he got out of that toxic environment, and he is a barber because we allocated money toward tools and training. He also got a job doing HVAC and moved out with his girlfriend. His next step is to remove his mom and younger brother from the household. We gave him that avenue.”

BSCF Youth Client Interviews

While all clients who participated in the BSCF were eligible to be interviewed as part of the evaluation of the BSCF, with the assistance of TFA and their Risk Interrupters, Potus Consulting Inc. interviewed 17 TFA Risk Interrupter clients regarding their experiences in the BSCF program, and a thematic analysis was performed to synthesize the data from these interviews. Thematic analysis is a method used to identify, analyze, and report patterns or themes in qualitative data. Unlike purely statistical or quantitative approaches, thematic analysis offers a nuanced understanding of human experiences by exploring perceptions, attitudes, and outcomes in participants' own words. This is especially critical in evaluating youth-based prevention and intervention programs, such as those operated by TFA, focusing on criminal involvement, substance use, gang affiliation, mental health/trauma, and educational disengagement.

Through open-ended questions, the thematic analysis presented below identifies the main themes that emerged from the interviews, tracks progress and setbacks, and highlights areas of strength and improvement from the perspective of the clients themselves. Where appropriate, quotes from clients, statistical findings derived from the BSCF client intake, and follow-up surveys developed by Potus Consulting Inc. are provided for additional context. By directly engaging with the voices of BSCF clients, these evaluation methods enable service providers, policymakers, and civic leaders to understand not only what was happening in the field, but also why it matters. This bridges the gap between data-driven decision-making and lived experiences. The insights presented here are intended to guide future program development post-BSCF, inform future funding priorities, and provide the City of Richmond's Mayor and Council, as well as Public Safety Canada and other potential programming funders, with an evidence-informed view of the lives of some of the Richmond's most vulnerable youth and the effects that BSCF programs had on their clients.

The interviews conducted for this final report with clients provide compelling qualitative validation of the TFA staff's assessments. Across all interviews, clients described the BSCF program as transformative. The defining feature of their experience was the relationship with their assigned Risk Interrupter, who was consistently characterized as trustworthy, motivating, and non-judgmental. Clients articulated gains across multiple domains, such as improved emotional regulation, increased school engagement, entry into employment or training pathways, expanded social confidence, decreased criminality, and more positive prosocial relationships. Importantly, these outcomes were not framed as abstract improvements but as concrete shifts in that graduation trajectories were stabilized, jobs were secured, substance use was reduced, and family relationships improved. Several clients also explicitly stated that without BSCF support, they would likely have remained disengaged from school, unemployed, or involved with harmful peer networks. This framing underscores the preventative value of the BSCF program and mirrors the quantitative trends presented below regarding reduced antisocial behaviour and improved self-image. The interviews with clients aligned closely with the broader thematic patterns observed in the larger client quantitative data collected over the years, as presented in another section of this report.

PROFILE OF YOUTH INTERVIEW PARTICIPANTS

The average age of the interviewees was 16 years old, with a range of 14 to 18 years old. Regarding gender identity, 14 clients identified as male and three as female. The duration of participation in the BSCF program ranged from six to 18 months, and the primary referral sources were school staff, such as

teachers, principals, and counselors, as well as probation officers, social workers, and family members. A total of 14 out of 17 clients (82 per cent) were attending school, although some were doing so inconsistently, and two clients were expelled from school but had since shown some improvement in their attendance and behaviour at school. Most of the interview participants were completing grades 10 to 12, and two clients reported working part-time, 12 were not employed, and three had an unknown employment status. Finally, all interviewed clients lived with family or guardians; however, many reported instabilities in this context, including exposure to family violence, parental conflict, or a lack of support for mental health.

MAJOR INTERVIEW THEMES

The most consistent and powerful theme that emerged across the interviews was the strong bond between the youth and their Risk Interrupters. Many clients described their Risk Interrupter as someone they could trust completely, who made them feel safe, respected, and valued. These relationships were often contrasted with experiences of judgment, misunderstanding, or neglect from other adults in their lives, which, in some cases, was one of the main reasons why clients wanted help and support. The Risk Interrupters non-authoritative, friendly, relatable, and reliable presence provided clients with emotional safety that created the foundation for meaningful engagement with goals, school attendance, and healthier social behaviors. Trust, empathy, and non-judgment were frequently mentioned throughout the interviews as the nature of the relationship between the client and their Risk Interrupter. Many clients referred to their relationship with their Risk Interrupter as that of an older sibling, mentor, or friend, but with clearly defined professional boundaries.

Risk Interrupters were consistently described as dependable, trustworthy, and available. Many clients felt that their workers were the only adults in their lives who understood and supported them. Clients described their Risk Interrupters as easy to talk to, supportive, relatable, and trustworthy. Clients emphasized the role Risk Interrupters played in calming them down during a conflict. It was reported by clients that the Risk Interrupters' ability to meet clients where they were in different parts of the community, without judgment, was critical. Clients also emphasized that their Risk Interrupters helped them differentiate between right and wrong and influenced their decision-making in real time. One client mentioned: "sometimes I think what would [the worker] think before I make a decision."

PRACTICAL LIFE SUPPORT AND SKILL DEVELOPMENT

Clients emphasized the value of help with basic life skills they received from the Risk Interrupters, many of which were inaccessible or overlooked in their families or schools. From helping obtain vital identification documents to coaching in resume writing, job searching, and applying to post-secondary programs, the Risk Interrupters often filled critical gaps. Assistance with obtaining first aid, food safety certifications, and forklift training was mentioned by several clients, noting that these not only improved their employability, but also boosted their confidence and sense of accomplishment. Many clients credited the Risk Interrupters with helping them obtain identification cards, open bank accounts, and apply for jobs or school programs. Clients repeatedly described feeling more prepared for adulthood because of the BSCF and TFA Risk Interrupters. Staff interviews repeatedly referenced parental absence, deportation, death, or instability, and client narratives confirmed that Risk Interrupters often functioned as consistent adult figures in the absence of stable parental structures. This was not incidental but central to understanding why relational continuity produced measurable stabilization in this cohort.

IMPROVED SCHOOL ENGAGEMENT, ATTENDANCE, AND ACADEMIC STABILITY

Most clients disclosed that they had not been attending school consistently prior to their involvement with the BSCF. Since they began working with the Risk Interrupters, most clients reported improvements in school attendance and engagement. Some clients who had been expelled or disengaged from school prior to their involvement with the BSCF ended up enrolling in alternative or mainstream schools and receiving additional academic support. One client noted: “They helped me with tutoring and getting organized.” The BSCF program’s focus on education, both through formal encouragement and informal discussions, appeared to have positively reshaped many clients’ attitudes toward school and education.

There was also a marked improvement in school attendance and academic attitudes after becoming connected to the BSCF. Clients re-engaged with school because of the support from their Risk Interrupters. As one client stated, “I used to skip all the time. Now I go to my classes.” Clients reported feeling more accepted at school, focused on life goals, and valued healthy peer relationships. While some clients still found school difficult or uninteresting, they described more accountability and structured routines that stemmed from the BSCF programming and their interactions with their Risk Interrupters.

EMOTIONAL REGULATION, TRAUMA RECOVERY, AND MENTAL HEALTH

Many of the clients interviewed reported complex mental health challenges, including depression, anxiety, trauma, and anger management. Although not a dedicated clinical program and Clinical Counseling was a component of TFA and BSCF, the Risk Interrupters approach to consistent, compassionate mentorship contributed to significant emotional improvements. “I’ve learned to not put things off, and I handle my anxiety better now,” stated one client. Risk Interrupters often serve as connectors to counseling services and are often seen by clients as more approachable than traditional mental health professionals. The impact of Risk Interrupters was especially meaningful for those with family trauma, including physical abuse, parental absence, and mental health stigma.

The client interviews also illustrated how relational mentorship contributed to anxiety management and emotional regulation. One female client interviewed commented that without the program she would have been more closed-off and less socially engaged, reinforcing the social anxiety reductions reflected in the quantitative follow-up data that is presented below. “My action plan is set but maybe for some other kids who don’t have the same path, they might feel stranded, but I think I am going to do really well. [My Risk Interrupter] helped me and my friends a lot in a positive way. They are great to connect with and had a very positive impact on my life,” she stated.

Clients consistently described their Risk Interrupters as authentic and highly motivating. One client shared: “[My Risk Interrupter] is a solid guy all around,” while another client emphasized that the best part was “having someone to set me on the right path.” The clients framed improvement not as therapy, but as trust-based mentorship. These narratives corresponded directly with quantitative reductions in self-harm and depressive symptoms, as described below.

Moreover, several clients credited the BSCF program and Risk Interrupters with helping them manage anxiety, depression, trauma, and anger. Importantly, many clients said they preferred their Risk Interrupters to traditional therapy because of the sense of equality and non-judgment. As one client stated, “It’s not like therapy. I’m not judged. Just advice.” A few clients asserted that they had quit smoking, reduced substance use, stopped fighting, and improved family relationships because of their work with their Risk Interrupter. One client shared that their Risk Interrupter helped them recover from

an eating disorder and improve their relationship with food. Other clients mentioned learning everything from emotional regulation to communication skills because of their Risk Interrupters.

Although not substance-specific, intake data showed a degree of self-reported substance use disorder among a sample of clients, while their follow-up data demonstrated reductions among matched clients. Client narratives also referenced reduced risky behaviour, increased accountability, and more structured and healthy routines overall during participation in the BSCF program. These qualitative accounts support the modest but meaningful behavioural shifts documented quantitatively over time. As one client noted: “[I] would have been more clueless and more lost for sure without this program.”

ENGAGING RECREATIONAL ACTIVITIES AND SOCIAL CONNECTION

Throughout the client interviews, the Risk Interrupters’ ability to blend support with enjoyable experiences was repeatedly noted. Activities such as go-karting, gym workouts, or simply grabbing meals together help clients feel normal, valued, and emotionally reset. This combination of accountability and recreation allowed the program to maintain the client’s attention, focus, and interest while building trust and promoting emotional resilience. Risk Interrupters’ combination of structured and recreational activities played a critical role in maintaining client engagement. Activities were often described as rewards for making progress toward meeting individual goals or were used during particularly challenging weeks for clients. These outings also create positive peer interactions, new friendships, and a sense of belonging to the community. As part of their work, Risk Interrupters also ran several youth groups with BSCF and TFA clients.



POSTER OF A GROUP PROGRAMMING EVENT

GROWTH IN SELF-PERCEPTION AND IDENTITY DEVELOPMENT

Many clients reflected on their personal growth and improved self-perception. Several clients spoke of increased confidence, productivity, and emotional maturity. One client stated that they had transformed from someone on a path to jail to someone preparing for college. Such shifts in self-identity are foundational for long-term behavioural change, and they suggest that the BSCF program and the Risk Interrupters fostered not only compliance but also transformation. Some clients reported feeling more mature, productive, or capable because of their time working with their Risk Interrupter. For example, one client expressed pride in no longer associating with criminal peers. Many other clients also noted a decrease in impulsive or destructive behavior, which they linked directly to their Risk Interrupters’ guidance.

Quantitative data indicated that nearly one-third of clients (32.4 per cent) wanted to obtain some form of university trade education after high school, and the same proportion wanted to obtain a university degree or a trade certificate. Client interviews revealed that the BSCF transformed these aspirations into structured action plans. One client described gaining “peace of mind knowing that good things are coming for me because I have structure,” while stating that he would have been “lost” without the BSCF program.

MOTIVATION AND GOAL SETTING

Almost all clients mentioned setting and working toward individual goals with their Risk Interrupters, such as graduating high school or attending post-secondary education. Some clients reported being accepted into college programs, completing high school credits, and making strides in their music careers. Other clients reported becoming more disciplined and managing their schedules and expectations more effectively because of working with the Risk Interrupters and participating in the BSCF program.

In terms of goals, clients shared a wide range of goals, such as joining the military, enrolling in college, attempting a career in music creation, production, or performance, and pursuing a career in the trades. Importantly, many clients reported that their Risk Interrupter helped them believe in their ability to achieve these goals. “[They] said I could survive on my own. That changed how I saw myself,” noted one client. This level of mentorship, combined with goal-setting activities and accountability, suggests that risk interruption activities fostered both a practical vision of the future and a sense of agency, empowerment, and direction into adulthood.

During the interviews, clients described receiving funding for items such as Muay Thai equipment, trade applications, laptop purchases, and Grade 12 projects. The combination of relational guidance and targeted financial support appeared to have reduced structural disadvantages for many clients, even if their socioeconomic status remained unchanged. As one youth shared, “I landed a job because he [the Risk Interrupter] taught me to be persistent. Working at a restaurant now. He taught me better ways to get income. Taught me maturity. Taught me to be a better person.”

EFFECTIVENESS OF BSCF PROGRAMMING FOR AT-RISK POPULATIONS IN RICHMOND

Clients directly expressed that one-on-one and group-based BSCF programming met their needs, especially for those at greater risk of criminal involvement, substance use, gang affiliation, or educational disengagement. Clients reported that the education, mentorship, and prosocial engagement provided by the Risk Interrupters directly impacted their behaviour. Clients who had been arrested, suspended, or were associated with gang-involved peers reported redirecting their energy into school and prosocial hobbies. Clients felt that the structure and support offered by the Risk Interrupters helped deter them from criminal behaviour. Several clients noted that personal willingness to change was also key. The BSCF program and the Risk Interrupters provided a sense of belonging, identity, and routine—three major factors that draw youth into gangs, as noted in the initial strategy report produced by Potus Consulting Inc. By offering alternatives, including group bonding activities, “real-talk” sessions with ex-gang members, and consistent one-on-one mentorship, the work of the Risk Interrupters and other BSCF elements was a viable preventative model. Interestingly, many clients said that the Risk Interrupters offered them a sense of community and purpose, replacing that which gang involvement might have otherwise provided.



POSTER OF A GROUP PROGRAM

Again, although the BSCF was not designed to be a substance desistance program, several clients reported decreased alcohol and drug use due to program engagement. This is consistent with the quantitative data presented below. However, clients requested more tools, such as cessation support or activities to replace drug use. Nonetheless, clients believed that the Risk Interrupters were helpful in providing a distraction and a purpose, which was helpful but did not remove the need for more intensive addiction-specific support.

TFA's relational approach with its referrals to external resources, such as the Foundry, was seen as critical to mental wellness, especially among BSCF clients with PTSD, anxiety, or depression. As mentioned above, in this area, the Risk Interrupters were often seen as more helpful than therapists because of their authentic, peer-like relationships. For clients without stable home environments, the Risk Interrupters appeared to become surrogate adult figures. While some family challenges remained, clients generally expressed gratitude for having a consistent support system. Risk Interrupters were cited as critical alternative support systems for clients without strong family structures.

AREAS FOR IMPROVEMENT

Some clients offered thoughtful suggestions on how to improve the overall risk interruption programming. While their experiences were overwhelmingly positive, specific ideas were mentioned repeatedly. Many clients called for more funding to support food, transportation, and other activity costs. This would also allow for longer or more frequent sessions with Risk Interrupters. Some clients suggested having additional Risk Interrupters to reduce wait times and ensure consistent one-on-one attention. Clients felt that longer or more frequent sessions would assist them in accomplishing program goals more quickly and better address their needs.

Other suggestions included more active group options, such as boxing or martial arts programs and trauma support groups. Several clients advocated for more group activities to create shared experiences among peers. A few clients recommended reducing reliance on paper-based educational materials to accommodate clients with dyslexia and other learning barriers. As mentioned above, some clients also felt that while the BSCF program and the Risk Interrupters helped indirectly, more structured substance use support would help them quit smoking, vaping, and drug use. In addition, multiple clients pointed out that vaping, marijuana use, and drinking were normalized among youth; therefore, they wanted more education and prevention programs to address these issues. Finally, some clients felt that a few guest speakers, especially those who gave gang prevention talks, were out of touch or lacked authenticity. They requested more real and relatable stories from people with lived experiences.

OVERALL ASSESSMENT

As one client stated: "Without this, I think I'd be in jail or dead." Based on the information provided by the client interviews, TFA and its approach to risk interruption have had a profoundly positive effect on the lives of at-risk youth in Richmond. The interview data reflect a program that not only reduced self-reported risk factors, such as truancy, criminal activity, and antisocial behaviour, but also built protective factors, such as school engagement, personal resilience, and future planning in clients. The clients who were interviewed were candid, thoughtful, and deeply appreciative of the BSCF, TFA, and their Risk Interrupters. Their reflections suggest that the Risk Interrupters and other staff at TFA did more than simply intervene in their lives; they transformed their life trajectories.

Several clients shared their feelings about the BSCF program ending. One asserted: "I am losing my Risk Interrupter, but I can still be an active contributor to my community and society." Another client shared,

“This program has really helped youth connect better. I really appreciated the program.” Additionally, one youth client noted, “With the loss of the program, I will lose some of my structure. I will no longer have that person to help me do it but now it’s up to me to keep that responsibility.”

While clients expressed gratitude and optimism regarding their own futures, all acknowledged concern for their peers who may not yet have reached a similar level of stability. The anticipated loss of structure, accountability, and consistent adult support were identified as significant risks for those still in the earlier stages of change. Interestingly, clients did not frame program support as transactional but emphasized guidance, planning, and belief—elements that are difficult to replicate through fragmented or short-term services. This reinforces City and TFA staff concerns that the sustainability phase, while preserving key coordination functions, will inevitably leave service gaps for high-risk youth in Richmond.

Quantitative Data Analysis of Risk Interrupters' Clients from Intake and Follow-Up Surveys

As part of the BSCF program, it was expected that all BSCF clients would complete an intake survey created by Potus Consulting Inc. and administered by TFA. Approximately six months after the initial intake and/or at discharge from the program, whichever came first, the instrument was to be administered again, referred to as the follow-up survey, to provide information to assess changes over time. Once TFA stopped accepting new clients into the BSCF and stopped administering the follow-up survey, Potus Consulting Inc. locked the database for analysis. In total, the intake database was completed by 37 clients. Moreover, 28 clients completed the follow-up questionnaire; however, there was a match for only 21 clients who completed both the intake and follow-up questionnaires.¹ The data presented below is an analysis of the intake and follow-up data.

GENERAL DEMOGRAPHICS

Of the 37 clients who completed the intake instrument, 18 (48.6 per cent) self-identified as male, 18 (48.6 per cent) self-identified as female, and one client self-identified as transgender. For the follow-up period, of the 28 clients, 18 (64.3 per cent) were male, nine (32.1 per cent) were female, and one was transgender. However, of the 21 clients who completed both the intake and follow-up surveys, 12 were male (57.1 per cent), eight were female (38.1 per cent), and one was transgender.² At intake, the mean age of all clients was 15.7 years, with the youngest client being 13 years old and the oldest being 18 years old. There was no difference in the average client age by gender. When asked to describe the ethnic group that one felt most a part of, the largest proportion of clients at intake self-reported as being Middle Eastern (21.6 per cent) or Caucasian (21.6 per cent) followed by East Indian/South Asian (18.9 per cent). When comparing ethnicity by gender, only minor differences were observed (see Table 1). During the follow-up period, while the proportion increased somewhat, Middle Eastern was still the most common category (28.6 per cent) followed by Caucasian (25.0 per cent) and Asiatic (17.9 per cent).

TABLE 1: CLIENT ETHNICITY AT INTAKE (N = 34)

	Male (N = 18)	Female (N = 18)	Total (N = 37)
Middle Eastern	4	4	21.6%
Caucasian	4	3	21.6%
East Indian/South Asian	3	4	18.9%
Asiatic	3	1	10.8%
Indigenous	1	3	10.8%
Latin American	1	2	8.1%
Eastern Europe	1	1	5.4%
Black	1	0	2.7%

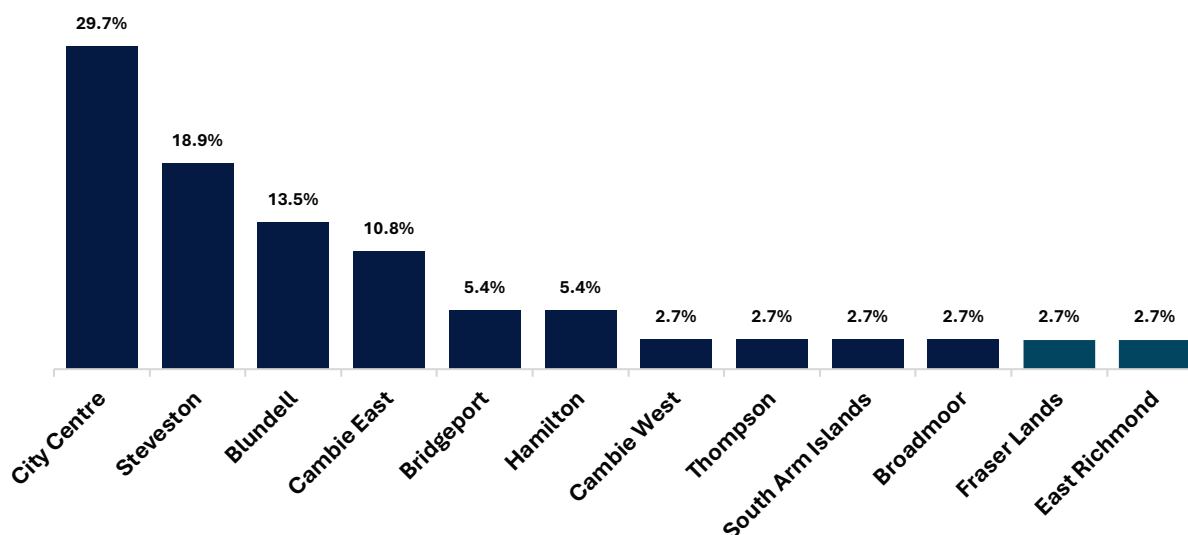
¹ TFA has determined that not all clients completed the intake survey because it took too long to complete or because some clients were not comfortable completing it. Similar explanations were provided for why all clients did not start or complete a follow-up survey at the six-month mark or upon discharge from the BSCF. In those cases where a client had more than one follow-up survey, only the last one was included in these analyses.

² For the remainder of this section of the report, only the data for the 21 clients who completed both an intake and a follow-up questionnaire will be included in the analysis of the follow-up data.

Regarding the primary language spoken at home, nearly two-thirds (62.2 per cent) of clients reported that English was the primary language, and 16.2% reported that Arabic was the primary language spoken at home. Two clients each indicated that French, Tagalog, or Punjabi were the primary languages spoken at home, and one client reported Hindi as the primary language.

Clients came from many different neighbourhoods in Richmond. More than one-quarter (29.7 per cent) of clients came from City Centre, 18.9% from Steveston, 13.5% from Blundell, and 10.8% from Cambie East (see Figure 2).

FIGURE 2: NEIGHBOURHOODS THAT CLIENTS RESIDED IN



At intake, clients were asked to describe their current residence. The most common responses were a house (40.5 per cent), followed by an apartment (27.0 per cent) and a townhouse (18.9 per cent) (see Table 2). Again, there were very few differences by gender, with the exception that females were more likely to live in a house than their male counterparts.

TABLE 2: TYPE OF RESIDENCE CLIENT WAS LIVING IN DURING THE INTAKE PROCESS (N = 37)

	Male (N = 18)	Female (N = 18)	Total (N = 37)
House	5	9	40.5%
Apartment	5	5	27.0%
Townhouse	4	3	18.9%
Duplex	2	1	8.1%
Condominium	1	0	2.7%
Other	1	0	2.7%

Of concern was the finding that only slightly more than one-third of clients (35.1 per cent) lived with both biological parents most of the time at intake. There was a slightly higher proportion of males (39.0 per cent) who lived with both their biological parents most of the time than females (33.3 per cent) (see Table 3). The next most common living arrangement was for the client to live with their biological mother only most of the time (27.0 per cent); however, this was much more common among female clients (33.3 per cent) than among male clients (22.2 per cent). The opposite was somewhat true for living only with one’s biological father most of the time, as male clients (16.7 per cent) compared with female clients (12.5 per cent) were more likely to live in this type of arrangement. A small number of clients (10.8 per cent) lived with relatives most of the time, and only one client lived with a friend’s family. Another client lived alone most of the time.

TABLE 3: WHO CLIENTS WERE LIVING WITH MOST OF THE TIME DURING INTAKE (N = 34)

	Male (N = 18)	Female (N = 18)	Total (N = 37)
With Both Biological Parents	7	6	35.1%
With Biological Mother Only	4	6	27.0%
With Relatives	1	2	10.8%
With Biological Father Only	3	1	10.8%
With Biological Mother and Her Partner	2	1	8.1%
With Friend’s Family	0	1	2.7%
On My Own	1	0	2.7%
With Foster Parent(s)	0	0	0
With Biological Father and His Partner	0	0	0
With Adoptive Parent(s)	0	0	0
Group Home	0	0	0
Couch Surfing	0	0	0

In terms of socioeconomic status, clients reported that their families were generally middle class. More specifically, nearly one-third of clients (29.7 per cent) believed their family to be lower-middle class, nearly one-half of clients (45.9 per cent) felt their family was middle class, and two clients reported that their family was upper-middle class. Finally, nearly one-fifth of clients (18.9 per cent) indicated that their family was lower class.

EDUCATION

Regarding education, during the intake process, most clients (86.5 per cent) reported being enrolled in school. Of the five clients who reported not being enrolled in school, one dropped out, one was temporarily out of school, and three had graduated high school. Given the age range of the clients, it was not unexpected that clients would be in grades 8 to 12, with the average being enrolled in grade 10. When asked how well they did in school, most clients (59.5 per cent) reported that they did about as well as most other students. However, nearly one-quarter (24.3 per cent) reported that they did worse than most other students, with only 16.2% (n = 6) indicating that they believed they did better in school than most other students. It was interesting that many clients wanted to continue their education after

receiving a high school diploma. More specifically, nearly one-third (32.4 per cent) wanted to obtain some university or trade education after high school, and the same proportion wanted to obtain a university degree or a trade certificate. Moreover, 10.8% (n = 4) wanted to obtain a graduate degree.

Notably, 33 clients (89.2 per cent) reported experiencing barriers or challenges in their schooling during their most recent academic year. The most common barrier was a lack of motivation (78.8 per cent) (see Table 4). While much less common, one-third of clients (33.3 per cent) reported a lack of a specific academic skill, such as math or science, and a smaller proportion (27.3 per cent) reported a lack of transportation to and from school as barriers. Moreover, eight clients (24.2 per cent) reported conflicts with teachers, and seven students (21.2 per cent) reported being bullied by others as educational barriers they had recently experienced. Very few clients reported having a criminal record (n = 3) or gang involvement (n = 1) as barriers to their education.

TABLE 4: BARRIERS OR CHALLENGES IN SCHOOL THIS ACADEMIC YEAR AT INTAKE

	Total (N = 33)
Lack of Motivation	78.8%
Lack of a Specific Academic Skill	33.3%
Transportation to or From School	27.3%
Learning Disability	27.3%
Conflict(s) with Teacher(s)	24.2%
Being Bullied by Others	21.2%
Don't Have the Necessary Equipment, such as a Laptop	18.2%
Literacy/Numeracy	18.2%
Poor Interpersonal Skills	9.1%
Safety Concerns	9.1%
Criminal Record	9.1%
Not Having a Stable Address	6.1%
Language Difficulties	6.1%
Gang Involvement	3.0%
Physical Disability	0

In comparing only those 21 clients who completed an intake and follow-up assessment, approximately four-fifths were enrolled in school (81.0 per cent) during the intake, and all but two of these clients were still enrolled in school during the follow-up period. Of the four clients at intake who were not enrolled in school, two had graduated, one had dropped out, and one was temporarily out of school. Of the six clients during the follow-up period who were not enrolled in school, four had graduated, and two were temporarily out of school. Notably, in the time between the intake and the follow-up assessment, only one additional client reported experiencing any barriers to school. However, the mean number of barriers reduced slightly from 3.0 at intake to 2.3 during the follow-up period. Given this, it appears that participating in the BSCF program served to reduce some barriers for some clients to their academic education. In effect, while BSCF Risk Interrupters worked with their clients on school-related activities,

such as homework, addressing the specific school-based barriers presented above was not a core aspect of the Risk Interrupters' work.

The quantitative finding that school-related barriers remained largely unchanged between intake and follow-up may initially appear inconsistent with the overwhelmingly positive qualitative accounts of improved school engagement reported in another section of this report from BSCF clients. The thematic analysis of client interviews suggests that many barriers faced by youth, such as learning disabilities, trauma-related disengagement, unstable home environments, and prior disciplinary histories, are structural and institutional in nature, rather than motivational. Clients consistently described improved attendance, re-enrollment, or greater accountability; however, these gains often occurred within alternative learning environments or informal support rather than through the removal of formal school-based barriers. In other words, youth may be "showing up more" without necessarily experiencing fewer systemic obstacles.

Notably, TFA staff interviews clarified that while Risk Interrupters regularly supported homework completion, advocacy, and school re-engagement, addressing entrenched educational barriers was not a core mandate of risk interruption work. Academic streaming, special education needs, suspensions, and complex relationships with school authorities often require specialized educational interventions beyond the scope of BSCF programming. As such, the stability observed in school-barrier indicators may reflect role clarity rather than program ineffectiveness, underscoring the importance of complementary school-based and clinical educational supports. From a lessons-learned perspective, these findings suggest that future evaluations should distinguish between school engagement behaviours (e.g., attendance, effort, and re-enrollment) and institutional barriers (e.g., diagnoses, disciplinary records, and learning accommodations). The qualitative evidence strongly indicates progress on the former, even if the latter remained slow to shift within a 12-to-24-month follow-up period.

EMPLOYMENT

Similarly, given the age range of the clients, it was not unexpected that most clients (70.3 per cent) reported that they were not employed full-time or part-time because they were students. While none of the clients reported working full-time, five were employed part-time. Moreover, among all clients, five (13.5 per cent) reported experiencing barriers or challenges to obtaining or maintaining employment in the past six months. Given the mean age of the clients, it was not unexpected that most clients would report needing specific skills ($n = 4$) or lacking the necessary experience ($n = 3$) as barriers. However, three of the five clients reported a lack of motivation, one indicated that their criminal record was a barrier, and two reported that the conditions of their probation were a barrier. Although the number of clients reporting barriers was very low, it was interesting that none of the clients reported transportation, gang involvement, language difficulties, safety concerns, or several other issues as barriers to employment.

TABLE 5: BARRIERS TO OBTAINING OR KEEPING EMPLOYMENT IN THE PAST SIX MONTHS (N = 5)

	Total (N = 5)
Need Specific Skills	4
Lack of Motivation	3
No Experience	3
Lack of a Stable Address	2
Conditions of Probation	2
Qualifications Not Valid	1
Poor Interpersonal Skills	1
Criminal Record	1
Don't Have the Necessary Work Tools/Equipment	1
Literacy/Numeracy	0
Lack of References	0
Transportation	0
Gang Involvement	0
Disability	0
Language Difficulties	0
Safety Concerns	0

During the follow-up period, one client reported being employed full-time, two were employed part-time, and one was self-employed. As expected, nearly one-quarter (23.8 per cent) of the clients reported being unemployed, and 57.1% reported that they were not working because they were students. Client unemployment at follow-up must be interpreted through the lens of youth developmental trajectories and the qualitative context of workforce readiness support. As discussed in a previous section of this report, interviews with clients revealed that most clients entered BSCF programming with limited work experience, incomplete documentation, or unrealistic expectations about employment. Risk Interrupters frequently supported clients in obtaining identification, certifications, resumes, and job-search skills, which are steps that may temporarily coincide with periods of unemployment as clients transition away from informal or unstable work arrangements toward longer-term goals.

Additionally, several clients described prioritizing school re-engagement, mental health stabilization, or compliance with judicial orders over employment during their time in BSCF programming. For some, this meant stepping back from precarious employment to focus on education or personal safety. In this sense, unemployment may reflect strategic pauses rather than regression, particularly in a cohort where employment was not consistently stable or developmentally appropriate at intake. TFA Staff interviews further emphasized that workforce readiness had been one of the program's strongest components; however, they also noted funding reductions that constrained sustained job placement support. This highlighted the key lesson that risk interruption could prepare clients for employment; however, job retention and labour-market attachment or conditions often require longer timelines and stronger employer partnerships. Future research would benefit from tracking employment quality, stability, and alignment with career goals, rather than binary employment status alone.

MENTAL HEALTH AND WELL-BEING ISSUES

Of the 37 clients at intake, only three (8.1 per cent) reported that they had not experienced any mental health issues. As demonstrated in Table 6, the most common mental health issues experienced by clients were general anxiety or stress (64.9 per cent) followed by social anxiety or stress (54.1 per cent). Moreover, nearly half of the clients (43.2 per cent) reported depression, and nearly one-third (37.8 per cent) reported an eating disorder. In addition to the finding that more than one-third of the clients (35.1 per cent) reported suffering from ADHD, nearly one-third of the clients reported self-harm (32.4 per cent) and suicidal ideation (29.7 per cent).

Table 6 also demonstrates significant gender differences in mental health issues. For example, female clients were much more likely than their male counterparts to report general anxiety/stress (83.3 per cent vs. 44.4 per cent) and social anxiety/stress (63.2 per cent vs. 38.9 per cent). Female clients were also much more likely than male clients to report depression (55.6 per cent vs. 27.8 per cent), an eating disorder (61.6 per cent vs. 11.1 per cent), self-harm (50.0 per cent vs. 16.7 per cent), suicidal ideation (44.4 per cent vs. 11.1 per cent), post-traumatic stress disorder (38.9 per cent vs. 11.1 per cent), and attachment disorder (22.2.0 per cent vs 0 per cent). Conversely, there were no mental health issues for which male clients were more likely than female clients to report. In total, those who reported at least one mental health issue, on average, reported 4.5 different mental health issues. When considering gender, females, on average, reported 5.5 mental health issues, males reported, on average, 3.1 different mental health issues, and the one transgender client reported 8.0 different mental health issues.

TABLE 6: MENTAL HEALTH ISSUES EXPERIENCED BY CLIENTS AT INTAKE (N = 37)

	Male (N = 18)	Female (N = 18)	Total (N = 37)
Generalized Anxiety/Stress	44.4%	83.3%	64.9%
Social Anxiety/Stress	38.9%	63.2%	54.1%
Depression	27.8%	55.6%	43.2%
Eating Disorder	11.1%	61.6%	37.8%
ADHD	33.3%	33.3%	35.1%
Self-Harm	16.7%	50.0%	32.4%
Suicidal Ideation	11.1%	44.4%	29.7%
Post-Traumatic Stress Disorder	11.1%	38.9%	24.3%
Substance Use Disorder	22.2%	27.8%	24.3%
Phobias	11.1%	22.2%	16.2%
Attachment Disorder	0	22.2%	10.8%
Panic Disorder	11.1%	11.1%	10.8%
Antisocial Disorder	5.6%	5.6%	8.1%
Obsessive Compulsive Disorder	5.6%	11.1%	8.1%
Bipolar Disorder	5.6%	5.6%	5.4%
FASD/CDBC	0	2.8%	2.7%
Complex Post-Traumatic Stress Disorder	0	5.6%	2.7%
Schizophrenia	0	0	0
Conduct Disorder	0	0	0

Of the 21 clients who completed both the intake and follow-up surveys, only one client (4.8 per cent) during the intake reported not experiencing a mental health issue. This number increased to seven clients (33.3 per cent) during the follow-up period. Several other interesting findings were noted. First, there was an increase in the proportion of clients who self-reported ADHD, bipolar disorder, conduct disorder, and FASD/CDBC in the follow-up period compared to the intake period (see Table 7).³ However, there were substantial decreases in the proportion of clients who self-reported general anxiety or stress, social anxiety or stress, depression, eating disorders, self-harm, suicidal ideation, phobias, antisocial disorder, and attachment disorder in the follow-up period. One possible explanation for these findings might be the work that TFA did in helping clients identify any mental health concerns and the work done by the clients, the Risk Interrupters, the clinical counselor at TFA, and the staff at TFA to connect BSCF clients to other mental health services in Richmond to address mental health issues as part of the BSCF strategy. In other words, the work done by TFA staff associated with the BSCF program appeared to help clients recognise or diagnose any mental health issues, as well as treat their mental health challenges, resulting in a reduction of symptoms or a return to mental health.

TABLE 7: MENTAL HEALTH ISSUES EXPERIENCED BY CLIENTS DURING INTAKE AND THE FOLLOW-UP PERIOD (N = 21)

	Intake Period	Follow-Up Period
Generalized Anxiety/Stress	57.1%	47.6%
Social Anxiety/Stress	57.1%	38.1%
Depression	38.1%	23.8%
Eating Disorder	38.1%	23.8%
ADHD	28.6%	33.3%
Self-Harm	23.8%	9.5%
Substance Use Disorder	23.8%	9.5%
Suicidal Ideation	19.0%	19.0%
Post-Traumatic Stress Disorder	19.0%	19.0%
Phobias	14.3%	4.8%
Antisocial Disorder	14.3%	9.5%
Attachment Disorder	9.5%	0%
Obsessive Compulsive Disorder	4.8%	4.8%
Bipolar Disorder	4.8%	9.5%
Conduct Disorder	4.8%	9.5%
Panic Disorder	0%	0%
FASD/CDBC	0%	4.8%
Complex Post-Traumatic Stress Disorder	0%	0%
Schizophrenia	0%	0%

³ The light blue colour signifies a decrease in the number of clients who reported a mental health issue during the follow-up period. The light green signifies an increase in the number of clients who reported a mental health issue during the follow-up period, and the white colour denotes no change over time.

Of the 21 clients who completed both surveys, at intake, 20 reported at least one mental health issue with an average of 3.7; however, during the follow-up period, only 14 clients reported at least one mental health issue, and these clients reported, on average, 4.0 mental health issues. When considering gender, the number of mental health issues increased slightly for males from 2.6 during the intake period to 3.3 during the follow-up period, while the number of mental health issues decreased slightly from 4.8 during the intake period to 4.0 during the follow-up period. The number of mental health issues remained at eight for the transgender client during both timeframes.

The apparent minor increase in self-reported mental health conditions, particularly ADHD, could be understood as a function of increased self-awareness and disclosure, rather than worsening mental health. The thematic analysis of client interviews presented previously consistently showed that clients developed strong trust with their Risk Interrupters, often describing these relationships as an “older brother/sister” or as the first safe space in which they could articulate emotional distress. As stigma decreased and emotional literacy increased, clients may have become more willing and able to identify and talk about mental health challenges at follow-up.

Gender-specific findings reinforce this interpretation. Although males reported a slight increase in the number of mental health issues, females showed a slight decrease, perhaps suggesting differential patterns of disclosure and coping rather than uniform deterioration. TFA staff interviews further supported this conclusion, noting that youth often only “open up” or disclose relevant information months into programming, particularly once trust is established. In this context, higher reporting can be interpreted as a positive intermediate outcome in trauma-informed practice.

From a policy standpoint, these findings suggest that mental health indicators should be interpreted both longitudinally and qualitatively. Early increases in reporting may precede later improvements in regulation and well-being. This reinforces TFA staff recommendations to expand clinical counseling capacity and highlights the importance of aligning evaluation frameworks with trauma-informed program realities.

SUBSTANCE USE

Clients were asked to report on their substance use in two ways. First, clients were asked if they had ever used any of the substances listed in Table 8. For those who responded in the affirmative, a follow-up question was asked about the frequency of use over the previous six months. The results of this second question are presented in Table 9. In terms of having ever used any of the substances presented in Table 8, the most used substance was a vape (70.3 per cent) followed by cannabis (64.9 per cent) and alcohol (59.5 per cent). Nearly one-half of the clients (43.2 per cent) had used tobacco, and approximately one-quarter (24.3 per cent) had used hallucinogens. However, to not minimize the issue, few clients had used many of the ‘harder’ or more serious substances, such as cocaine (n = 3), fentanyl (n = 2), crystal meth (n = 1), or heroin (n = 1).

TABLE 8: SUBSTANCE USE - EVER

Have You Ever Used...	Total (N = 37)
Vape	70.3%
Cannabis	64.9%
Alcohol	59.5%
Tobacco	43.2%
Hallucinogens	24.3%
MDMA	16.2%
Inhalants	13.5%
LSD (Acid)	13.5%
Prescription Opioids	13.5%
Cocaine	8.1%
Prescription Stimulants	8.1%
Fentanyl	5.4%
Crack	2.7%
Heroin	2.7%
Crystal Meth	2.7%
GHB	0

In terms of recent use, only cannabis and vaping were substances that were used ‘often’ by those clients who reported using these substances in the six months prior to intake (see Table 9). Given this, the most commonly and often used substance was vaping, followed by cannabis and alcohol. In effect, among these clients, drug use, except for vaping and cannabis, was not very common in the six months leading up to their intake.

TABLE 9: RATE OF SUBSTANCE USE OVER THE PAST SIX MONTHS (N = 37)

	Not At All	Rarely	Sometimes	Often
Cocaine (n = 3)	1	-	2	-
Crack (n = 1)	-	-	1	-
Fentanyl (n = 2)	1	1	-	-
Hallucinogens (n = 9)	2	7	-	-
GHB (n = 0)	-	-	-	-
Heroin (n = 1)	-	1	-	-
Inhalants (n = 5)	1	1	2	1
LSD (Acid) (n = 5)	-	5	-	-
MDMA (n = 6)	2	3	1	-
Crystal Meth (n = 1)	-	1	-	-
Prescription Opioids (n = 5)	1	4	-	-
Prescription Stimulants (n = 3)	2	-	-	1
Cannabis (n = 24)	3	4	4	13
Alcohol (n = 22)	1	9	8	4
Vape (n = 26)	1	2	8	15
Tobacco (n = 16)	4	6	2	4

The rate and type of substance use likely reflect the general finding that clients were not very motivated to change their attitudes toward substance use. More specifically, when asked about their motivation to change their attitude toward substance use on a 5-point Likert scale anchored by ‘not at all interested’ and ‘extremely motivated’, only 21.6% of the sample reported being ‘extremely motivated’ (see Figure 3). However, nearly one-half of the clients (48.6 per cent) reported being somewhat or extremely motivated to change their attitudes toward substance use.

FIGURE 3: LEVEL OF MOTIVATION TO CHANGE ONE’S ATTITUDE TOWARD SUBSTANCE USE (N = 37)

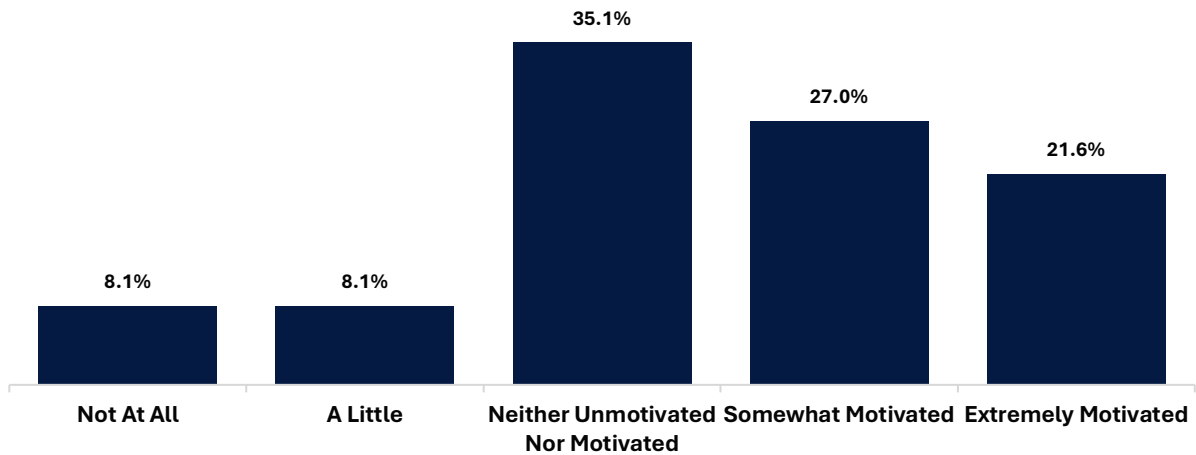


Table 10 presents whether any drug type was used during the six months prior to the administration of the intake and follow-up surveys for the 21 clients who completed both surveys. While the number of clients who used 'hard' drugs remained very low during the follow-up period, for the most part, there was a reduction in the number of clients who used hallucinogens, MDMA, crystal meth, prescription opioids, prescription stimulants, cannabis, tobacco, alcohol, and vaped over time. However, two additional clients used cocaine, one used fentanyl, and one additional client used inhalants and LSD in the follow-up period compared to the intake period.⁴

TABLE 10: NUMBER OF CLIENTS WHO SELF-REPORTED SUBSTANCE USE AT INTAKE AND FOLLOW-UP (N = 21)

	Drug Use Intake Period	Drug Use Follow-up Period
Cocaine	1	3
Crack	0	0
Fentanyl	0	1
Hallucinogens	7	5
GHB	0	0
Heroin	0	0
Inhalants	3	4
LSD (Acid)	3	4
MDMA	4	3
Crystal Meth	1	0
Prescription Opioids	4	3
Prescription Stimulants	3	1
Cannabis	14	12
Alcohol	12	11
Vape	16	13
Tobacco	10	8

When asked about the difficulty in finding or acquiring illegal drugs, excluding cannabis, on school grounds or in school, 40.5% of clients reported that it was either 'very hard' (21.6 per cent) or 'hard' (18.9 per cent). Conversely, 8.1% reported that it was 'easy' and 16.2% indicated that it was 'very easy'. When the same question was asked about their neighbourhood, a slight minority of clients (45.9 per cent) believed it was either 'hard' (18.9 per cent) or 'very hard' (27.0 per cent) to find or obtain illegal drugs. Of note for the development of prevention and disruption strategies, the proportion of clients who believed that it was either 'easy' (10.8 per cent) or 'very easy' (10.8 per cent) to get illegal drugs in their neighbourhood was lower than the ability to obtain illegal drugs at school (21.6 per cent compared to 24.3 per cent).

⁴ The light blue colour signifies a decrease in the number of clients who reported using the substance during the follow-up period, the light green signifies an increase in the number of clients who reported using the substance during the follow-up period, and the white colour denotes no change over time.

POSITIVE ROLE MODELS AND PEER GROUP

One protective element against gang involvement is the presence of positive role models. Clients were asked to identify positive role models in their lives. As indicated in Table 11, at intake, most clients reported that their parents/primary caregivers (78.4 per cent), friends (70.3 per cent), other family members (70.3 per cent), teachers/coaches (67.6 per cent), counselors (67.6 per cent), and siblings (51.4 per cent) were positive role models in their lives. A much smaller proportion identified a co-worker or boss (21.6 per cent) or their neighbours (18.9 per cent) as positive role models.

TABLE 11: POSITIVE ROLE MODELS

	Total (N = 37)
My Parent(s) or Primary Care Giver	78.4%
My Friends	70.3%
Other Family Member(s)	70.3%
My Teacher(s) or Coach(s)	67.6%
My Counselor	67.6%
My Siblings	51.4%
My Co-Workers or Boss	21.6%
My Neighbours	18.9%

When considering only the 21 clients who completed the intake and follow-up surveys, it was interesting to note that the proportion of clients who considered their parent(s) or primary caregiver a positive role model decreased somewhat over time (-5.1 per cent) and the proportion of clients who believed their friends were positive role models dropped substantially (-28.5 per cent) (see Table 12). A similar reduction was found when considering other family members (-23.8 per cent). There was also a reduction in siblings being considered positive role models (-19.0 per cent). The only increase was in the proportion of clients who saw their counselors as positive role models over time (+4.8 per cent). It is possible that working with TFA Risk Interrupters provided clients with some insight into the nature of their relationships with parents/primary caregivers, friends, other family members, and siblings that contributed to them no longer considering these people as positive or prosocial role models.⁵

The reduction in clients identifying teachers or coaches as positive role models may reflect a recalibration of trust rather than a loss of prosocial influence. The client interviews revealed that many participants had historically negative or inconsistent experiences with authority figures in institutional settings. As Risk Interrupters become trusted adults, clients may have reassessed other relationships more critically, particularly those perceived as judgmental or disconnected from their lived realities.

⁵ The light blue colour signifies an increase in the proportion of clients who saw this category of people as a positive role model during the follow-up period. The light green signifies that there was a decrease in the proportion of clients who saw this category of people as a positive role model in their lives during the follow-up period, and the white colour denotes where there was no change over time.

TABLE 12: POSITIVE ROLE MODELS AT INTAKE AND FOLLOW-UP (N = 21)

	Intake Period	Follow-Up Period
My Parent(s) or Primary Care Giver	76.2%	71.4%
My Friends	71.4%	42.9%
My Teacher(s) or Coach(s)	71.4%	57.1%
Other Family Member(s)	61.9%	38.1%
My Counselor	57.1%	61.9%
My Siblings	57.1%	38.1%
My Co-Workers or Boss	28.6%	23.8%
My Neighbours	19.0%	19.0%

The quantitative data showed an increase in peer risk behaviours, such as associations with peers involved in fighting or gangs (see Table 13). Qualitative findings suggest that while clients became more aware of negative peer influences, they had not yet fully exited those social environments. Several clients described distancing themselves emotionally or behaviourally before achieving complete social separation. This was an incremental process that may temporarily heighten awareness of peer risk rather than reducing exposure immediately. The key lesson here is that identity and peer transformation lag relational support gains. Risk interruption appears effective in providing an alternative prosocial anchor; however, sustained peer network change likely requires longer timelines, structured group interventions, and broader community-level support.

As discussed, for the total sample, it was interesting that nearly three-quarters of the clients (71.4 per cent) reported that their friends were positive role models; however, when asked a series of questions about their friends, a somewhat different picture emerged. More specifically, the majority of clients reported either some, most, or all their friends getting into trouble at school (75.7 per cent), getting into physical fights (56.7 per cent), getting drunk (72.9 per cent), being suspended from school (67.5 per cent), and engaging in dangerous behaviours, such as speeding, jumping off cliffs, walking on train tracks, or blowing objects up (59.4 per cent). Moreover, most clients reported that some, most, or all their friends were known to the police (62.1 per cent). Encouragingly, nearly three-quarters of the clients (73.0 per cent) reported that none of their friends were members of gangs or used hard drugs (75.7 per cent). A slightly higher proportion of clients (81.1 per cent) reported that none of their friends misused prescription drugs (see Table 13). Moreover, approximately three-quarters or more of the clients reported having no friends who used hard drugs (75.7 per cent). However, the proportion of clients with friends who were known to the police, had been suspended from school, gotten into trouble at school, got drunk, got into physical fights, or thought that school was important suggests that peers may not be the prosocial role models indicated by the findings presented above in Table 12.

TABLE 13: BEHAVIOUR OF FRIENDS (N = 37)

How Many of Your Friends...	None	Some	Most	All
Think School is Important	2.7%	45.9%	43.2%	8.1%
Get Into Trouble at School	24.3%	51.4%	24.3%	0
Get Into Physical Fights	43.2%	35.1%	18.9%	2.7%
Get Drunk	27.0%	32.4%	29.7%	10.8%
Use Hard Drugs	75.7%	16.2%	8.1%	0
Misuse Prescription Drugs	81.1%	13.5%	5.4%	0
Have Been Suspended from School	32.4%	40.5%	27.0%	0
Engage in Dangerous Behaviour	40.5%	27.0%	24.3%	8.1%
Are Known to Police	37.8%	48.6%	10.8%	2.7%
Are Members of Gangs	73.0%	24.3%	2.7%	0

Considering only the 21 clients who completed the intake and follow-up surveys, the finding for positive change over time was somewhat mixed (see Table 14). There was an increase in the proportion of clients who reported having no friends who thought school was important (+4.7 per cent), got into trouble at school (+9.5 per cent), got drunk (+14.3 per cent), had been suspended from school (+9.6 per cent), or engaged in dangerous behaviour (+9.5 per cent); however, there was a decrease in the proportion of clients who reported that they had no friends who were members of a gang (-14.3 per cent). In other words, more clients reported having friends in gangs during the follow-up period than at intake. Moreover, while all those who reported having friends in gangs at intake described this proportion as ‘some’, there were two clients during the follow-up period who now indicated that ‘most’ of their friends were members of gangs, and the rest reported that ‘some’ of their friends were members of a gang. There is no clear explanation for the increase in the number of clients who had friends in gangs during their involvement with the BSCF and TFA. For the other types of behaviours, the results remained unchanged from intake to follow-up.⁶

⁶ The light blue colour signifies an increase in clients who reported that none of their friends engaged in this behaviour during the follow-up period, the light green signifies a decrease, and the white colour denotes behaviours where there was no change over time.

TABLE 14: BEHAVIOUR OF FRIENDS AT INTAKE AND FOLLOW-UP (N = 21)

How Many of Your Friends...	None At Intake	None At Follow-Up
Think School is Important	4.8%	9.5%
Get Into Trouble at School	28.6%	38.1%
Get Into Physical Fights	47.6%	47.6%
Get Drunk	38.1%	52.4%
Use Hard Drugs	76.2%	76.2%
Misuse Prescription Drugs	71.4%	71.4%
Have Been Suspended from School	33.3%	42.9%
Engage in Dangerous Behaviour	42.9%	52.4%
Are Known to Police	38.1%	38.1%
Are Members of Gangs	71.4%	57.1%

PERSONAL ANTISOCIAL BEHAVIOUR

Clients were asked to report on their antisocial behavior in two ways. First, clients were asked if they had ever engaged in any of the behaviours listed in Table 15. For those who did, follow-up questions were asked about the frequency over the previous six months. The results of this second question are presented in Table 16. The findings presented in Table 15 demonstrate that, at intake, many clients had engaged in a multiplicity of antisocial behaviours in their lives. Slightly more than two-thirds of the clients (67.6 per cent) had been involved in a physical fight with someone, and slightly more than one-half of the clients (54.1 per cent) had threatened to beat someone up. Nearly half (48.6 per cent) had tried to hurt another person by spreading rumours about them, ignoring them, or excluding them, and the same proportion had carried a weapon. A slightly smaller proportion (45.9 per cent) had participated in a fight because their friends were involved in that fight or had carried a weapon, and more than one-third of the clients (35.1 per cent) had used electronic media to threaten, harass, intimidate, or exclude someone or to damage a person’s reputation. Only a small proportion of clients had used a weapon while fighting (18.9 per cent) or bullied someone physically (16.2 per cent).

TABLE 15: SELF-REPORTED ANTISOCIAL BEHAVIOUR - EVER

Have You Ever...	Total (N = 37)
Been Involved in a Physical Fight with Someone	67.6%
Threatened to Beat Up Somebody	54.1%
Tried to Hurt Another Person by Spreading Rumours About Them, Ignoring Them, or Excluding Them	48.6%
Carried a Weapon	45.9%
Participated in a Fight Because your Friends were Involved in that Fight	45.9%
Used Electronic Media to Threaten, Harass, Intimidate, or Exclude Someone or Damage their Reputation	35.1%
Used a Weapon While Fighting	18.9%
Bullied Someone Physically	16.2%

Notably, when asked about the difficulty of finding or acquiring a firearm on school grounds or at school, 51.4% reported that it was ‘very hard’, and another 18.9% indicated that it was ‘hard’. Conversely, only 2.7% of clients indicated that it was ‘very easy’, and none thought it was easy. When asked the same question about their neighbourhood, the overall proportion of those who reported that it was ‘hard’ (27.0 per cent) or ‘very hard’ (35.1 per cent) was the same as at school (62.2 per cent) and there was a slight increase in those who thought it was ‘easy’ (2.7 per cent) or ‘very easy’ (5.4 per cent) to find or obtain a firearm in their neighbourhood (8.1 per cent).

In terms of engaging in any of these antisocial behaviours in the six months leading up to the intake period, given the findings presented in Table 16, it seems that antisocial behaviour had not exclusively occurred in the distant past for these clients. This is not surprising, as antisocial behaviour was one of the main risk factors that would have brought a client to the attention of the BSCF. Still, with no exceptions, all the antisocial behaviours presented in Table 16 occurred ‘never’ or ‘rarely’ in the six months prior to the client’s connection with TFA’s Risk Interrupters, suggesting that there was not a high rate of ‘recent’ antisocial behaviours among clients.

TABLE 16: SELF-REPORTED ANTISOCIAL BEHAVIOUR OVER THE PAST SIX MONTHS AT INTAKE (N = 37)

	Never	Rarely	Sometimes	Often
Tried to Hurt Another Person by Spreading Rumours About Them, Ignoring Them, or Excluding Them (n = 18)	3	8	6	1
Used Electronic Media to Threaten, Harass, Intimidate, or Exclude Someone or Damage their Reputation (n = 13)	4	8	-	1
Bullied Someone Physically (n = 6)	1	3	2	-
Threatened to Beat Up Somebody (n = 20)	5	11	3	1
Carried a Weapon (n = 17)	5	7	4	1
Been Involved in a Physical Fight with Someone (n = 25)	9	13	3	-
Participated in a Fight Because your Friends were Involved in that Fight (n = 17)	4	6	4	3
Used a Weapon While Fighting (n = 7)	3	2	2	-

Focusing on the 21 clients who completed the intake and follow-up surveys, there was a reduction in the number of clients who engaged in different forms of antisocial behaviour (see Table 17). For example, while six clients reported using electronic media to threaten, harass, intimidate, or exclude someone or to damage their reputation at intake, this number dropped to three clients during the follow-up period. Similarly, there were reductions in all other behaviours, except for trying to hurt another person by spreading rumours about them, ignoring them, or excluding them, which remained the same for both time periods.⁷ This finding provides some insight into future programming.

⁷ The light blue colour signifies a decrease in the number of clients who reported engaging in this type of behaviour during the follow-up period. The light green signifies an increase in the number of clients who reported engaging in this type of behaviour during the follow-up period.

TABLE 17: SELF-REPORTED ANTISOCIAL BEHAVIOUR OVER THE PAST SIX MONTHS AT INTAKE AND FOLLOW-UP (N = 21)

	Yes At Intake	Yes At Follow-Up
Tried to Hurt Another Person by Spreading Rumours About Them, Ignoring Them, or Excluding Them	7	7
Used Electronic Media to Threaten, Harass, Intimidate, or Exclude Someone or Damage their Reputation	6	3
Bullied Someone Physically	4	2
Threatened to Beat Up Somebody	7	6
Carried a Weapon	7	5
Been Involved in a Physical Fight with Someone	8	6
Participated in a Fight Because your Friends were Involved in that Fight	6	5
Used a Weapon While Fighting	2	0

CRIMINALITY

As part of the intake process, clients were asked about their previous criminal conduct. Similar to many self-report crime surveys, clients were asked if they had ever committed any of the crimes presented in Table 18.⁸ The most reported offence was carrying a weapon (37.8 per cent) and mischief (37.8 per cent), followed by assault (32.4 per cent) and theft under \$5,000.00 (32.4 per cent). More than one-quarter of the clients reported engaging in threats or intimidation (29.7 per cent). Notably, no clients reported ever engaging in sexual assault or the sex trade, and only one client reported committing a drug offence, motor vehicle theft, or robbery. Moreover, much of the reported offending occurred in the six months prior to participating in the intake instrument, suggesting that offending was not exclusively in the clients' past but a more 'recent' occurrence. It is also important to highlight that the data presented in Table 18 does not include any information on the frequency of offending. Rather, it is a binary outcome indicating whether the client had ever engaged in a particular offence.

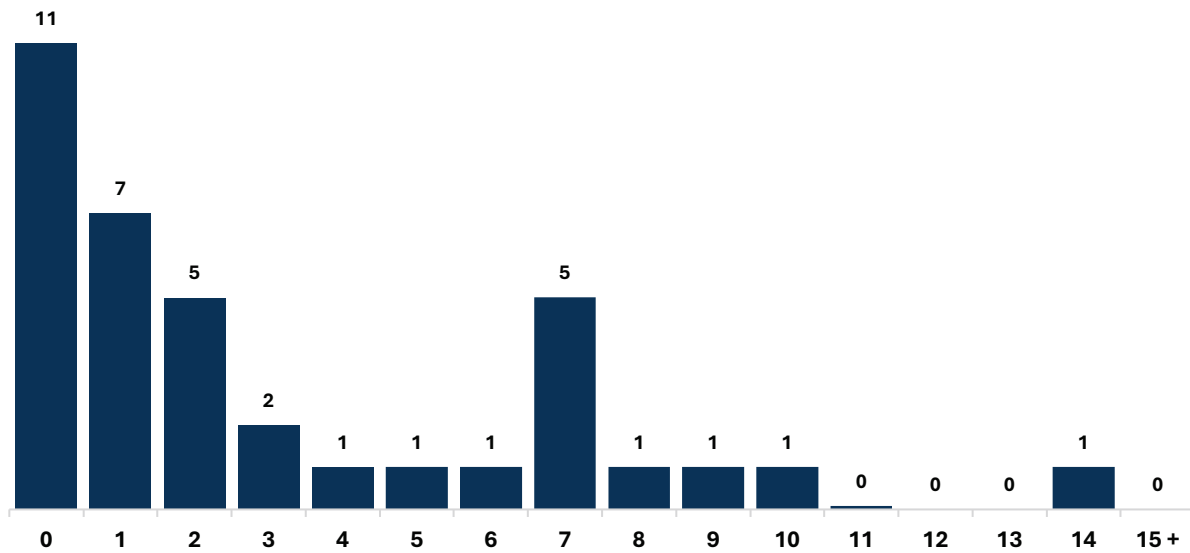
⁸ This question refers to whether the client had ever committed any of the acts, not whether the client was ever arrested, charged, or convicted of any offence.

TABLE 18: SELF-REPORTED CRIMINAL ACTIVITY

Have You Ever Committed....	Yes (N = 37)	If Yes, In the Past 6 Months?
Carrying a Weapon (n = 14)	37.8%	11 (78.6%)
Mischief (n = 14)	37.8%	10 (71.4%)
Assault (n = 12)	32.4%	8 (66.7%)
Theft Under \$5,000.00 - Attempted or Completed (n = 12)	32.4%	7 (58.3%)
Threats or Intimidation (n = 11)	29.7%	9 (81.8%)
Driving Offence (n = 6)	16.2%	4 (66.7%)
Vandalism / Damage to Property (n = 6)	16.2%	4 (66.7%)
Assault Causing Bodily Harm (n = 6)	16.2%	3 (50.0%)
Stalking or Harassment (n = 6)	16.2%	3 (50.0%)
Fraud (n = 5)	13.5%	2 (40.0%)
Arson (n = 5)	13.5%	5 (100.0%)
Break and Enter - Attempted or Completed (n = 5)	13.5%	3 (60.0%)
Impersonation (n = 4)	10.8%	3 (75.0%)
Assault with a Weapon (n = 3)	8.1%	2 (66.7%)
Theft of \$5,000.00 or More (n = 2)	5.4%	1 (50.0%)
Drug Offence (n = 1)	2.7%	1 (100.0%)
Motor Vehicle Theft - Attempted or Completed (n = 1)	2.7%	1 (100.0%)
Robbery - Attempted or Completed (n = 1)	2.7%	1 (100.0%)
Sexual Assault (n = 0)	0%	-
Sex Trade / Human Trafficking (n = 0)	0%	-

The data presented in Table 18 above suggest a mix between serious and less serious offending. By considering only the number of different offence types that clients had engaged in, as demonstrated in Figure 4, more than one-quarter of clients (29.7 per cent) had no self-reported offending in their past, slightly less than one-fifth of clients (18.9 per cent) had one past offence type that they committed, and 13.5% of clients had committed offences in two prior offence types. Notably, five clients (2.7 per cent) had committed offences in seven different crime types, and one client self-reported committing crimes in 14 different crime types. For the entire sample, the average number of different offence types committed was 3.1; however, when those who self-reported that they had never committed any offences were removed from the analysis, the average number of crime types increased to 4.4, suggesting some degree of criminal versatility but not necessarily seriousness. There was a substantial difference when considering the number of different criminal offences committed by gender. Among those who self-reported engaging in at least one type of crime listed in Table 18, males committed, on average, 5.1 different offence types compared to 3.6 different crime types among their female counterparts.

FIGURE 4: SELF-REPORTED NUMBER OF DIFFERENT TYPES OF OFFENDING THAT CLIENTS HAVE ENGAGED IN (N = 37)



Considering only the 21 clients who completed the intake and follow-up surveys, the results on criminality within the six months prior to participating in the surveys were somewhat encouraging (see Table 19).⁹ Only two offence types had more clients engaged in a particular offence type during the follow-up period than during the intake period. These offences were vandalism/damage to property, for which two clients exhibited this behaviour during the follow-up period compared with one client at intake, and drug offences, for which no clients engaged in this activity during the intake period, but one client reported engaging in this activity after entering the BSCF program. However, more encouraging, in total, eight of the 20 crime categories saw a decrease in the number of clients who engaged in that type of crime over time. The crime types with the largest decreases were carrying a weapon, threats or intimidation, and common assault. In fact, of the four categories that had the largest number of clients reporting engaging in that offence type, all four saw declines during the follow-up period.

⁹ The light blue colour signifies the crime types where there was a decrease in the number of clients who reported engaging in this offence type during the follow-up period. The light green signifies the crime types where there was an increase in the number of clients who reported engaging in this offence type during the follow-up period, and the white colour denotes crime types where there was no change over time.

TABLE 19: SELF-REPORTED CRIMINAL ACTIVITY IN THE SIX MONTHS BEFORE THE INTAKE AND FOLLOW-UP SURVEYS (N = 21)

In the Past Six Months, Have You Committed....	Yes At Intake	Yes At Follow-Up
Carrying a Weapon	6	2
Threats or Intimidation	5	0
Mischief	5	3
Assault	4	1
Theft Under \$5,000.00 - Attempted or Completed	3	3
Stalking or Harassment	2	2
Driving Offence	1	1
Vandalism / Damage to Property	1	2
Arson	1	0
Break and Enter - Attempted or Completed	1	1
Impersonation	1	0
Assault with a Weapon	1	0
Robbery - Attempted or Completed	1	0
Assault Causing Bodily Harm	0	0
Fraud	0	0
Theft of \$5,000.00 or More	0	0
Drug Offence	0	1
Motor Vehicle Theft - Attempted or Completed	0	0
Sexual Assault	0	0
Sex Trade / Human Trafficking	0	0

VICTIMIZATION

It is common for those who engage in crimes to also be victims of crimes. Similar to standard victimization surveys, clients were asked to self-report whether they had ever been victims of certain types of offences. In this sample, of the 29 clients who reported at least one victimization, only five clients did not report having engaged in any criminal behaviour. Conversely, of the 11 clients who reported having never engaged in any criminal behaviour, seven clients reported at least one victimization experience. In other words, for most clients, they were both perpetrators of offences and victims of crimes.

As demonstrated in Table 20, nearly one-half of clients (45.9 per cent) reported that they had been a victim of threats or intimidation, and more than one-quarter (29.7 per cent) had been a victim of stalking or harassment, and theft under \$5,000.00 (29.7 per cent). There were also high rates of victimization related to other serious offences, such as sexual assault (24.3 per cent), assault (21.6 per cent), and assault with a weapon (18.9 per cent).

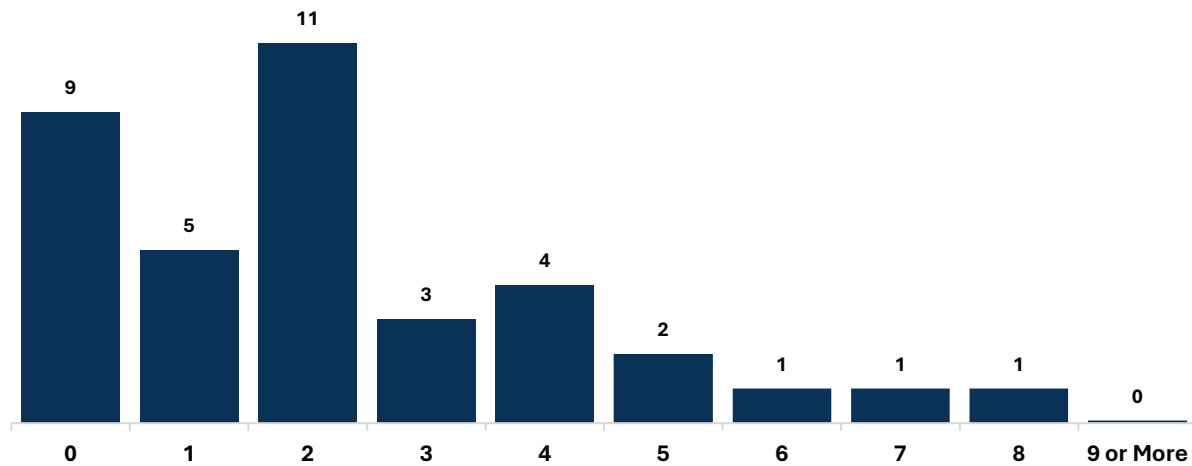
TABLE 20: SELF-REPORTED VICTIMIZATION

Have You Ever Been the Victim of ...	Total (N = 37)
Threats or Intimidation	45.9%
Stalking or Harassment	29.7%
Theft Under \$5,000.00 - Attempted or Completed	29.7%
Assault	21.6%
Sexual Assault	24.3%
Assault with a Weapon	18.9%
Vandalism / Damage to Property	18.9%
Assault Causing Bodily Harm	16.2%
Fraud	13.5%
Robbery - Attempted or Completed	5.4%
Theft of \$5,000.00 or More - Attempted or Completed	0
Break and Enter - Attempted or Completed	0
Sex Trade / Human Trafficking	0

It is important to recognise that gender appears to play a role in clients' experiences of victimization, especially for serious forms of victimization. For example, while 22.2% of male clients reported being victims of stalking or harassment, this increased to 33.3% of female clients. The difference was even more pronounced for sexual assaults. Here, while no male clients reported being victimized, 44.4% of female clients (n = 8) reported being sexually assaulted. However, when it came to common assault, assault with a weapon, and assault causing bodily harm, males were much more likely to be victims. Specifically, while 11.1% of female clients reported being victims of at least one assault, this proportion increased to 33.3% for male clients. For assault with a weapon, 5.6% of female clients reported this form of victimization, and 33.3% of male clients reported being assaulted. Finally, the number of clients who reported being victims of an assault causing bodily harm was the same as the proportion of common assaults. It was also interesting to note that when it came to threats or intimidation, a much greater proportion of male clients (61.1 per cent) than female clients (33.3 per cent) reported this form of victimization.

The data presented in Table 20 suggest that clients experienced a variety of victimization types. By considering only the number of different offence types that clients were victims of, only slightly less than one-quarter of clients (24.3 per cent) reported that they had not been victims of any of the crimes listed in Table 20 (see Figure 5). Moreover, 13.5% of clients reported being victims of one offence type, and 29.7% of clients reported being victims of two different offence types. Notably, one client (2.7 per cent) reported being the victim of eight different offence types, and no clients reported being victims of nine or more offence types. For the sample, the average number of different crime types that clients were victims of was 2.2, and when those who self-reported no victimization were removed from the analysis, the average number of crime types increased to 3.0. There was a slight difference in the number of different types of offences that clients were victims of when considering gender; male clients reported 3.9 different types of victimization compared to 2.6 for female clients.

FIGURE 5: NUMBER OF DIFFERENT TYPES OF VICTIMIZATION THAT CLIENTS HAVE SUFFERED (N = 37)



GANG LIFESTYLE AND EMBEDDEDNESS

The BSCF programme's primary focus was to work with clients who were in a gang or at risk of joining. During the intake process, all TFA BSCF clients were asked a series of questions related to gang involvement and membership or interest in the gang lifestyle. Of the 37 completed intake surveys, nine clients (five males and four females) reported that, at some point in their lives, they wanted to join a gang. Moreover, seven clients (six males and one female) indicated that they had been asked to join a gang, and three clients (two males and one female) reported that they had joined a gang at some point.

When asked what their parents or primary caregivers would think if they found out that the client was in a gang, using a 7-point Likert scale anchored by 'not at all upset' to 'very upset', the mean score was 6.5, indicating that clients believed their parents or primary caregivers would be very upset. In fact, 81.1% of clients provided a score of 7 on this scale. Only one client indicated that their parent or caregiver would be 'not at all upset'. When considering only the scores of the three clients who reported that they had joined a gang, two provided a score of 7; again, indicating that their parents or primary caregivers would be 'very upset'; however, one client provided a score of 4, indicating that their parents or primary caregiver would be neither 'very upset' nor 'not at all upset'.

Although only three clients reported that they had joined a gang, several follow-up questions were asked of these three clients to better understand the context and dynamics of joining a gang. Regarding their current age, two were 14 years old and one was 17 years old. The two 14-year-olds reported first joining a gang when they were 13, and the 17-year-old first joined a gang when they were 16. While several options were provided for how they were first introduced to the gang, all three clients stated that they were introduced only through their friends. Regarding the motivations for joining a gang, one male client reported joining for money and to make friends, another male client joined because he thought it would be fun, and the female client joined to gain respect from others.

Only one of the three clients reported that they were still a member or part of a gang. It is interesting to note that none of these three clients were identified as being members of a gang anymore, even though one still was. Moreover, two clients stated that the people who knew them still identified them as being a member of a gang. This was an interesting finding because these were the two clients who reported

that they were no longer in a gang. It is also important to note that all three clients spent a relatively short amount of time in the gang: one client reported only being in a gang for four months, one was only in a gang for five months, and the other client, who reported still being in a gang, indicated that they had been in their gang for six months.

In terms of location, one client reported that the gang was only active in the Fraser Lands region of Richmond, and the other two clients reported that their gang was active in the City Centre area of Richmond. The type of gang was explored. These clients reported that their gang hung around the community centre, the shopping mall, and the parks around City Centre. When asked what motivated them to remain in the gang lifestyle, all three clients reported that it was the respect or status that the gang provided. In addition to this common feature, one client reported that it was the friends they had in the gang, the feeling of being part of a family or group, and the protection that the gang provided. One client added that, in addition to respect and status, they stayed in the gang because of the money they made while in the gang, while the third client reported that, in addition to the respect and status, they were motivated to remain in a gang because of the protection that the gang afforded them.

The two clients who reported that they were no longer in a gang were asked what factors contributed to them leaving the gang lifestyle (see Table 21). Both clients indicated that job opportunities, gang intervention programs, and school played a role in pushing them away from gangs. However, there were other important factors, such as safety concerns, owing money or some other debt to gang members, family or significant others, and a desire for a different lifestyle that also played a role. In effect, for at least these two clients, there were several social and economic protective factors that contributed to their desire to leave the gang and detach from the gang lifestyle. The one client who was still in a gang reported that nothing on the list presented in Table 21 would motivate them to leave the gang. When asked what might motivate them, the client responded with “nothing”.

TABLE 21: FACTORS TO PUSH CLIENTS AWAY FROM THE GANG LIFESTYLE (N = 2)

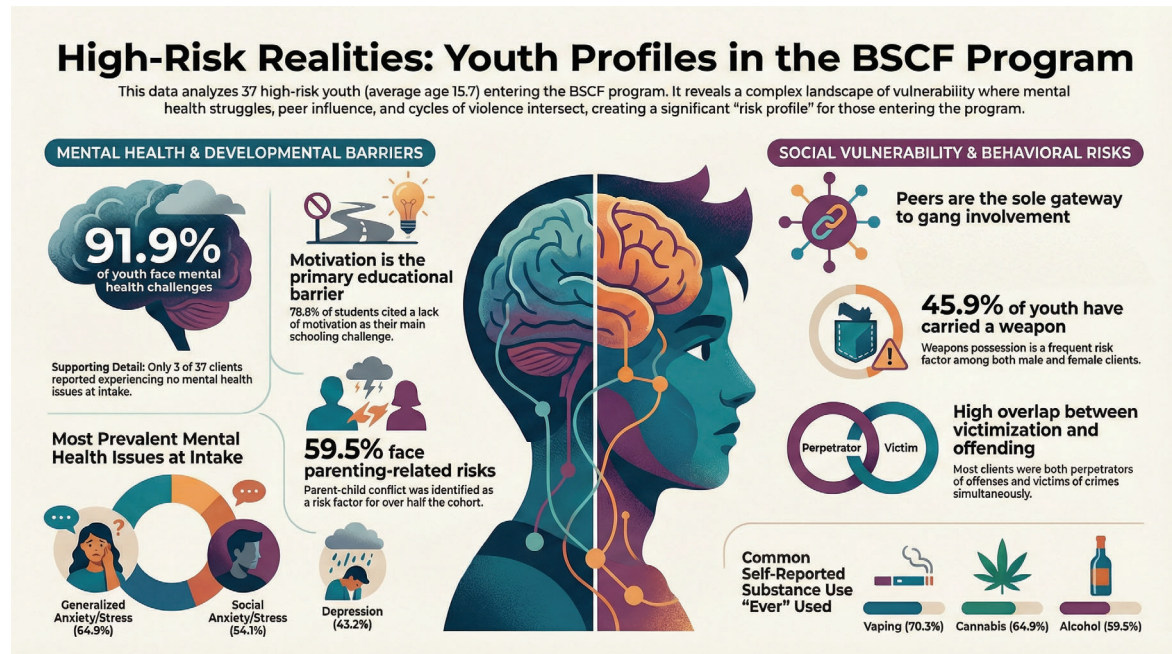
	Client #1	Client #2
Gang Association is Losing its Appeal	Yes	
Fear of Incarceration	Yes	
Concern for my Own or Someone Else’s Safety	Yes	
Debts or Owing Other Members of the Gang	Yes	
Job Opportunities	Yes	Yes
Family or Significant Others	Yes	
Gang Intervention Programs	Yes	Yes
School	Yes	Yes
A Traumatic Experience Where I was the Victim		
A Traumatic Experience Where I was the Perpetrator		
Victim of Sexual Exploitation		
Drug or Alcohol Issues		Yes
Desire for a Different Lifestyle		Yes
Other Programs, such as those Offered by TFA		

A key risk factor for joining a gang is having a family member(s) or friend(s) who have been or are part of a gang. When the entire sample was asked whether anyone in their family had ever been in a gang, approximately one-third of the clients (32.4 per cent) reported in the affirmative. Of the three clients who had been or were still in a gang, only one reported that they had a family member who had ever been a member of a gang. Moreover, approximately one-third of the clients (32.4 per cent) reported that they had at least one friend who was or had been in a gang. Of those who stated that they had at least one friend who had been in a gang (n = 12), when asked how many of their friends were members of a gang, the most common response was 'a few' (75.0 per cent), while two clients said that one-half their friends had been in a gang, and one client stated that most of their friends had been in a gang. For the three clients who reported having ever been in a gang, one reported that 'a few' of their friends were in gangs, and two reported that one-half of their friends were members of a gang. Given these findings, it appears that peers were a substantial pull toward the gang lifestyle for BSCF clients.

Among the 21 clients who completed both the intake and follow-up surveys, only two clients reported any gang involvement. Interestingly, one client was not in a gang for the six months leading up to the intake survey but joined a gang during their time in the BSCF program. This client reported that they were motivated to join and remain in the gang lifestyle because of friends, the feeling of being a part of a family or group, the respect and status afforded him by being in a gang, and the protection that the gang provided. This client indicated that some of the things that might help them leave the gang and the gang lifestyle were being involved in a traumatic experience where they were either the victim or the perpetrator, a concern for their own or someone else's safety, acquiring a debt or owing other members of the gang, having job opportunities, the pressure from family or significant others to leave the gang, a personal desire for a different lifestyle, and participation in a gang intervention program.

In terms of positive change over time, of the 21 clients who completed the intake and follow-up surveys, during the intake period, seven clients reported having friends who were in gangs, and five of these clients reported that it was 'a few' of their friends, and one reported that it was 'one-half' of their friends who were in gangs. During the follow-up period, the number of clients with friends in gangs decreased to four, and all four indicated that it was only 'a few' of their friends. Given this, participation in the BSCF program appears to have played a role in helping some clients detach from negative peer associations and develop resistance to the gang lifestyle.

FIGURE 6: RISK FACTORS OF BSCF CLIENTS¹⁰



PROSOCIAL ACTIVITIES

At intake, all clients were asked to report on any prosocial, structured extracurricular, or leisure activities in school or in the community that they had participated in over the past year. In total, most clients (56.8 per cent) indicated that they had participated in such activities. Of those who participated in structured extracurricular or leisure activities, in terms of the average number of hours per week spent engaged in various activities, 15 clients (71.4 per cent) reported spending 5.3 hours per week playing organized or non-organized sports, and six clients (28.6 per cent) spent 5.5 hours per week participating in the performing arts, such as band, choir, theatre, dance, or art, at school or in the community (see Table 22). Notably, five clients (26.3 per cent) participated in other prosocial activities in the community, such as with a religious institution, a service club, or a girl/boy club. Client participation in academic or non-academic school-based clubs was very limited.

TABLE 22: AVERAGE AMOUNT OF TIME PARTICIPATING IN PROSOCIAL EXTRACURRICULAR OR LEISURE ACTIVITIES

	Average Hours per Week
Playing Organized / Non-Organized Sports (n = 15)	5.3 hours
Participating in Performing Arts Activities (n = 6)	5.5 hours
Involved in an Academic Club (n = 1)	1.0 hours
Participating in Other Academic Extracurricular Activities at School (n = 3)	2.3 hours
Participating in Other Prosocial Activities in the Community (n = 5)	10.4 hours
Volunteering with Community Organizations (n = 10)	6.0 hours

¹⁰ Infographic prepared with the assistance of Google’s Notebook LM

Considering only the 21 clients who completed intake and follow-up surveys, 10 clients during the intake period reported having participated in prosocial extracurricular or leisure activities, which decreased to nine clients during the follow-up period. In terms of the amount of time spent in various extracurricular or structured leisure activities, there were very minor changes when comparing the data from the intake and follow-up surveys.

When asked about accessing Richmond youth resources, services, or programming over the previous six months at intake, two-thirds of clients (67.6 per cent) stated that they had done so. The most accessed service was Foundry (24.3 per cent) (see Table 23). Regarding the resources, services, or programming established or funded in whole or in part by the BSCF, it was positive to note that slightly more than one-fifth of clients (21.6 per cent) accessed the South Arm Youth Hub, nearly one-fifth (18.9 per cent) accessed the Richmond Media Lab, 16.2% accessed TFA’s Workforce Readiness program, and 13.5% accessed the City Centre Youth Hub. Notably, very few clients accessed TFA’s Youth Empowerment Initiative, Richmond camps, addiction services, faith-based programs, CHIMO Community Services, or immigration services.

TABLE 23: ACCESSING CITY OF RICHMOND YOUTH RESOURCES, SERVICES, OR PROGRAMMING

	(N = 37)
Foundry Richmond	24.3%
South Arm Youth Hub	21.6%
City of Richmond Media Lab	18.9%
Richmond RCMP	16.2%
TFA Workforce Readiness	16.2%
City Centre Youth hub	13.5%
City of Richmond Youth Hangouts	10.8%
City of Richmond Drop-In Programs	10.8%
Richmond School District No. 38 After School Programs	8.1%
Vancouver Coastal Health	5.4%
TFA Youth Empowerment Initiative	2.7%
City of Richmond Camps	2.7%
Richmond Addictions Services Society	2.7%
Faith-Based Programs	2.7%
Richmond Youth Complex Needs Table	2.7%
CHIMO Community Services	0
Immigrant Services Society of BC	0
TFA StreetSmarts	0

Of the 21 clients who participated in the intake and follow-up surveys, while 16 clients (76.2 per cent) reported accessing Richmond youth resources, services, or programming at intake, this decreased to 61.9% in the follow-up period. However, when comparing the proportion of clients who accessed specific services from the intake period and the follow-up period, there was a reduction in the

proportion of clients who attended each of the youth resources, services, or programming provided in Richmond during the follow-up period (see Table 24).¹¹ Potus Consulting Inc. has no explanation for this finding other than clients thinking that this question asked them about accessing resources, services, or programming on their own rather than as part of the BSCF program.

TABLE 24: ACCESSING YOUTH RESOURCES, SERVICES, OR PROGRAMMING INTAKE AND FOLLOW-UP (N = 21)

	Intake	Follow-Up
City of Richmond Media Lab	7	2
South Arm Youth Hub	6	1
TFA Workforce Readiness	5	3
City Centre Youth hub	5	0
Foundry Richmond	4	3
Richmond RCMP	3	2
City of Richmond Youth Hangouts	3	2
City of Richmond Drop-In Programs	3	2
Richmond School District No. 38 After School Programs	2	0
TFA Youth Empowerment Initiative	1	1
Vancouver Coastal Health	1	1
City of Richmond Camps	1	0
Richmond Youth Complex Needs Table	1	0
Richmond Addictions Services Society	0	0
Faith-Based Programs	0	0
CHIMO Community Services	0	0
Immigrant Services Society of BC	0	0
TFA StreetSmarts	0	0

ASSESSMENT OF CLIENT RISK FACTORS FROM TFA

As part of the intake process, TFA assessed all potential BSCF clients for a range of risk factors across the key domains of physical health, parenting, basic needs, missing persons, suicide/self-harm, physical violence, sexual violence, and emotional violence.

Physical Health

Of the 37 clients, 29.7% (n = 11) were assessed to have at least one physical health risk factor. Of these clients, three were male and eight were female. Among the 11 clients who presented with physical health problems, the most common was a nutritional deficit (n = 7) and general health issues (n = 3).

¹¹ The light blue colour signifies a decrease in the number of clients during the follow-up period. The light green signifies an increase in the number of clients during the follow-up period, and the white colour denotes no change over time.

One client was not following the prescribed treatment. None of the clients were assessed to have a chronic disease, physical disability, be pregnant, or have a terminal illness.

Considering only the 21 clients who completed the intake and follow-up surveys, during the intake process, a total of five clients (23.8 per cent) had at least one physical health risk factor. However, at follow-up, this number decreased to two clients (9.5 per cent). At intake, one client was determined to not be following a prescribed treatment, and four clients were identified as having a nutritional deficit. During the follow-up period, one client experienced a general health concern, while only one exhibited a nutritional deficiency. Consequently, there was an improvement in the nutritional habits of four clients who were at risk for this issue during the follow-up timeframe. No other physical health risk factors were identified at the intake or during the follow-up period.

Parenting

Of the 37 clients, 59.5% (n = 22) were assessed to have at least one risk factor associated with poor parenting. Of these clients, eight were male, 13 were female, and one was transgender. More than one-half of the clients (56.8 per cent) were assessed to have parent–child conflict, seven were assessed to not have received proper parenting, and two were identified as not providing proper parenting.

Of the 21 clients who completed an intake and follow-up survey, eight clients (38.1 per cent) did not have any risk factors associated with poor parenting at intake. However, during the follow-up timeframe, this number increased to 15 clients (71.4 per cent). In effect, there was a substantial decrease in the number of clients who reported parental risk factors during follow-up. More specifically, at intake, 12 clients reported having a parent–child conflict, which was reduced to five clients at follow-up. Moreover, at intake, five clients reported that they were not receiving proper parenting. This was reduced to four clients during the follow-up period. In addition, two clients at intake reported not providing adequate parenting to someone else. This was reduced to one client at follow-up. No other parenting risk factors were identified at the intake or during the follow-up period. In effect, there was a substantial decrease in the number of clients who were identified as having parenting risk factors during the follow-up period, particularly regarding parent–child conflict.

Basic Needs

Of the 37 clients, five (13.5 per cent) were assessed as having at least one risk factor associated with not having their basic needs met. Of these clients, two were male and three were female. Of these clients, two were identified as being neglected by others; it was determined that two were unable to meet their own basic needs, and two clients were unwilling to have their basic needs met.

Only two of the 21 clients (9.5 per cent) had at least one risk factor associated with not meeting their basic needs at intake. One client was assessed as being neglected by others, and one was identified as being unable to meet their own basic needs. Notably, the number of clients assessed as being at risk for basic needs increased during the follow-up period to three (14.3 per cent). While one client was deemed unwilling to meet their own basic needs, two were being neglected by others and were unable to meet their own basic needs.

Missing Persons

Of the 37 clients, 15 (40.5 per cent) had at least one risk factor associated with going missing. Of these clients, five were male and ten were female. Of these 15 clients, 12 had a history of chronic school

absenteeism, nine had a history of being reported as missing to the police, six had a history of running away from home with a parent's knowledge, six had a history of running away from home without a parent's knowledge, and four had a history of truancy.

In total, eight clients (38.1 per cent) who completed the intake and follow-up surveys had at least one risk factor associated with going missing at intake. More specifically, six clients had a history of being reported to the police as missing, four clients had run away from home with their parents' knowledge, two clients had run away without their parents' knowledge, five clients had a history of chronic school absenteeism, and one client had a history of truancy. During the follow-up timeframe, the number of clients with missing person risk factors decreased by one. This resulted in a reduction by one client for being reported to the police as missing, running away from home with a parent's knowledge, no change in the number of clients who ran away from home with a parent's knowledge, two fewer clients who were engaged in chronic school absenteeism, but an increase from one client to three clients who were engaged in truancy.

Suicide/Self Harm

Of the 37 clients, 17 (45.9 per cent) had at least one risk factor for suicide or self-harm. Of these clients, four were male, 12 were female, and one was transgender. In total, 14 of these clients had engaged in self-harm, and four had threatened self-harm. Moreover, seven clients were at risk for suicide, and two were at current risk for suicide. Finally, seven clients had been directly affected by suicide.

In total, nine clients (42.9 per cent) who completed the intake and follow-up surveys had at least one risk factor for suicide or self-harm at intake. During this timeframe, none of these clients were assessed as having current suicide risk, and one client was determined to have a history of suicide risk. However, in terms of self-harm, six clients were determined to have engaged in self-harm, and one client threatened self-harm. At follow-up, the number of clients deemed to have at least one risk factor for suicide or self-harm decreased by three. No clients were deemed to be a current suicide risk, and while there was a decrease by two in the number of clients who had engaged in self-harm from six to four, there was an increase from one client to two clients in the number of clients who threatened self-harm during the follow-up timeframe.

Physical Violence

Of the 37 clients, 17 (45.9 per cent) had at least one risk factor for physical violence. Of these clients, eight were male and nine were female. Of these clients, nine had been affected by physical violence, six had engaged in physical violence against someone else, eight had been victims of physical violence, and eight had experienced physical violence within their home.

In total, seven clients (33.3 per cent) of the 21 who completed the intake and follow-up surveys had at least one risk factor for physical violence at intake. Two clients reported perpetrating physical violence, two reported being victims of physical violence, and three reported physical violence at home. The number of clients with at least one risk factor for physical violence during the follow-up timeframe decreased to five (23.8 per cent). The findings were mixed compared with during those the intake timeframe. There was a reduction of one client in the risk factor for perpetrating physical violence and an increase of one client for being the victim of physical violence and reporting physical violence at home.

Sexual Violence

Of the 37 clients, ten (27.0 per cent) had at least one risk factor for sexual violence. Of these clients, none were male, nine were female, and one was transgender. Of these clients, seven were victims of sexual violence, six had been affected by sexual violence, and four had experienced sexual violence at home. None of the clients were assessed to be at risk for perpetrating sexual violence.

Of the 21 clients who completed the intake and follow-up surveys, four exhibited at least one risk factor for sexual violence at intake. Notably, none of the clients had perpetrated sexual violence. However, one client was identified as being affected by sexual violence, three clients had been victims of sexual violence, and two clients had a risk factor for sexual violence within their households. During the follow-up timeframe, the number of clients with at least one risk factor for sexual violence remained the same; however, there were some changes regarding the specific risk factors. For example, at follow-up, there was an increase from one to three clients affected by sexual violence, two clients were identified as victims of sexual violence compared to three at intake, and the number of clients with a risk factor for sexual violence within their household increased from two at intake to four during the follow-up period.

Emotional Violence

Of the 37 clients, 17 (45.9 per cent) had experienced or were at risk for emotional violence. Of these clients, six were male, ten were female, and one was transgender. Of these clients, six were male, nine were female, and one was transgendered. In total, 12 clients were directly affected by emotional violence, 11 were victims of emotional violence, three had perpetrated emotional violence on someone else, and eight had experienced emotional violence at home.

Of the 21 clients who had completed the intake and follow-up surveys, 11 clients (52.4 per cent) had at least one risk factor for emotional violence at intake. In total, nine clients were affected by emotional violence, five clients were identified as being at risk for emotional violence at home, one client perpetrating emotional violence on others, and six clients were direct victims of emotional violence. The number of clients with at least one risk factor for emotional violence decreased to five clients during the follow-up period. This included five clients at risk for emotional violence at home, four affected by emotional violence, one client perpetrating emotional violence on others, and five direct victims of emotional violence.

In summary, considering all 37 clients, as demonstrated in Table 25, except for risk factors associated with parenting, all other risk categories had a minority of clients with at least one risk factor associated with each category of risk. Nonetheless, the data indicate that BSCF clients have some serious risk profiles. For example, a large proportion of clients had experience or were at risk for suicide or self-harm, physical violence, emotional violence, and risk factors associated with the parenting styles of their parents. When taken together, there were a total of 36 risk factors assessed across the eight categories presented in Table 25. In total, only seven clients (18.9 per cent) had none of the 36 risk factors. The other 30 clients had an average of seven risk factors with a range of one ($n = 2$) to 20 ($n = 1$) risk factors. Moreover, 50% of clients had one to four unique risk factors. When considering risk factors by gender, males ($n = 12$) had 4.8 risk factors with a range of one to 14 distinct risk factors, females ($n = 17$) had 8.4 risk factors with a range of two to 20, and the sole transgender client presented with 10 risk factors.

TABLE 25: RISK PROFILE OF BSCF CLIENTS

	Total Sample (N = 37)	Male (N = 18)	Female (N = 18)	Transgendered (N = 1)
Physical Health	29.7%	16.7%	44.4%	0
Parenting	59.5%	44.4%	72.2%	100.0%
Basic Needs	13.5%	11.1%	16.7%	0
Missing Persons	40.5%	27.8%	55.6%	0
Suicide / Self-Harm	45.9%	22.2%	66.7%	100.0%
Physical Violence	45.9%	44.4%	50.0%	0
Sexual Violence	27.0%	0	50.0%	100.0%
Emotional Violence	45.9%	33.3%	55.6%	100.0%

AGGRESSION

All 37 clients were asked to rate how well they managed and coped with aggression using a five-point Likert scale anchored by ‘very bad’ to ‘very good’. Regarding how they managed their aggression, the average score was 3.24, suggesting ‘neither good or bad’; however, four clients (10.8 per cent) indicated that they were either ‘very bad’ (n = 1) or ‘bad’ (n = 3) at managing their aggression (see Table 26). Regarding coping with their aggression, a similar average score was found (3.19) with three clients (8.1 per cent) reporting being ‘very bad’ and three clients (8.1 per cent) indicating that they were ‘bad’ at coping with their aggression. The averages were very similar between men and women, with men only being slightly better at both managing (3.28) and coping (3.22) with their aggression than women (3.17 and 3.11, respectively).

When considering only the 21 clients who completed the intake and follow-up surveys, the mean score at intake for managing one’s aggression was 3.48; no clients reported that they were ‘very bad’ at managing their aggression, and only one client (4.8 per cent) reported being ‘bad’ at managing their aggression (see Table 26). The averages were very similar by gender, with males self-reporting being slightly better at managing their aggression (3.58) than females (3.25); however, females self-reported being slightly better at coping with their aggression (3.38) than their male counterparts (3.33). The average score during the intake period for coping with aggression was 3.38, again indicating ‘neither good nor bad’; however, one client (4.8 per cent) reported being ‘very bad’ and one client (4.8 per cent) reported being ‘bad’ at coping with their aggression.

During the follow-up period, there was a slight decrease in the ability of clients to manage their aggression from 3.48 at intake to 3.38 at follow-up (see Table 26). This change still maintained the average as being ‘neither good nor bad’. The slight decline in self-reported aggression management at follow-up contrasts with strong qualitative evidence of improved emotional regulation discussed in another section of this report. Clients frequently described learning to pause, reflect, and seek support before reacting, which are skills that may heighten self-criticism and reduce inflated self-assessments over time. In this sense, lower scores may reflect more accurate self-appraisal, not diminished capacity.

TFA staff interviews supported this interpretation, noting that clients often move from externalizing blame to internal reflection as trust and maturity develop. This shift can temporarily feel destabilizing as youth confront past behaviours more honestly. Importantly, many clients explicitly credited their Risk

Interrupters with preventing violent escalation in real-time situations, suggesting that functional aggression management may be improving even if self-ratings fluctuate. Future evaluations may benefit from triangulating self-report data with behavioural indicators, such as school incidents, police contact, and suspensions, to better capture meaningful changes in aggression-related outcomes.

Notably, when considering differences by gender, the average for males during the follow-up period was 3.25 and 3.50 for females, suggesting that while females were slightly better than their male counterparts at managing their aggression, males, on average, were slightly less able to manage their aggression in the follow-up period compared to the intake period, but this was not the case for females. A similar pattern emerged for coping with aggression. Here, the average score was very similar during the intake period (3.38) compared to the follow-up period (3.34). Moreover, both the males and females self-reported that their ability to cope with aggression was slightly higher in the follow-up period compared to the intake period (3.42 compared to 3.33 for males and 3.50 compared to 3.38 for females), and females were, on average, slightly higher than their male counterparts in terms of their ability to cope with aggression during the follow-up period.

TABLE 26: AGGRESSION SCORES AT INTAKE AND FOLLOW-UP PERIOD (N = 21)¹²

	Intake Total	Intake Male	Intake Female	Follow-Up Total	Follow-Up Male	Follow-Up Female
Managing My Aggression	3.48	3.58	3.25	3.38	3.25	3.50
Coping with My Aggression	3.38	3.33	3.38	3.34	3.42	3.50

SELF-IMAGE

Clients were asked to rate themselves on a series of words that describe their self-image. Research suggests that self-image is associated with delinquency, as youth who engage in delinquency often have a more negative self-concept; for instance, seeing themselves as troublesome or rule breakers (Schneider, 1990). The scale used during the intake and follow-up surveys explores self-identity using 15 items indexed by opposing words. For instance, one item might include ‘troublesome’ at one end and ‘cooperative’ at the other. Clients were asked to locate themselves on the 7-point scale for each word pair (see Table 27). For example, if a client felt they were extremely troublesome, they would indicate 1 or 2; if they felt they were extremely cooperative, they would indicate 6 or 7. If they felt they were neither cooperative nor troublesome, they would select 4, which is in the middle of the scale. Table 27 presents the average scores reported by clients at intake and by gender. The findings were generally in the expected direction, with clients, on average, indicating that they were slightly more cooperative, polite, brave, hardworking, and nice than troublesome, rude, cowardly, lazy, or mean.

However, there were some interesting gender differences. For example, the self-image of females was slightly worse than that of males on many items, with the general exception of being cooperative, obeying rules, hardworking, and being nice rather than mean. The self-image of female clients, when compared to that of male clients, was worse when it came to being bad, being harmful to others, being

¹² The scores were collected using a 5-Point Likert scale anchored by ‘Very bad’ to ‘Very good’. So, a score of 1 would indicate ‘very bad’, a score of 5 would indicate ‘very good’, and a score of 3 would be ‘neither good nor bad’. So, for example, a score of 3.48 would be between ‘neither good nor bad’ and ‘good’ on this scale.

dishonest, being weak, being cruel, and being unattractive. Again, none of the scores for either gender was very high on any of the negative attributes, but female clients tended to have a slightly worse self-image than their male counterparts, even though, for the most part, the findings suggested that clients tended to have a rather neutral self-image, in that it was neither very positive nor very negative.

TABLE 27: SELF-IMAGE SCORES FOR SAMPLE AND BY GENDER AT INTAKE (N = 37)¹³

	Total Sample	Male (N = 18)	Female (N = 18)
Troublesome – Cooperative	5.24	5.06	5.33
Good – Bad	3.95	3.22	4.81
Breaks Rules – Obeys Rules	4.68	4.00	5.22
Rude – Polite	5.65	5.61	5.61
Helpful to Others – Harmful to Others	4.00	3.11	5.06
Cowardly – Brave	4.81	5.17	4.44
Dumb – Smart	4.62	4.72	4.39
Honest - Dishonest	4.12	3.44	4.83
Lazy – Hardworking	4.95	4.83	5.00
Tough – Weak	3.97	3.22	4.89
Not Wild – Wild	4.54	4.39	4.89
Mean – Nice	5.16	4.78	5.44
Kind – Cruel	4.00	3.11	5.06
Rich – Poor	4.65	4.22	4.94
Attractive – Unattractive	3.84	3.22	4.44

Although the scores generally remained in the middle of the scale, there were slight improvements in self-image in nearly all items among the 21 clients who completed the intake and follow-up surveys (see Table 28).¹⁴ However, on average, clients felt slightly more dumb, weak, cruel, and unattractive when rating themselves in the follow-up period compared to the intake period. Again, the differences between the two timeframes were minor and did not substantially change their overall self-image, which remained neutral. However, minimal changes in self-image scores should be understood within the broader context of adolescent identity development and trauma recovery. Client interviews repeatedly demonstrated increased confidence, future orientation, and self-reflection. However, as clients disengage from antisocial identities and confront past behaviours, they may temporarily adopt

¹³ As this is a semantic differential scale, a score of 1 refers to the word on the left of the scale and a score of 7 refers to the word on the right. So, for example, a score of 5.32 on the troublesome-cooperative item suggests that participants identified as being more cooperative than troublesome. Therefore, to interpret the results of Tables 27 and 28, the lower the score (or closer to 1.00) the more the sample identified with the word on the left of the item pair and the higher the score, the more the sample identified with the word on the right of the item pair.

¹⁴ The light blue colour signifies a more positive average self-image score for clients during the follow-up period, and the light green signifies a more negative average self-image score for clients during the follow-up period.

more critical self-views, particularly when moving away from defensive or bravado-based self-perceptions.

Staff noted that many clients entered the BSCF program with inflated or performative self-presentations that softened over time as trust from TFA staff grew. Therefore, the follow-up period may capture a more honest, nuanced self-assessment rather than a true decline in self-worth. Importantly, positive shifts were still observed in prosocial traits, such as helpfulness, rule-following, and bravery, suggesting realignment rather than the erosion of self-concept. These findings reinforce that self-image change is nonlinear and deeply contextual. Longer follow-up periods and qualitative identity-focused measures may be required before definitive conclusions can be drawn.

TABLE 28: INTAKE AND FOLLOW-UP CLIENT SELF-IMAGE (N = 21)¹⁵

	Intake	Follow-Up
Troublesome – Cooperative	4.67	5.14
Good – Bad	3.95	3.81
Breaks Rules – Obeys Rules	4.43	5.00
Rude – Polite	5.33	5.90
Helpful to Others – Harmful to Others	4.29	3.62
Cowardly – Brave	4.95	5.05
Dumb – Smart	5.33	4.90
Honest – Dishonest	4.19	3.95
Lazy – Hardworking	4.52	4.86
Tough – Weak	3.95	4.05
Not Wild – Wild	4.48	4.33
Mean – Nice	5.24	5.62
Kind – Cruel	3.62	3.71
Rich – Poor	4.86	4.81
Attractive – Unattractive	3.43	3.67

If we consider only the follow-up period and what clients think of themselves and what they think others think of them, there are some interesting mixed findings (see Table 29). With few exceptions, clients tended to think that others had a slightly worse view of them than the clients had of themselves. For example, clients believed that others saw them as slightly more troublesome, bad, rude, harmful to others, dishonest, weak, wild, mean, and poor than they saw themselves. Conversely, clients believed that others viewed them as braver, smarter, harder-working, kinder, and more attractive than they saw themselves.

¹⁵ Again, not all clients who completed the intake survey completed the follow-up survey.

TABLE 29: WHAT CLIENTS THINK OF THEMSELVES COMPARED TO WHAT THEY THINK OTHERS THINK OF THEM (N = 21)

	Self-Image	What Others Think
Troublesome – Cooperative	5.14	4.90
Good – Bad	3.81	4.05
Breaks Rules – Obeys Rules	5.00	4.90
Rude – Polite	5.90	5.52
Helpful to Others – Harmful to Others	3.62	4.14
Cowardly – Brave	5.05	5.14
Dumb – Smart	4.90	5.52
Honest - Dishonest	3.95	4.14
Lazy – Hardworking	4.86	4.90
Tough – Weak	4.05	4.48
Not Wild – Wild	4.33	4.71
Mean – Nice	5.62	5.33
Kind – Cruel	3.71	3.52
Rich – Poor	4.81	5.19
Attractive – Unattractive	3.67	3.48

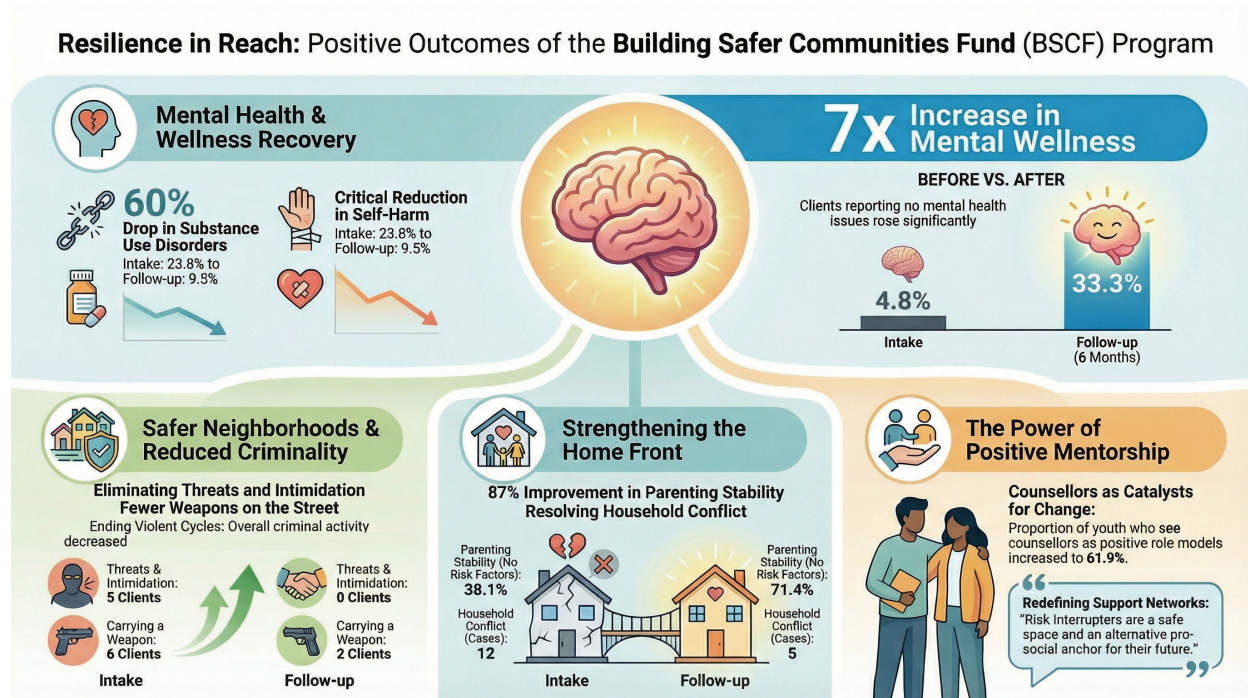
In conclusion, the thematic analysis of client and TFA staff interviews strongly suggests that the quantitative findings do not contradict program effectiveness but highlight the complexity of measuring change in high-risk youth populations over relatively short time periods. Small sample sizes, increased disclosures based on trust, developmental transitions, and the relational (not clinical) focus of risk interruption all shape these outcomes. Importantly, even with relatively low self-reported gang membership (three of 37 clients), gang exposure and pull were common with peers, serving as a consistent gateway. A sizeable minority of clients had wanted to join a gang (n = 9) or had been asked to join a gang (n = 7), and among the few who did join, friends were the sole point of entry and respect/status was the main reward keeping these clients in a gang. At the same time, leaving a gang was linked to concrete protective anchors, such as school, jobs, and intervention programs.

Notably, the results indicated that client criminality decreased and clients’ relationships with their parents improved over time throughout BSCF programming. In addition, at intake, nearly all clients (91.2 per cent) reported at least one mental health issue, with a high prevalence of generalized anxiety (67.7 per cent), social anxiety (61.3 per cent), depression (48.4 per cent), and self-harm (32.3 per cent). By the end of the evaluation period, matched follow-up data showed reductions in depression, eating disorders, self-harm, and reported substance use disorders.

Qualitative evidence points to meaningful, foundational change that may precede and ultimately enable longer-term improvements in education, employment, mental health, and social functioning. The combination of client and staff interviews with the quantitative analysis of the intake and follow-up surveys underscores the importance of integrated service delivery, extended evaluation timelines, and mixed-methods interpretation when assessing prevention-focused programming. They also point to

clear areas for future research, including role clarity between intervention types and deeper longitudinal tracking.

FIGURE 7: CLIENT OUTCOMES FROM BSCF¹⁶



Risk Interrupters' Group Sessions

As part of their work, Youth Risk Interrupters/Youth Outreach Workers also ran several youth groups with BSCF and TFA clients.

Anger Management, Self Defence, & Employability Skills Group

This group began in January 2024 and continued for seven weeks, with weekly meetings. The group was specifically designed for youth aged 12 to 24 years old and was designed to enhance their ability to manage and cope with anger, foster a sense of security and confidence in challenging situations, and provide vocational training to enhance their employability. In total, five young people completed the post group survey. All participants were male and aged between 16 and 18 years old. Notably, all but one young person expressed that the group largely met their expectations, while the remaining young person indicated that it fully met their expectations. On a five-point Likert scale anchored by none and total, when asked to rate their knowledge about the primary issues discussed in the group, the average scores ranged between "somewhat" and "a lot." The highest average rating (4/5) was attributed to physical wellness, followed by anger management (3.8/5). Conversely, the lowest score (3.4/5) was

¹⁶ Infographic prepared with the assistance of Google's Notebook LM.

shared by coping with anger and mental health. In terms of the most significant takeaways, the primary themes encompassed refraining from joining gangs, acquiring job opportunities, and developing emotional management skills.

Seeking Safety Group

This group began in February 2024 and spanned a six-week period, with weekly meetings. The group sessions were designed for youth aged 13 to 19 years old with the goal of fostering a greater sense of physical, mental, and emotional safety. The curriculum encompassed a range of topics, such as personal and interpersonal boundaries, peer pressure, emotional regulation, conflict resolution, mindfulness, and self-compassion. In total, six young people completed the post group survey. Four young people identified as female, and the other two identified as transgender. Their ages ranged from 14 to 18 years old. On average, participants rated the group as meeting their expectations. Using a five-point Likert scale, participants reported that their knowledge levels were highest for personal boundaries (3.8/5), interpersonal boundaries (3.7/5), and emotional regulation (3.7/5). The lowest score (3.3/5) was for their knowledge of coping strategies. Notably, participants rated their overall knowledge on all the discussed topics as 'somewhat'. The most significant takeaways from the group included a sense of belonging and the realization that others shared similar experiences. The importance of presence and support in group settings was emphasized. Participants gained increased awareness and understanding of their emotions, learned effective emotional management strategies, recognized the significance of taking group activities and discussions seriously, and enjoyed group activities to enhance cohesion and personal enjoyment.

StreetSmarts Youth Leadership Program

Based on the developmental asset approach, StreetSmarts was expanded to provide individualized mentorship to referred clients or existing TFA clients who required additional support in various areas, including emotional management and school readiness. This program also facilitated connections with other community service providers, such as Foundry Richmond, which provides mental, physical, and sexual health care services, and Richmond Addiction Services Society, which focuses on addressing substance abuse issues. As of March 30, 2024, 11 youth were enrolled in this program. Clients collaborated with their TFA Risk Interrupters and mentors, who facilitated education in the areas of social/emotional regulation, family breakdown, mental health support, academic preparedness, recreation, nutrition, and community gang risk factors, as well as gang prevention. In early 2024, a new partnership was established between StreetSmarts and Richmond Sports and Fitness, which enabled youth and mentors to attend weekly sessions.

Boys Group

The Boys Group workshops employed a comprehensive, multi-phase intervention model designed to engage male youth in both prosocial activities and critical psychoeducational content. There were three phases of the Boys Group. The June 2024 Boys Group focused on a Gang Intervention Curriculum that encouraged participants to reflect on real-life events, explore decision-making and coping strategies, and engage in creative skill development through Richmond's Media Lab. The October 2024 Boys Group collaborated with Rain City Boxing, KidsPlay Foundation, Crime Stoppers, and The Foundry Richmond to deliver experiential learning sessions that enhanced gang and drug prevention knowledge, reporting awareness, and goal-setting skills. These partnerships leveraged lived experience and professional

expertise to enhance youth engagement. While five youth completed the pre-group survey, only two youth, one aged 16 and the other 19, completed a post group survey. Both expressed complete satisfaction with the group's effectiveness. They consistently rated each group element highly, with a 4/5 rating. These elements included learning effective stress management techniques, identifying self-care requirements, fostering self-awareness and reflection, exploring diverse self-identities, and recognizing areas requiring attention. Regarding the most significant takeaways, the two clients emphasized that the group educated them about the life-saving potential of anonymous police reporting, debunked the harmful nature of gang involvement, and highlighted the value of cultivating new, more positive social connections. The February 2025 series adopted a balanced six-week format, comprising three weeks dedicated to outreach-based activities and three weeks focused on core psychoeducational topics, such as mental health awareness, anger management, and healthy relationships. The intention was to create connections, learning, and personal growth within a safe and peer-supported environment. Earlier phases of the Boys Group had already established a solid foundation for this work. Collectively, the three phases created a dynamic and adaptable approach to prevention, supporting youth in developing self-awareness, emotional regulation, and long-term resilience. No analysis was performed because only one youth completed the post group survey.

Breaking Barriers

Breaking BARRiers was a structured and evidence-based intervention tailored for adolescents aged 13 to 19 years old who encountered challenges related to stress, anxiety, anger, and emotional regulation. Delivered over eight consecutive weeks, this in-person group introduced youth to mindfulness-based stress reduction (MBSR-T) and cognitive behavioural therapy (CBT) practices within a supportive peer environment. The program equipped participants with practical and effective tools, including meditation, self-awareness techniques, and emotional regulation strategies, enabling them to effectively manage stress and navigate challenging emotions. The program's central focus was on the utilization of the BARR acronym: Breathe, Anchor, Relax, Reconnect, designed to assist youth in developing resilience when confronted with internal or external obstacles. The name "Breaking BARRiers" encapsulated the dual objective of dismantling societal pressures and personal barriers that hindered openness and personal growth. By fostering concentration, composure, and self-compassion, this group provided youth with a pathway toward enhanced mental well-being and personal empowerment. The program operated on a biannual basis with rolling referrals to ensure equitable access and timely support.

Seven individuals completed the post group survey. The sample's mean age was 16 years old with a range of 13 to 23 years old. Their average rating for whether the group met their expectations was 4.3/5, suggesting that this group met the sample's expectations 'a lot'. Table 30 presents the sample's mean scores for how much knowledge they gained on each group discussion topic. The items with the highest scores, indicating 'somewhat; to 'a lot' of knowledge gained, were the concepts of mindfulness, emotional intelligence, the interplay between our thoughts, emotions, and behaviours, and self-compassion and forgiveness. The item with the lowest score was for understanding one's social style; however, even in this case, the rating was not particularly low.

TABLE 30: MEAN RATINGS FOR LEVEL OF KNOWLEDGE FOR EACH ITEM (N = 7)¹⁷

After the Group, How Much Would You Rate Your Level of Knowledge On....	Scores Out of 5
Concept of Mindfulness	4.00
Emotional Intelligence	3.86
Interplay Between Our Thoughts, Emotions, and Behaviours	3.86
Self-Compassion and Forgiveness	3.86
Different Strategies to Cope with Stress	3.71
Emotional Indicators of Stress	3.71
Physical Indicators of Stress	3.57
Behaviour Indicators of Stress	3.57
Concept of Self-Awareness	3.57
Adverse Childhood Experiences	3.43
Different Causes of Stress	3.43
My “Social Style”	2.86

Following the completion of this group, participants rated their ability to practice mindfulness at 3.6/5, their ability to be self-aware at 3.4/5, and their ability to cope with stress effectively at 3.71 or between ‘somewhat’ and ‘a lot’ for each of these three items. In terms of the main takeaways, the main themes were a better understanding of mindfulness, how to deal with stress, and the importance of sleep.

Cool, Calm, and Collected

Cool, Calm, and Collected is a six-week wellness-oriented group intervention that assists youth in developing a deeper understanding of their identities and the tools to successfully navigate life’s challenges. Delivered through weekly two-hour sessions, the program provides a secure and supportive environment in which participants explore topics such as coping mechanisms, self-care, mindfulness, self-awareness, and trauma-informed wellness. Participants undergo a process of self-reflection to identify their emotional requirements, stressors, and personal identities, while simultaneously learning about the neurological and emotional consequences of adverse experiences. The curriculum is intentionally structured to enhance emotional literacy and resilience, thereby creating a stronger sense of agency and self-regulation among participants. By emphasizing self-understanding and holistic well-being, Cool, Calm, and Collected encourages youth to recognize the areas of their lives that require attention and equips them with strategies to address those needs in healthy and sustainable ways.

This group was conducted twice: once in August 2024 and again in winter 2025. During the August 2024 session, three participants completed the post group survey. Two participants were 14 years old, and one was 18 years old. One participant was male, while the other two were female. The mean score for whether the group met their expectations was 4/5 or ‘a lot’. In terms of the knowledge gained through the group, high scores were provided for identifying different self-identities (4.3/5), the impact that adverse experiences can have on the brain, body, and mind (3.7/5), and handling different life stressors

¹⁷ The items in Table 29 were rated using a 5-Point Likert scale anchored by ‘none’ to ‘total’. As such, a rating of 4.00 would reflect ‘A Lot’, while a score of 3.57 would reflect being between ‘somewhat’ and ‘a lot’. Similarly, a score of 2.86 would reflect being much closer to ‘somewhat’ than ‘a little’.

(3.7/5). While still positive, slightly lower scores were given for self-understanding and reflection (3.3/5), identifying self-care (3/5), and recognizing areas that needed more attention (3/5). When asked about important takeaways from the group, the most common themes were related to how to deal with stress and the outreach activities available in Richmond.

After the winter 2025 session, six young people completed post group surveys. All six respondents were female, aged between 14 and 18 years old. The mean score for whether the group met their expectations was 4.8/5 or 'a lot'. In terms of the knowledge gained through the group, high scores were provided for identifying self-care needs (3.8/5), recognizing areas of your life that need more attention (3.8/5), the impact that adverse experiences can have on the brain, body, and mind (3.8/5), and self-understanding and reflection (3.7/5). While still positive, slightly lower scores were given for handling different types of life stressors (3.5/5) and identifying different self-identities (3.3/5). When asked about important takeaways from the group, the most common themes were related to how to deal with stress and anger, self-care, and mental health techniques.

Girls Group

The Girls Group is a psychoeducational program designed to enhance self-awareness, self-confidence, and digital safety among adolescent girls. The program employs a structured sequence of sessions to address pivotal developmental themes, such as time management, body acceptance, and responsible technology usage. Participants engaged in practical exercises, such as developing personalized schedules and to-do lists, to strengthen their executive functioning and organizational abilities. Additionally, the group facilitated discussions on self-esteem and body image, encouraging participants to practice self-affirmation and challenge internalized insecurities. A crucial component of the curriculum focused on technological literacy and safety, including navigating social media platforms, understanding the personal and social implications of sexting, and managing screen time effectively. By seamlessly integrating emotional development with digital risk education, the Girls Group empowered youth with the necessary tools to make informed decisions in both their offline and online environments.

In total, five participants completed a post group survey for the Fall 2024 session. The average age of the participants was 15.4 years old, with a range of 13 to 18 years old. This group had a very high score (4.6/5) for whether the group met participants' expectations. Moreover, as demonstrated in Table 31, there were very high average scores for the knowledge participants gained on each topic presented in the group. The highest scores were related to the topics of digital behaviour, especially the effects of sharing intimate images or sexting.

TABLE 31: MEAN RATINGS FOR LEVEL OF KNOWLEDGE FOR EACH ITEM (N = 5)¹⁸

After the Group, How Much Would You Rate Your Level of Knowledge On....	Scores Out of 5
Identifying the Effect and Chain Reactions of my Digital Actions	4.6
Understanding the Immediate Impacts of Sharing Intimate Images or Sexting	4.6
Understanding the Secondary Impacts of Sharing Intimate Images or Sexting	4.6
Understanding the Long-Term Impacts of Sharing Intimate Images or Sexting	4.6
Identifying Positive Self-Affirmations	4.2
Concept of Time Management	4.0
Recognizing and Respecting Your Body	4.0
Handling Addiction to Technology, such as Screen Time	4.0
Use of Weekly Schedules, Day Planners, and To-Do Lists	3.8
Breaking Tasks into Smaller Parts	3.8
Concept of Body Acceptance	3.8
Different Strategies to Manage Time	3.6
Avoiding and Limiting Distractions	3.6
How to Build Self-Esteem	3.6
Technological Safety in Using Social Media and Apps	3.6
Cutting Away Your Insecurities	3.4

Following the completion of this group, participants rated their ability to manage their time at 3.6/5, their ability to respect and accept their body at 3.4/5, and their ability to handle technology safely and responsibly at 4.2/5 or between ‘somewhat’ and ‘a lot’ for each of these three items. In terms of the main takeaways, the main themes were body acceptance, the safe use of technology, and the better management of time.

In summary, as the BSCF project concludes and the City of Richmond considers the long-term safety and well-being of Richmond’s youth, it is evident from the qualitative and quantitative data that the work of the Risk Interrupters has emerged as a main cornerstone of the BSCF program. TFA’s work with at-risk clients as part of the BSCF project was highly effective, based on the lived experiences and candid reflections of BSCF clients. Both the interviews and analysis of BSCF client intake and follow-up surveys indicated improved outcomes in school engagement, emotional regulation, life skills, and future orientation. Most importantly, the trusted relationships that clients formed with the Risk Interrupters were transformative and, in some cases, described as lifesaving. This specific element of the overall BSCF strategy did what it set out to do; namely, diverted clients away from harmful pathways, including gun and gang-related activity. Its effectiveness in addressing gang involvement, supporting clients through their trauma, and promoting positive life outcomes is demonstrable. Should funding become available in the future for projects or initiatives like BSCF, stakeholders should consider sustained

¹⁸ The items in Table 29 were rated using a 5-Point Likert scale anchored by ‘none’ to ‘total’. As such, a rating of 4.00 would reflect ‘A Lot’, while a score of 3.57 would reflect being between ‘somewhat’ and ‘a lot’. Similarly, a score of 2.86 would reflect being much closer to ‘somewhat’ than ‘a little’.

funding, diversifying group activities, and ensuring continued flexibility in how support to clients is delivered for maximum impact.

ENHANCE COORDINATION, CAPABILITY, AND CAPACITY

THE IMPLEMENTATION OF A SITUATION TABLE

Situation Tables have become an increasingly popular means of addressing crime and several co-occurring social problems in communities across Canada. Situation Tables represent a holistic approach to individual and community well-being and safety. They are premised on a social service collaboration model that aims to identify vulnerable individuals and connect them to appropriate resources and services.

Since the launch of the BSCF Strategy, staff at TFA and the City of Richmond have navigated the creation of a Situation Table to replace the existing Youth Complex Needs Table. The Situation Table model has been designed and proven via independent evaluations to improve information sharing and communication between agencies and service providers and can contribute to a greater sense of shared responsibility among partner agencies and service providers for clients, formalize the collaborative process, and increase interagency cooperation, especially in service delivery.

At the time of writing this final report, the participating agencies in Richmond's Situation Table included the Ministry of Children and Family Development, Ministry of Social Development and Poverty Reduction, Ministry of Public Safety and Solicitor General, Vancouver Coastal Health, Richmond School District 38, Richmond RCMP, Richmond Addiction Services Society, Touchstone Family Association, Connections Community Services Society, and the City of Richmond.

The City of Richmond BSCF Coordinator spearheaded the transition of the Youth Complex Needs Table to a Situation Table. This included meeting with multiple community and government stakeholders and coordinating with the Province of British Columbia's Ministry of Public Safety and Solicitor General to provide formal training to Situation Table members. This training has occurred, and the identified members are working toward finalizing the partnership agreement to launch the Situation Table. An informal Situation Table Steering Committee has been established, and there is agreement to formalize the Steering Committee once the Situation Table begins its work.

It is recommended that the City of Richmond commit to a formal, independent evaluation of the Situation Table after it has been in operation for one year. Although Situation Tables have a firm theoretical foundation and appear to be a significant improvement over fragmented systems of social service delivery that are too reliant on law enforcement to be service providers across a variety of circumstances for which they are not well suited, there should be a comprehensive assessment or evaluation of Richmond's Situation Table, as there have been for other Situation Tables in British Columbia. The goal of the Situation Table evaluation would be to independently evaluate its operation, how it is meeting its mandate, its membership structure, the volume and nature of referrals, which agencies are making referrals and which are accepting to be part of intervention teams, gaps in membership or attendance, training needs, the operation of the steering committee, and other items to enhance or improve its processes to ensure that it continues to serve the needs of the at-risk and vulnerable youth population in Richmond.

The Situation Table is a critical coordination legacy piece once fully activated. TFA staff interviews indicated that ongoing bureaucratic delays but sustained belief in its potential impact. City capacity expansion, particularly through the coordination role, represents one of the most durable institutional outcomes of the BSCF. However, TFA staff cautioned that coordination without equivalent relational intervention capacity will shift the system toward monitoring rather than prevention.

WORKFORCE READINESS INITIATIVE

Meaningful and quality employment is a positive resilience factor for youth and young adults, as it can provide economic stability and a legal alternative to criminality. Living-wage jobs and skill-building training serve to stabilize the economic structure of the community, reducing dependency on services while promoting healthy living, decreasing poverty rates, and contributing to a healthy and vibrant community.

In the June 2024 update on the first year of the BSCF initiative by Potus Consulting Inc., it was reported that as of March 2024, many BSCF clients had benefitted from the new Workforce Readiness Initiative by gaining the education and skills necessary for independence and workforce readiness. For example, many clients received training that addressed education gaps and struggles to graduate from secondary school. These clients received funding for tutors and support in subjects in which they were struggling for Grade 12 graduation. This worked in tandem with the community schools and alternate programs in which they were registered. These supports continued and were expanded in year two of the BSCF initiative.

During interviews with clients, it was reported that the Workforce Readiness Initiative was one of the most significant successful components and legacies of the BSCF. As noted below, all the funding in year one was not spent because of a time lag between program startup, client referrals and intake, and the identification of training and education needs for those clients. However, all the funds budgeted for the Workforce Readiness Initiative in year two were spent. The third and final year of BSCF funding had a significant reduction in spending from year two from \$22,500.00 to \$2,000.00. This reduction was because of the process of winding down the BSCF and not taking on new BSCF clients.

TFA staff and Risk Interrupters worked with each client individually to determine what education and training they were interested in, assess whether the client would take advantage of the opportunity, and then TFA staff would decide whether to fund the education and/or training. The education and training were integrated with each client's Integrated Service Plan and, if the client continued their active engagement with BSCF programming and met their established goals, the Workforce Readiness funding would continue.

Education and training included supporting clients to obtain their BC driver's licences so they could get to and from school and work, training courses, such as forklift driver training, and post-secondary courses, in addition to purchasing job interview and work-appropriate clothing or supplies. One client was identified by Emily Carr University of Art & Design as having a strong aptitude and ability. The client was supported with \$2,500.00 in tuition costs and returned on a subsidy to continue their schooling. TFA staff stated that this client would never have been able to attend Emily Carr University without initial Workforce Readiness funding support. As noted in the quantitative findings, nearly one-third of clients (29.7 per cent) believed their families to be lower-middle class. TFA staff in the final round of interviews consistently described this funding stream as trajectory-altering.

Interview Feedback

Numerous TFA staff members highlighted the distinctive and unique nature of this aspect of the BSCF compared to other initiatives or grant-funded projects. They shared that nonprofit organizations and governments rarely, if ever, possessed the requisite funding or capacity to provide workforce readiness initiatives. Furthermore, they believed that the clients who were fortunate enough to benefit from this funding would have otherwise been denied access to the training and education they received because of this component of the BSCF. It was unsurprising that many TFA staff members expressed the opinion that the budget allocated to this component of the BSCF could have been higher and would still have been fully utilized. In interviews with TFA staff, it was universally noted that this winding down of funding resulted in clients not being able to receive Workforce Readiness-related supports in Year 3 and, in hindsight, a consistent level of funding should have been maintained throughout the duration of the BSCF.

One of the challenges of the Workforce Initiative was ensuring that the fund was not abused or misused by clients. For example, one TFA staff member discussed how one client's family requested funding support at Christmas, which went beyond what would be considered related to workforce readiness. It was felt that the family was trying to take advantage of the available funds. In response, TFA developed more stringent mechanisms to ensure that requests were reasonable, appropriate, and met the mandate of the Workforce Readiness Initiative. Because of the success and impact of the Workforce Readiness Initiative, reducing or eliminating this aspect of BSCF post-March 31, 2026, was described by several TFA staff as likely to have the second most significant impact on clients after reducing or eliminating TFA's Risk Interrupters.

Although absolute employment numbers remained modest, which was developmentally expected given that the mean age of those interviewed was 16 years old, client narratives demonstrated tangible pathway creation in several employment areas, such as forklift certification, trades applications at BCIT, resume building, job acquisition, and volunteer placements. Notably, the loss of flexible Workforce Readiness funding in Year Three created inequities between earlier and later cohorts. This aligned with TFA staff concerns regarding the BSCF's front-loaded funding design identified in the interim and final evaluation periods. Strategically, Workforce Readiness should not be interpreted as an employment program but as a micro-investment prevention lever within youth development in Richmond.

PROFESSIONAL DEVELOPMENT/TRAINING FUND

Many complex individual, familial, school, and neighbourhood risk factors influence an individual's propensity to join a gang. Consequently, establishing and enhancing the knowledge base and skill sets essential for addressing youth at risk of gun and gang involvement in Richmond was pivotal to achieving the objectives of the BSCF strategy. Since November 2023, numerous professional development and training sessions have been attended by TFA BSCF staff and City of Richmond BSCF staff, along with other key partners across Richmond.

It is crucial to acknowledge that without the BSCF, many of these training opportunities would not have been feasible. This encompasses not only the training and workshops that the City of Richmond and TFA were able to send their staff to, but also the numerous training and workshop opportunities hosted by TFA because of the funding provided by the BSCF. Although many of these opportunities are outlined below, the cumulative impact of these diverse and varied opportunities provided by the BSCF has resulted in TFA staff and Richmond service providers receiving enhanced education and training that

would not have been possible otherwise. This will be one of the long-term benefits directly attributable to the BSCF program for Richmond service providers, TFA, and the communities they serve. Based on interviews conducted with a sample of Richmond service providers, including Richmond RCMP, Youth Development Coordinators, and TFA staff, participants reported that these training and educational opportunities were extremely valuable in providing highly specific and targeted training. Participants emphasized the diversity of the training and educational opportunities and an appreciation that they were trauma informed. Moreover, participants emphasized that the BSCF funding provided more training and educational opportunities than they had received prior to the BSCF. In reviewing the topics covered by the many workshops, training sessions, and educational opportunities, there was some redundancy.

The following is an accounting of the training and workshops hosted by the City of Richmond and TFA Under the Building Safer Community Fund

End Gang Life Conference (January 2024)

The End Gang Life Myths and Realities conference, which was attended by 60 participants, provided comprehensive information on the gang landscape. The facilitators received training on the myths and realities of gangs, while the attendees gained an overview of the Gang Intervention and Existing Team. Subsequently, the participants gained access to the End Gang Life Myths and Realities video series, enabling them to deliver prosocial messages to empower youth through education. This facilitated informative conversations with youth, fostering an understanding of the realities of gang life. The participants also developed the ability to identify common myths associated with gang life, recognize techniques used for gang recruitment, comprehend the consequences of gang activity, and enhance their knowledge of resources available to youth involved in gangs.

A total of 46 pre-workshop surveys were completed, and 76% of these respondents indicated that the topic was either mostly or completely relevant to their role, with only 11% indicating that they were knowledgeable about the topic prior to the workshop. Respondents expressed interest in the workshop, as it would provide a comprehensive understanding of gang-related issues, preventative measures, intervention strategies, and resources to support at-risk youth and professionals working in this area. Following the workshop, 26 participants completed a post-training survey. In total, 81% reported that the workshop mostly or completely met their expectations, and 76% reported that the workshop either completely or mostly enhanced their understanding of gangs. When asked about the most important takeaways, the main themes focused on the complexity of gang recruitment, the importance of appropriate language in discussing gang issues, the extensive support systems available, and the significant efforts made to prevent and intervene in gang activities in British Columbia.

Framework for Working with Neuro-Divergent Youth (February 2024)

This workshop was attended by 148 youth service providers from Richmond. Dan Duncan led the workshop, presenting a comprehensive explanation of the ADHD Inside Out Framework. This framework is designed to assist participants in comprehending and responding to ADHD in a beneficial, respectful, and productive manner. The workshop covered various topics, including the social trajectory of individuals with ADHD, unhealthy coping mechanisms commonly adopted by them, strategies for working with individuals with ADHD, and techniques to enhance success with those with ADHD. Additionally, an overview of the diagnostic process, primary medications, and common protocols

encountered by individuals with ADHD was provided. Furthermore, the workshop compared ADHD to ASD, anxiety, depression, learning disabilities, and other mental health conditions.

In total, 106 participants completed the pre-workshop survey. When asked about the relevance of the workshop topic to their jobs, 62.2% reported that it was completely relevant, and an additional 31.1% indicated that it was mostly important. Notably, 15.1% of participants stated that they had never received formal job-related training on this topic, and an additional 42.5% reported that they rarely had. Overall, 54.7% of participants considered this type of workshop extremely important, while an additional 34.0% reported that it was mostly important. Following the workshop, when asked if participants (n = 92) felt that the two-day session met their expectations, 51.1% reported that it had completely met their expectations, while an additional 37.0% reported that it had mostly met their expectations. The primary takeaways from the workshop were the significance of viewing ADHD through the lens of energy management, comprehending its multifaceted nature, and employing practical and empathetic strategies to support individuals with ADHD in diverse settings.

Trauma and Attachment Training on the Integrative Trauma and Attachment Treatment Model (September 2024)

This training program was attended by 153 individuals and focused on the Integrative Trauma and Attachment Treatment Model. The curriculum encompassed the fundamental principles of trauma and attachment, providing an overview of contemporary neuroscience in these areas. It explored the connections between early developmental trauma and adverse health outcomes, including emotional dysregulation, substance abuse, eating disorders, self-harm, dissociation, and suicide. Additionally, it provided information on mental health diagnoses and behaviours through the Triune Brain model and the Window of Tolerance framework, which explains the signs of emotional dysregulation, spanning the spectrum of hyper- to hypo-arousal. The training emphasized the significance of trauma-informed service delivery approaches and distinguished between trauma-informed and trauma-specific care. This distinction encompassed grounding and sensory downregulation strategies, orienting and resourcing techniques, containment and self-soothing methods, and structured sensory interventions.

In total, 72 individuals completed the pre-training survey. Based on this data, attendees to the training were from Aspire Richmond, BC Centre for Ability, CHIMO Community Services, the City of Richmond, the Ministry of Children and Family Development, Richmond Addiction Services, Richmond RCMP, Richmond Family Place, Richmond Multicultural Community Services, Richmond School District, TFA, Vancouver Coastal Health, and the Foundry. Nearly two-thirds of those who completed the survey (62.5 per cent) reported that the type of training provided by this session was extremely important as a service provider, with an additional 29.2% indicating that this type of training was mostly important to them as a service provider. Furthermore, 83.3% of the 18 participants who completed the post-workshop survey reported that the training either mostly (38.9 per cent) or completely (44.4 per cent) met their expectations.

Parent Workshop (September 2024)

This workshop was attended by 16 parents. The City of Richmond, in collaboration with the Richmond RCMP, BC's Combined Forces Special Enforcement Unit (CFSEU-BC), and TFA, hosted a parent gang prevention information session. The purpose of the session was to educate parents on how to recognize and address the warning signs of gang involvement. Additionally, the workshop provided information on

internet safety to assist children in navigating the digital world safely. It also emphasized the importance of maintaining open communication with children and youth, strategies for strengthening connections to facilitate difficult conversations, and information about available supports and services for children and youth at risk or engaged in negative behaviours.

In total, eight parents completed the post-workshop training. All eight parents reported that this type of workshop was either mostly (n = 5) or extremely (n = 3) beneficial. Five parents indicated that the workshop completely met their expectations. Additionally, four parents felt that the workshop significantly enhanced their understanding of the subject matter, while the same number felt that the workshop provided valuable resources and materials. A second parent workshop was scheduled for November 2024 and had 10 parents registered. However, owing to severe weather and a power outage, the workshop was canceled.

SafeTALK Training (November 2024)

This training session, which was attended by 23 individuals, encompassed a comprehensive half-day training program. The objective of the training was to equip attendees with the necessary skills to identify individuals exhibiting suicidal ideation and promptly connect them with appropriate support channels. This training session did not include any pre- or post-training surveys.

Response Based Practice Workshop (February 2025)

This workshop was attended by 130 individuals. Response-Based Practice is designed to identify resistance to violence in ways that children and youth safeguard their own and others' dignity and take proactive steps to enhance safety. The primary topics addressed in this workshop encompassed working with children, youth, and families affected by violence, including illustrations of diverse forms of resistance. Furthermore, it emphasized expanding the spectrum of beneficial responses to children who have endured harm from violence and other forms of adversity. Finally, it highlighted the correlation between positive social responses and the well-being of children.

In total, 107 participants completed the pre-workshop survey. Based on these results, there was representation from Aspire Richmond, various Richmond community associations, the City of Richmond, Richmond RCMP, Connection Community Services Society, Foundry Richmond, Francis House, Hugh Boyd Secondary School, Ministry of Children and Family Development, Richmond Addiction Services Society, Richmond Multicultural Community Services, Richmond School Board and Richmond School Districts, and TFA. It is important to note that nearly two-thirds of those who completed the pre-survey (63.6 per cent) reported that they never or rarely received any information, education, or training on this topic. Regarding the importance of working for children, youth, and families who have experienced violence as a service provider, 88.7% of respondents reported that it was either a lot (36.4 per cent) or extremely (52.3 per cent) important. Similarly, of the 61 respondents who completed a post-workshop survey, on the issue of how important this workshop was to their professional development, 91.8% felt that it was mostly (27.9 per cent) or extremely (63.9 per cent) important. Regarding whether the workshop met their expectations, 34.4% reported that the workshop mostly and 54.1% reported that the workshop completely met their expectations. Finally, 39.3% indicated that the workshop mostly enhanced their understanding of the subject matter, while an additional 50.8% reported that the workshop had completely enhanced their understanding.

Applied Suicide Intervention Skills Training (March 2025)

A total of 25 individuals participated in the training. The training covered topics such as identifying suicide risk indicators, providing effective interventions, and developing safety plans to safeguard individuals from suicide attempts. The primary objective of the training was to empower participants with the confidence and practical skills to support individuals struggling with suicidal thoughts, prioritizing safety and support over risk management.

A pre- and post-training survey completed by 15 attendees indicated that the participants came from various organizations, including the City of Richmond, several community associations, the TFA, and the Turning Point Recovery Society. Of the 19 attendees who completed the post-training survey, all but one reported that workshops like this were highly significant for their professional development, and all but two felt that such workshops were crucial for their professional practice. Furthermore, all but one attendee indicated that the workshop met their expectations.

Vancouver Association of Survivors of Torture Training (March 2025)

In total, 52 individuals attended this training session. VAST, British Columbia's largest center for refugee mental health, facilitated this training. The training encompassed an overview of the mental health outcomes associated with torture, trauma, and political violence experienced by refugees and other newcomers. Additionally, it introduced strategies to support the recovery and resilience of affected individuals. It also emphasized the significance of counseling, documentation, education, and referrals in trauma-informed care.

The 15 individuals who completed the pre-workshop survey represented the City of Richmond, the Richmond RCMP, Francis House, and TFA. Most respondents (53.3 per cent) indicated that this type of training was either very (20.0 per cent) or extremely (33.3 per cent) important to them as service providers. Similarly, a significant proportion (53.3 per cent) reported that they either never (20.0 per cent) or rarely (33.3 per cent) received any information, education, or training on this topic. However, a larger percentage (80.0 per cent) reported that this type of training workshop was either mostly (33.3 per cent) or extremely (46.7 per cent) important to them as service providers.

Below is an accounting of the training and workshops attended by TFA BSCF staff because of the BSCF.¹⁹

The United Way BC Child & Youth Sector Strengthening Conference (November 2023)

This conference was attended by four representatives from TFA. The conference served as a platform for sharing research findings, best practices, and innovative approaches to specific challenges confronting children and youth in British Columbia, including mental health, substance abuse, poverty, and access to quality education. Conference participants engaged in workshops that addressed diverse topics, such as promoting social inclusion, cohesion, reconciliation, and psychosocial well-being. Workshops focused on mental health stigma and equipped young individuals with the necessary skills to manage mental health challenges. Participants explored effective strategies to address eco-anxiety and

¹⁹ Most of the information for this section derived from brochures or websites of the agencies or organizations hosting or putting on the workshop or training. This information has not been independently assessed by Potus Consulting Inc. Moreover, this list does not include some of the one-day, online, self-directed training workshops that City of Richmond or TFA staff undertook as part of the BSCF professional development/training fund.

provide community care in the context of climate impacts. Furthermore, there was a strong emphasis on decolonizing children and youth programming.

Executive Functioning Training – Webinar Series (November 2023)

Two members of the TFA attended this online webinar. The purpose of the webinar was to provide a toolkit that included evidence-based strategies, assessment tools, environmental modifications, cognitive and behavioural skill development techniques, and goal-setting strategies. These tools were designed to assist youth in prioritizing tasks, managing schedules, meeting deadlines, mitigating impulsive behaviours and decision-making, fostering perseverance and persistence in achieving goals, and identifying their strengths and capabilities.

Rise of Youth Violence Webinar Series (November 2023)

Two TFA members attended this online webinar. The purpose of the webinar was to provide professionals with a comprehensive learning experience regarding youth violence, its impact on neighborhoods, schools, and local businesses, and how to effectively address and prevent this issue.

Safer School’s Together Gangs and Guns Conference (February 2024)

In total, 12 members from TFA, City of Richmond, and Richmond RCMP attended this conference. The conference addressed several topics important to TFA staff and the objectives of the BSCF. This two-day conference encompassed a diverse range of subjects, including the current gang scene in British Columbia, behavioural and digital threat assessment, diverting youth from gang involvement, prevention pathways, and developing self-control in high-risk youth.

CFSEU Gang and Organized Crime Conference (March 2024)

Two City of Richmond staff members attended this conference. The primary objectives of the conference were to disseminate information, provide training, and share knowledge on gangs and organized crime. The presentations covered a wide range, emphasizing the interprovincial, cross-border, and international nature of criminal organizations. Additionally, the conference highlighted contemporary trends in gang-related criminal activities.

Burnaby Gun and Gang Symposium (March 2024)

This symposium was attended by three representatives from TFA. The symposium convened local and international experts to provide insights into responses to gang and gun violence within the City of Burnaby. The topics covered included an overview of the gang landscape in Burnaby and the history of the Lower Mainland gang conflict as it pertains to Burnaby, with a particular emphasis on the evolution of organized crime, street gangs, and the implementation of gang enforcement initiatives. Additional topics included organized crime trends and challenges, criminal intelligence targeting, highlights of the Burnaby Gang Enforcement Team (BGET), the involvement of young women in gangs and organized crime, and strategies for reducing serious conduct problems and aggression among youth while promoting mental health.

Building Bridges Through Understanding the Village Workshop (March 2024)

This workshop, attended by all 48 members of the TFA, was designed to examine individual contributions to the revival of Indigenous values, the repercussions of the residential school system, and

Canada's assimilationist policies. The key learning outcomes from this workshop encompassed information on transitioning toward reconciliation in response to the Truth and Reconciliation Commission's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples. Additionally, it fostered cognitive and emotional comprehension of traditional First Nations values, explained the intergenerational consequences of colonization, and provided strategies for cultivating mutually supportive relationships.

Dr. Ross Green Training (April 2024)

This training was attended by a single TFA staff member. Dr. Greene's training equips parents with the tools to mitigate conflict, improve parent-child communication, and establish a collaborative partnership with their children. It is also designed to foster empathy, enhance self-awareness regarding the impact of one's actions on others, facilitate the resolution of disagreements in a non-confrontational manner, and promote the ability to adopt and comprehend diverse perspectives. The training emphasizes the benefits of collaborative problem-solving and the significance of proactive intervention.

Safer School's Trauma Informed Safe and Caring School Communities (May 2024)

A single staff member attended the training session. Given that one in five students experiences mental health challenges such as depression, anxiety, or ADHD, this workshop concentrated on the impact of anxiety and trauma on the brain, the manifestation of anxiety in the classroom setting, practical strategies to implement a trauma-informed approach within the educational environment, strategies for comprehending and addressing brain-based neurodevelopmental complexities, and tools to support symptoms of depression that affect learning.

Complexities of Complex Trauma Training (May 2024)

This comprehensive training session was attended by all 48 members of the TFA, providing an in-depth understanding of chronic trauma. The training covered the etiology of chronic trauma, its clinical manifestations, assessment tools, and a phased approach to trauma and treatment. In addition to the core topics, the training also addressed the historical context of trauma, the developmental implications of childhood abuse, neglect, and betrayal, trauma assessment for disorders, an overview of psychotherapy for complex trauma, treatment approaches for complex trauma, non-verbal trauma treatments, and other modalities of treatment. Cultural humility was emphasized, along with the effects of racism and colonization on complex trauma. The training also addressed LGBTQ+ issues in complex trauma.

Community Safety and Wellbeing Conference (October 2024)

One City of Richmond staff member attended this conference. The topics discussed included information on British Columbia's illicit drug overdose deaths, innovative and contemporary solutions to urban safety, and the role of data in community safety and well-being. Additional topics included the effects of the toxic drug crisis, how policing, bylaw, and enforcement teams are evolving in response to modern safety and well-being challenges, the recovery community approach to the toxic drug crisis, and ways to disrupt generational trauma as a key upstream intervention by fostering belonging, community connection, and supportive services for youth and families. The conference also highlighted the role of government and cross-sector collaboration in advancing community safety and well-being.

ITATM & CTIC Trauma Attachment Training Part 2 (October 2024)

All 48 members of the TFA staff attended this training. The training focused on fundamental principles in trauma neuroscience, neurophysiology, attachment theory, and systems dynamics. The objective was to provide attendees with an understanding of the impact of trauma on the brain, mind, body, behaviour, and relationships. The training introduced effective self-regulation through various sensory-based techniques. Additionally, it explored the significance of worker self-regulation and therapeutic presence in fostering safety, trust, and co-regulation for clients with complex trauma and compromised nervous systems. Consequently, the training covered a comprehensive overview of contemporary neuroscience of trauma and attachment, including the connections between early developmental trauma and health outcomes, emotion dysregulation, addictions, eating disorders, self-harm, dissociation, and suicide. It also provided insights into mental health diagnoses and behaviours, enabling the recognition of signs of emotional dysregulation, spanning the spectrum of hyper- to hypo-arousal. Furthermore, the training addressed safety and stabilization in trauma-informed service delivery, distinguishing between trauma-informed and trauma-specific care. Grounding and sensory down-regulation strategies, containment and self-soothing techniques, and structured sensory interventions were also covered.

The Centre for Addiction and Mental Health (CAMH) Fundamentals of Addiction (October 2024 to June 2025)

This training session was attended by two representatives from TFA and included eight self-paced online training modules. The training emphasized the definitions of addiction, its underlying causes, the identification of concurrent disorders, and the process of motivation and change management. Additionally, the modules delved into screening, assessment, treatment approaches, and relapse prevention strategies pertinent to addictions. The primary themes of this course included the social determinants of health, harm reduction, screening and assessment, treatment, legal considerations, and ethical dilemmas. Furthermore, the course provided various intervention styles that practitioners could align with different stages of change and counseling strategies that contributed to enhancing a client's motivation for transformation.

Empower Youth Conference (November 2024)

This conference was attended by eight TFA and City of Richmond staff members. The primary objective of this conference was to provide practical guidance, tools, and techniques to individuals directly involved in working with youth and youth programs. The conference covered various topics, including the significance of positive relationships between youth and trusted adults. It also provided actionable tips for working with youth, such as ensuring the safety of both group and individual participants, managing conflicts, addressing the fundamental needs of participants, fostering effective partnerships between youth and adults, and supporting meaningful participation. Additionally, the conference addressed values-based leadership, advocated for the rights of young workers, and introduced a decolonizing, indigenizing framework that supports youth workers and clinicians in developing approaches aligned with Indigenous knowledge. This framework aims to revitalize the well-being of the mind, body, and spirit through developmentally informed and healing-centered education.

Safer School's Together Gangs and Guns Conference (February 2025)

This conference, attended by six representatives from the TFA, convened to address the pressing issue of school violence prevention. With a focus on firearms and gangs, the two-day event provided

participants with an international perspective on school safety, the evolving threat landscape within educational institutions, and effective strategies for preventing and responding to school violence.

Toxic Online Culture (March 2025)

This workshop, attended by a single TFA staff member, was designed to impart an understanding of the detrimental effects of social media and reality television on self-esteem, as well as elevating anxiety, depression, and suicidal ideation. The training also explained the correlation between the decline in critical thinking and provided strategies to enhance and optimize interventions, ensuring their effectiveness, efficiency, and longevity. The workshop covered various topics, including techniques to cultivate enduring critical thinking skills, confidence derived from acquired skills and research-based strategies for navigating social media and reality television, proven methods to enhance engagement and problem-solving, enabling youth to develop their own solutions, and exercises and assessment tools that foster resilience and grit, thereby bolstering clients' critical thinking abilities.

Breaking the Cycle of Unhealthy Family Relationships (March 2025)

This training session was attended by a single staff member from TFA. The objective of the training was to provide practical and readily implementable interventions to assist clients in establishing more effective boundaries and transforming their interactions with challenging family members. The training covered the following topics: distinguishing the six types of boundaries to inform case formulation and treatment planning; cataloging the benefits and consequences of healthy and unhealthy boundaries; employing the eight steps of boundary setting when working with adults in individual therapy; appraising relationship dynamics to determine the need to address boundary issues; and identifying the distinction between effective and ineffective strategies for working with clients who struggle with boundaries.

Strengthening Self-Regulation and Executive Functioning in Children (March 2025)

This training session was attended by two representatives from TFA, and it provided participants with an in-depth understanding of executive functions. The training emphasized the importance of teaching clients about their thought processes, learning styles, and behaviours to facilitate their active participation in personal development. In addition to the core executive functions, the training covered an analysis of a comprehensive neuropsychological model of executive functions in the context of clinical treatment. Participants learned how to implement research-based activities to enhance thinking, self-regulation, and behaviour. The training also focused on communicating the presence of executive functioning deficits in individuals diagnosed with ADHD, anxiety, autism, dyslexia, oppositional defiant disorder (ODD), and other psychological disorders. Furthermore, participants learned how to incorporate visual strategies to support the reception and retention of information in long-term memory.

Healing Through Tradition (March 2025)

This workshop, attended by a single TFA staff member, was designed to impart an understanding of trauma, spirituality, and cultural healing practices from an Indigenous viewpoint. The workshop covered key topics, such as exploring the fundamental concepts of intergenerational trauma, its historical origins, its profound impact on identity, culture, and overall well-being; the role of spirituality in the healing process; practical strategies for healing and community empowerment; integrating Indigenous

healing practices into mental healthcare; engaging in cultural connection activities that incorporate mindfulness, meditation, and grounding exercises; and collaborative action planning to establish community-based healing projects, fostering Indigenous leadership, and education.

Ethical Issues in the Treatment of Clients with Complex Trauma and Dissociation (May 2025)

This comprehensive training session was attended by all 48 members of the TFA and provided participants with an in-depth understanding of ethical practices in trauma therapy. This training was designed to equip individuals with the necessary knowledge and skills to effectively navigate complex therapeutic situations and ensure responsible and ethical decision-making. A key focus of the training was the treatment of traumatized clients with personality disorders or traits. Participants learned how to ethically manage potentially dangerous or aggressive behaviors and how to make informed decisions about when and how to modify or maintain therapy boundaries. Specific training topics included strategies for ethically managing enactments that could disrupt therapy, ethical considerations in treating traumatized clients with personality disorders or traits, ethical approaches to managing dangerous or aggressive behaviours, conceptualizing the therapeutic relationship to foster client agency, addressing short- and long-term trauma therapy ethical dilemmas, determining whether to discontinue treatment with non-progressing clients, and exploring the ethical implications of trauma approaches.

Current Online Behaviour Traits and Trends (June 2025)

Ten members of the TFA attended this training, which was designed to ensure that school safety and threat assessment teams were well-informed about the evolving digital landscape. The training provided insights into emerging trends, online language, and novel communication methods employed by students, as well as risk-enhancing behaviours.

Human Trafficking Awareness Seminar (March 2026)

Organized by The Richmond RCMP, this seminar was delivered by the RCMP “E” Division Major Crime – Provincial Counter Human Trafficking Unit to Richmond and focused on building awareness and prevention among frontline workers in schools, youth-serving organizations, and the broader community. Topics covered during the session included how traffickers recruit and exploit youth, the warning signs and indicators that a youth may be experiencing trafficking, identifying risk factors that increase vulnerability, and applying a trauma-informed approach when responding to potential victims. The goal of the seminar was to provide practical and relevant information that would help community partners better recognize warning signs, understand risk factors, and know when and how to involve appropriate supports. In total, 98 people attended the seminar from multiple agencies and organizations, including TFA, MCFD, City of Richmond staff, Richmond RCMP, Richmond Addictions Services Society (RASS), PLEA Community Services, Progressive Housing, Youth Probation, Canada Border Services Agency (CBSA), and School District 38 (SD38).

BSCF TFA Staff Interviews

It should be clear that TFA played a central role in delivering or participating in nearly all aspects of the BSCF strategy in Richmond. Given this, Potus Consulting Inc. interviewed several times over the timeframe of the BSCF all TFA staff members affiliated with the BSCF strategy, including the two full-time Risk Interrupters, the Clinical Counselor, the Youth and Adult Counselor, the BSCF TFA Coordinator, and the TFA Program Director. In addition, the City of Richmond BSCF Coordinator was interviewed several times. The interviews focused on the general themes of BSCF program effectiveness, challenges, sustainability needs, and staff perspectives on each BSCF strategy element.

Across all staff interviews, spanning City leadership, senior nonprofit management, and frontline client staff, a remarkably consistent narrative emerged regarding the core value of the BSCF model. At the core of this approach was the Risk Interrupter function: relational, flexible, and deeply embedded with clients and their individual struggles. Staff consistently identified this role as the most effective and irreplaceable element of the overall BSCF strategy. Risk Interrupters were constantly described as the primary mechanism through which trust was established, behavioural change was initiated, and clients were meaningfully connected to education, employment, and prosocial community spaces.

This finding reinforced the conclusions of the interim report, which identified relationship-based intervention as the strongest protective factor generated by the BSCF program. Staff interviews conducted one year later demonstrated that this was not a short-term effect but a durable outcome that continued to deepen as staff consistency was maintained and partnerships matured.

Staff also emphasized that the absence of turnover among Risk Interrupters over the three-year funding window was not incidental but foundational. In a system where vulnerable youth frequently experience disrupted relationships with institutions, the stability of these workers became a form of intervention in and of itself. The planned reduction from three Risk Interrupters to a single City-based role was, therefore, consistently framed as the most significant risk associated with the sustainability phase by front-line staff.

Staff interviews with Touchstone Family Association leadership, Risk Interrupters, and City of Richmond staff collectively indicated that the Risk Interrupter model served as the central mechanism of change within the BSCF strategy. When interpreted alongside the quantitative intake and follow-up data findings, this relational model appears to be the primary driver of observed mental health stabilization, educational persistence, and behavioural redirection.

BSCF PROGRAM STRENGTHS

TFA staff reported that the BSCF has been a catalyst for enhanced city-wide integration and partnerships between youth-serving organizations in Richmond through program delivery and professional development. As will be highlighted below, Richmond youth-serving organizations have become increasingly well-trained, educated, and have had their capabilities heightened, largely due to the funding made available by the BSCF. TFA staff report that relationships have been enhanced with several key partners during the BSCF campaign, which has served to break down long-existing silos, including enhanced partnerships with the Richmond School District, Vancouver Coastal Health, Ministry of Social Development and Poverty Reduction, Ministry of Children and Family Development, Richmond RCMP's Youth Probation (Yankee 30), Restorative Justice, Connections Community Services, Richmond Addiction Services Society, the Media Lab, and several Community Centres. Many of these relationships will be

further developed as the new Situation Table comes online. Anecdotally, the degree of training and coordination has been unparalleled in Richmond; however, common performance systems and integrated measures of success remain nonexistent.

Another common theme was the degree to which the BSCF fostered strong engagement through outreach. Across all interviews, it was reported that the Risk Interrupters were engaged in a high level of engagement with youth, not just BSCF clients, through consistent, community-based contact. This was largely attributed to the efforts of the Risk Interrupters and because of their commitment to a flexible, client-centered approach. This perspective was found across BSCF staff at TFA. Moreover, staff emphasized that success was greatest when schools, probation officers, social workers, and families were actively involved in BSCF programming. In effect, this cross-sector collaboration formed a safety net around at-risk and low-asset youth in Richmond.

TFA BSCF staff highlighted Workforce Readiness as one of the most effective tools in changing client trajectories. Clients were highly motivated by the prospect of legitimate employment and certification opportunities provided by BSCF. Staff repeatedly referenced parental absence, conflict, or instability. Quantitative data confirmed a wide spectrum of living arrangements and family dynamics. Staff described the Risk Interrupter role as filling these relational gaps, which aligned with client interview accounts of viewing their Risk Interrupters as consistent adult figures that assisted them with finding work or volunteer opportunities.

In addition, staff described workforce readiness funding as trajectory-altering, particularly for clients from economically constrained households. Employment barriers included a lack of skills, lack of experience, and motivational challenges. Recent follow-up findings showed modest employment engagement gains, with one client employed full-time and several clients working part-time or self-employed. These gains, while numerically modest, are developmentally significant given the average client age of approximately 16 years.

Regarding the Youth Micro Hubs, TFA staff described them as safe, structured, and non-judgmental spaces where youth engage in prosocial activities. TFA staff recognized that BSCF clients were reconnecting with community centers and developing new social networks. Interestingly, most TFA staff viewed the Youth Micro Hub as a broader community centre and not just the physical room that received cosmetic improvements because of the BSCF. The Micro Hubs, while uneven in initial implementation, ultimately emerged as important normalization spaces. Staff highlighted that these environments facilitated a cultural shift within City-operated facilities, increasing comfort and confidence in serving higher-risk youth populations. This institutional learning is likely to outlast the BSCF program itself and represents a significant legacy outcome.

Staff observed that the Micro Hubs at South Arm and Cambie were especially effective in reaching vulnerable youth. The data validated the decentralized prevention strategy, while staff cautioned that reduced relational staffing may weaken these access points post-BSCF. Equally positive, interviews with the Youth Development Coordinators at the Community Centres with Youth Micro Hubs shared this perspective. Finally, TFA staff emphasized that relational trust was the foundation of success, especially with culturally diverse youth populations. For example, the intentional conversation about race and identity at the start of some sessions was noted to be an effective way to break down barriers.

Finally, staff often described the educational motivation and future planning that occurred at the community centres as core areas of intervention. In the quantitative data, the most reported barrier to school by clients was a lack of motivation (78.8 per cent). Notably, qualitative evidence indicated that client attitudes toward school improved because of BSCF participation. Staff emphasized that Risk Interrupters did not remove systemic school barriers but reshaped clients' engagement with these barriers. This distinction is important in interpreting the relatively stable barrier percentages alongside improved attendance narratives.

BSCF PROGRAM CHALLENGES, GAPS, AND CONSEQUENCES OF DISCONTINUATION

Similar to the original StreetSmarts Youth Mentorship initiative, which focused on empowering high-risk youth and encouraging positive decision-making and the development of life skills, TFA's BSCF efforts supported Richmond clients and the BSCF vision through mentorship, prosocial group activities, and experiential recreational outreach. However, there was some confusion about whether StreetSmarts was formally still in operation at TFA or simply absorbed into the BSCF.

According to the interviews, TFA staff felt stretched too thin at times. Client caseloads for Risk Interrupters were described as at or nearing the maximum capacity of approximately 12 clients per Risk Interrupter. Given this, it was noted that increasing the contact time between the Risk Interrupters and each of their clients was a substantial challenge as more clients were added to caseloads. However, as highlighted in the BSCF client interviews, while many clients would have welcomed twice-weekly in-person contact, and this would be ideal given the level of risk many clients pose, this level of contact was unachievable under the Risk Interrupter's workloads. Moreover, given the number of potential clients who would have been well served by BSCF programming, TFA staff recognized the need to try to keep waitlists under two months, with exceptions being made on a case-by-case basis according to the level of urgency. However, throughout the duration of the BSCF, waitlists remained large, and it could take up to four months for someone to be taken off the waitlist and admitted to the BSCF. One way of addressing this concern was for the BSCF group sessions delivered by TFA Risk Interrupters to also be opened to non-BSCF clients. This strategy also served as an effective recruiting tool into the BSCF pipeline.

It was noted during interviews while preparing the interim report and this report that the budget cuts and reductions in year three of the BSCF, the uncertainty of additional funding and support from the Government of Canada in spite of election promises, and the potential cessation of one or more pillars of the BSCF project, weighed heavily on the minds of TFA staff. In the final year of the BSCF, the Workforce Readiness budget was substantially reduced, which undermined one of the BSCF program's most effective interventions. Clearly, the loss of BSCF funding will significantly disrupt care continuity with many clients who have built rapport with TFA staff members and their respective Risk Interrupter.

It was helpful to hear from TFA staff that the BSCF intake and follow-up surveys designed by Potus Consulting Inc. could be intrusive, overwhelming, and a deterrent to client engagement. The process of administering the intake survey during the first sessions, when TFA staff and the Risk Interrupters were attempting to develop rapport with clients, was seen as misaligned with best practices in trauma-informed care. While the intake survey was designed based on guidelines and expectations provided by Public Safety Canada to identify risk and assess change over time, the comments by TFA staff were accepted and understood by Potus Consulting Inc.

At the outset of the BSCF project, Public Safety Canada indicated that the target age group was 18 to 24 years old, in addition to younger individuals under 18 years of age. This target was not achieved, and TFA staff recognized that more focus needed to be placed on the recruitment and support of the 18 to 24-year-old demographic. This remained a substantial gap in the overall BSCF strategy in Richmond throughout the project. Moving forward, post-BSCF, re-establishing a more direct partnership with Richmond RCMP might contribute to an increase in referrals of older youth, and participation in the Situation Table should also lead to additional referrals of older clients for all participating agencies. Additionally, quantitative data revealed pronounced gender disparities in mental health at intake, with female participants significantly more likely to report anxiety, depression, eating disorders, and self-harm. Staff observations mirrored this pattern, describing female clients as more likely to present with internalizing symptoms.

Meanwhile, while parental involvement is a known protective factor, TFA staff reported that some parents were either overbearing, made unrealistic demands on TFA staff, had unrealistic expectations of what TFA staff could do for their children, were disengaged altogether, or even attempted to misuse the Workforce Readiness fund or the goodwill of the Risk Interrupters. TFA staff acknowledged that this made parent engagement complex, troubling, and, at times, burdensome.

Finally, some TFA staff had little to no involvement with several BSCF elements, such as the Media Lab, the Youth Empowerment Initiative, and the Youth Micro Hubs. This highlights a lack of horizontal integration across BSCF program components. Notably, since the development of the BSCF strategy in 2023 and given the dynamic and evolving population demographic and socioeconomic landscape shifts in Richmond, TFA staff noted that new youth risks, vulnerabilities, and exposures emerged that will likely require future proactive strategies and the examination of where to geographically implement them.

The data showed that approximately one-third of clients resided in City Centre, with significant representation in Steveston, Blundell, and Cambie East. This validated staff interviews, which suggested that vulnerability was geographically distributed rather than concentrated in Richmond. Therefore, the interim recommendation to explore expansion into West Richmond is empirically justified and should be explored in the future. However, this final evaluation also identified a sustainability tension in that Youth Micro Hubs are not self-executing infrastructure. In other words, the positive effects of the Youth Micro Hubs were heavily dependent on the presence of Risk Interrupters as relational catalysts. Without sustained relational staffing and ongoing coordination with City Youth Development Coordinators, the Youth Micro Hubs risk reverting to passive hang-out spaces rather than active prevention nodes.

Despite broad endorsement of the BSCF program's design, staff were unequivocal in identifying the overall funding structure as a systemic weakness. The front-loaded allocation of funding in the developmental first year was followed by steep funding declines in Year Three, which produced inequities among clients and their overall experiences with BSCF in the form of constraints to workforce readiness support. This introduced ethical tensions for frontline staff. Multiple interviewees articulated discomfort with enrolling clients into intensive support relationships without the assurance of continuity. This critique echoes concerns raised in the Interim Report regarding sustainability but is more starkly framed in hindsight. In effect, staff questioned whether short-term federal funding models are compatible with relational interventions targeting deeply entrenched social harm that require a longer-term commitment.

Administrative burden, particularly financial reporting requirements, was also described as disproportionately heavy relative to the funding scale. TFA senior leadership described the need to create multiple accounting systems to satisfy TFA, the City of Richmond, and federal requirements, diverting organizational capacity from service delivery.

Staff repeatedly emphasized that the absence of turnover among Risk Interrupters over the three years of the BSCF created stability for clients accustomed to fractured adult relationships. Quantitative findings reinforced the importance of this continuity. Staff described this shift as relational rather than clinical. One Risk Interrupter noted that clients began asking themselves: “What would my staff worker think?” before making a decision. This internalization of guidance aligned with reductions in high-risk coping mechanisms reflected in the data. In this context, staff emphasized that the contraction from three Risk Interrupters to a single City-based position could reduce relational bandwidth. One staff noted: “For me, this was a tough blow – the loss of funding.” Another stated, “Our workers met youth on their time...evenings, weekends, etc.... going to see youth on their turf. Other agencies don’t do that. We do.” Client mental health complexities likely require sustained relational intensity. As such, a shift toward coordination without equivalent mentoring capacity may reduce preventive effectiveness over time.

Moving Beyond BSCF - Recommendations

End Gang Life

EGL should continue to be utilized as part of a long-term gang awareness, education, and prevention sustainability plan in Richmond. Existing EGL materials should be distributed and placed in locations proactively and intentionally in a more targeted manner, where youth and parents, especially those who may be the target audience for the materials, have the greatest opportunity to see and interact with the material. In addition, utilizing the licensing agreement, the City of Richmond should explore, either independently or in partnership with OCABC and CFSEU-BC, the ability to tailor EGL content specific to Richmond's demographics and local gang trends. One asset already in place to do so is the Media Lab, with its ability to create age-specific resources. It is also recommended that the BSCF Coordinator liaise with Richmond RCMP's Youth Section to utilize EGL materials as part of their outreach, engagement, and school liaison officer duties. Lastly, it is recommended that the City of Richmond, in partnership with OCABC, CFSEU-BC, and the EGL evaluation researchers, consider holding one or more training sessions with community partners and stakeholders, especially School District 38 staff, to share the results of the EGL evaluations and encourage adoption and use of EGL content as part of the larger strategy to educate and engage youth about gangs and related violence.

Media Lab

Beyond self-expression, moving forward post-BSCF, the Media Lab can contribute to helping youth build practical, future-focused skills in areas such as audio production, graphic design, coding, and video editing. Notably, these fields have real economic potential. By providing youth with hands-on experience with technology and access to mentorship, the Media Lab has the potential to open doors to career pathways that might otherwise seem out of reach for many at-risk Richmond youth. The sense of accomplishment and personal agency that comes from creating something meaningful replaces the need to seek validation through risky behavior or gang affiliation. In this way, the Media Lab not only keeps youth busy but also empowers them to envision and build a better future for themselves.

Youth Empowerment Initiative

It is recommended that the City of Richmond's Coordinator continue to work with the Youth Empowerment Initiative Counselor and Richmond's Volunteer Coordinator, who has access to a database of pre-vetted volunteers. It is also important to evaluate whether the locations targeted by the Youth Empowerment Initiative are based on assessed risk levels or whether inclusion in the program is due to schools simply providing space and willingness to participate in the program. The City of Richmond's Coordinator should undertake a process to determine the best locations for delivering the program. Moreover, the City of Richmond's Coordinator should explore the possibility of creating spaces in Richmond's many community and recreation facilities where youth can be brought for programming purposes.

Workforce Readiness Initiative

Given the success of this part of the BSCF, continuing the funding of the Workforce Readiness Initiative to a multi-year funding model with sufficient funding to allow for flexibility and creative education and training opportunities for clients, including the purchase of job interview and work-appropriate clothing, is important for the City of Richmond to consider. While Potus Consulting Inc. recognizes the financial

challenges with maintaining this aspect of the BSCF after March 2026, if continued or restarted at a later date, the City of Richmond should formalize what education and training opportunities, as well as any related equipment, clothing, or supplies, would qualify for funding support. It is also important to maintain the fluid nature of the funding to allow for the consideration of unique or special cases. Nevertheless, it is recommended that the City of Richmond establish rigorous vetting processes and protocols to prevent abuse by clients or their families and to ensure fairness in fund distribution.

It is recommended that the City of Richmond explore and establish partnerships with the provincial government and non-governmental organizations, including established trade unions and associations, post-secondary institutions, and education, training, and certification academies, to create new workforce readiness pathways. To demonstrate the efficacy of this initiative, it is also recommended that a database be created to track the number of clients utilizing the funding, how the funding was spent, and the success of each client, both during and after support.

Professional Development and Training Fund

As previously noted, many training opportunities supported by BSCF would not have been feasible without the program's funding. This will be one of the long-term benefits directly attributable to the BSCF program for Richmond service providers and partners, TFA, the communities they serve, and ultimately, the clients who are supported.

If additional funding becomes available in the future, the City of Richmond should consider organizing or supporting training, workshops, and educational opportunities that include attendees from Richmond service providers and community partners. Training should prioritize emerging youth-focused trends within Richmond and provide specialized skill development that directly supports gang prevention and intervention strategies, youth wellness and empowerment, youth mental health, and other training highlighted previously as having the most significant impacts.

CONDUCT SITUATION TABLE EVALUATION

While Potus Consulting Inc. recognizes that Richmond's Situation Table is still in its development stage, it is recommended that the new Situation Table be independently evaluated approximately 12 months after it has accepted its first referral. This would be achieved using a variety of qualitative and quantitative research methods. Evaluative elements would include an analysis of the Situation Tables Risk Tracking Database and overall data framework and management, direct observations of Situation Tables meetings and training sessions, a review of Situation Table documents and onboarding information, such as program agreements, confidentiality agreements, and non-disclosure agreements, and referral forms, and interviews with Situation Table members and members of the Steering Committee to explore the structure and mandate, roles and responsibilities of members, the nature and quantity of cases, the frequency, organization, and structure of meetings, interventions, outcomes, successes and challenges, what works well and what are the challenges facing Situation Tables, and next steps. Interviews should also be conducted with a sample of situation table clients.

CREATE INTEGRATED PERFORMANCE SYSTEM

To ensure the effectiveness, accountability, and long-term value of community services aimed at supporting at-risk and low-asset youth in Richmond, it is recommended that Richmond develop a robust performance measurement and impact assessment system. This was found to be a significant gap during

the BSCF strategy execution. This system will enable the City of Richmond and its funded organizations to track meaningful outcomes, assess program impact, and strengthen strategic decision-making based on evidence. Through the creation of a common framework, Richmond can foster a culture of transparency, continuous improvement, and collaboration among its community service partners, while advancing its commitment to social equity and public stewardship.

Richmond at-risk youth face a range of complex challenges, including substance misuse, mental health issues, and exposure to criminal activity. Early interventions, when properly designed, monitored, and resourced, can change life trajectories, reduce vulnerability, and unlock human potential. However, the absence of standardized performance metrics and a shared evaluative framework makes it difficult to measure effectiveness or advocate for sustained or new funding. An integrated performance model would not only address this gap but also enable organizations to showcase demonstrable results, such as improved school engagement, reduced justice system involvement, increased employment readiness, and strengthened family and community ties.

The proposed system includes a tiered set of indicators aligned with prevention, early intervention, and long-term outcomes. It will blend quantitative measures, such as program completion rates, education, and employment milestones, with qualitative insights, including participant narratives and assessments. Crucially, it will embed additional civic accountability by linking public investments to clear measurable societal returns. These collective data will also feed into impact assessments that capture broader ripple effects, such as reduced strain on social systems and increased community safety.

Moreover, by coordinating outcome data across service providers through a unified system, the City of Richmond can identify gaps, overlaps, and emerging needs more effectively. This integration ensures that funding decisions are informed by near real-time insights and that program strategies evolve in response to shifting community dynamics. It also enables shared learning, cross-agency collaboration, and the scaling of proven approaches. In essence, it transforms fragmented service delivery into a strategic, citywide system of response.

Preventing youth disengagement and criminality is not only a moral and social imperative but also an economic one. By implementing a rigorous performance and impact measurement framework, such as the one recommended here, the City of Richmond positions itself as a forward-thinking, fiscally responsible leader in social innovation and prevention.

To guide the design and implementation of this framework, the City of Richmond is recommended to adopt the results-based accountability model, which is a proven, outcomes-driven methodology widely used in the public sector and nonprofit settings. This clear and disciplined structure enables organizations to align their activities with broader community outcomes while focusing on data that reflects program effectiveness and client change. By consistently applying this model across Richmond's youth-serving agencies, the City of Richmond can ensure a unified language of accountability, facilitate comparative analysis, and accelerate improvement efforts where needed. Importantly, this approach emphasizes using data to improve, not penalize, thereby creating a culture where transparency drives action and service quality is continuously elevated.

If the City of Richmond adopts this plan, it should involve a phased rollout, beginning with a pilot involving a representative sample of organizations, co-designed with input from frontline staff, youth

participants, and civic stakeholders. Subsequently, a refined model can be scaled citywide, with training and technical support provided to ensure system usability and data integrity.

In conclusion, building an integrated performance measurement and impact assessment system for youth-serving organizations is not merely a reporting exercise, but also a transformational tool to assist Richmond in realizing its vision of an inclusive, healthy, and safe community for all young people. We invite the City of Richmond to champion this effort and, in doing so, lead by example in advancing accountability, equity, and social impact in municipal governance.

The City of Richmond's Sustainability Plan for Continuation of the BSCF Strategy Post Funding Cessation

Following the recent funding of the BSCF, Potus Consulting Inc. has been informed that the City of Richmond is proceeding with a City-led approach that will leverage BSCF synergies with the City's Youth Strategy, Richmond RCMP Detachment Strategic Plan, and align case management with existing City-based youth and crime prevention programs.

By retaining the City-led BSCF Coordinator in a new role, to be renamed as the City-led Risk Interrupter, this individual will provide individualized one-on-one support, including for youth not connected to City services. According to the City of Richmond, the City-led Risk Interrupter core functions will include the following:

- Focus on goal setting to reduce risk factors and strengthen protective factors
- Establishing links with community agencies to establish appropriate services
- Referring clients for employment and job skills training
- Facilitating and participating in community meetings, workshops, and training for youth, parents, and service providers on topics like mental health, personal safety, healthy relationships, and positive decision making
- Strengthening connections with schools and community programs to support youth and families

The City-led Risk Interrupter role will provide frontline youth support for the 19–24 age group and liaise with Richmond RCMP and City departments involved in the provision of youth services. The City of Richmond believes that this option will directly address existing gaps in programming for at-risk young adults currently underrepresented and under-supported in program evaluations.

All those connected to the BSCF recognize that the BSCF will end on March 31, 2026, resulting in a hard stop for BSCF support for existing BSCF clients. Therefore, under this option, the City of Richmond will work with TFA to conduct client exit interviews and assess the feasibility of transferring suitable clients to the City-led Risk Interrupter. The City of Richmond has also agreed to leverage BSCF legacy assets, such as the Media Lab, Micro Hubs, the End Gang Life campaign, and the Workforce Readiness Initiative, accept referrals from City Youth Outreach Workers for clients with complex needs, and integrate with existing City and RCMP programs, such as the Youth Intervention Program, Yankee 30, and RCMP School Liaison. In addition, the City-led Risk Interrupter will identify and accept higher-risk youth for coordinated case management.

The City of Richmond has stated that the continuation of the Situation Table is a key component of Richmond's BSCF Sustainability Plan. A core responsibility of the City-led Risk Interrupter will be to bring the Situation Table into operation in 2026. Moreover, they will participate in the Situation Table to provide and accept referrals, such as youth known to the police and those facing multiple vulnerabilities or risk factors. A dedicated data management role is also considered essential to the success of the Situation Table. To that end, the City-led Risk Interrupter will support case tracking, scheduling across multiple agencies, follow-up monitoring, and evaluation of interventions, while enabling trend analysis to identify risks and community issues. Consistent and accurate data will inform strategic planning and resource allocation for the City of Richmond and nonprofit organizations operating in Richmond. Once operational, it is the goal of the City of Richmond that the Situation Table will also serve to strengthen

Richmond's position when applying for future grants from senior levels of government by demonstrating collaboration and case metrics.

Conclusion

Research suggests that early-stage investments in at-risk youth through integrated services, targeted programs, and community-based prevention can yield multimillion-dollar savings per youth, along with strong return-on-investment multipliers (Cohen & Piquero, 2015; Henderson et al., 2025; Jennings et al., 2016; Peters et al., 2016). For example, Cohen et al. (2010) found that early childhood interventions targeting crime, delinquency, and gang involvement, when the risk is addressed early in life, can generate lifetime societal cost avoidance of up to \$3.7 million per prevented career criminal. Another study by Cohen and Piquero (2009) concluded that intervention programs targeting high-risk youth created monetary benefits between \$1.7 and \$2.3 million per youth based on lifetime costs associated with the typical career criminal, drug abuser, and high school dropout. Studies have consistently shown that early investments in youth and family support services yield substantial long-term savings by averting costs associated with incarceration, social assistance, health care, and unemployment. The foundational work done by the various BSCF program elements indicates that Richmond is well-positioned to continue providing transformative support to at-risk youth in Richmond, produce a return-on-investment, and continue the positive momentum and results that have been realized to date, if supports for at-risk youth continue.

Practice suggests that safer communities require long-term, multidisciplinary efforts and investments to improve the social determinants of health and reduce the probability of harm and victimization. Specifically, social development is where a wide range of sectors, agencies, and organizations bring different perspectives and expertise to address complex social issues. The key to successful social development initiatives is working together in ways that challenge conventional assumptions about institutional boundaries and organizational culture, with the goal of ensuring that individuals, families, and communities are safe, healthy, educated, and have housing, employment, and social networks that they can rely on. It also relies on planning and establishing multisectoral partnerships. Communities that invest heavily in these areas by establishing protective factors through improvements in areas such as health, employment, and graduation rates experience the social benefits of addressing the root causes of gangs, crime, and social disorder. Planning for prevention and intervention involves proactively implementing evidence-based situational measures, policies, or programs to reduce locally identified priority risks to community safety and well-being before they result in criminality, victimization, and community harm.

This evaluation of the City of Richmond's BSCF strategy demonstrates that a coordinated, multifaceted approach spanning prevention, intervention, and capacity building has yielded measurable benefits in reducing youth vulnerability to gang involvement and other high-risk behaviours. Both qualitative feedback from stakeholders and clients and quantitative data from program monitoring have demonstrated that many elements of the BSCF strategy, including the Risk Interrupters and Workforce Readiness Initiative, have delivered tangible, positive impacts for low-asset youth, their families, and the broader community. Elements, such as the Situation Table, are close to being realized and should also provide quantifiable positive results in addressing youth with acutely elevated risk.

When examined holistically, the thematic and quantitative findings converge. Clients entered the BSCF with high levels of anxiety, depression, school disengagement, and family instability. Over time, measurable reductions occurred in several high-risk mental health indicators, accompanied by narrative evidence of identity reconstruction, improved motivation, and behavioural stabilization. Taken together, the staff and client interviews present a coherent and compelling narrative: the BSCF strategy achieved meaningful, durable positive outcomes through relational intervention, system coordination, and flexible resource deployment. The evidence strongly supports the conclusions of the Interim Report and further clarifies the consequences of program wind-down.

The City's decision to sustain the Situation Table and retain a City-led Risk Interrupter reflects a pragmatic commitment to preserving core capacity. However, analyses suggest that without a dedicated and experienced Risk Interrupter team, Richmond's overall ability to engage its highest-risk youth will be diminished. As the City of Richmond considers future community safety investments, this evaluation of BSCF underscores a central lesson that prevention and intervention are not modular. They depend on people, relationships, trust, and time. Where these elements are sustained, positive outcomes are likely to follow. Where they are withdrawn, gaps emerge—not immediately, but inevitably.

The relational architecture of the Risk Interrupter model, which is characterized by flexibility, cultural responsiveness, and continuity, appears to be the mechanism linking these outcomes. The statistical reductions alone do not fully capture transformation, and the narratives alone do not quantify the overall positive impact of the BSCF. However, together, they provide a robust evidence base indicating that sustained relational prevention can meaningfully alter trajectories for vulnerable youth in Richmond.

By maintaining continuity of support for the youth served by BSCF through the creation of the City-led Risk Interrupter position, critical prevention and intervention work will not entirely lose its momentum, and Richmond can continue to provide needed services, particularly for youth aged 12 to 24 years old, and that a strong foundation will be in place for future expansion. By maintaining key infrastructure, fostering collaboration with community partners, and leveraging data-driven insights, Richmond will be well-positioned to protect the progress made to date and continue building a safer, more resilient community. This multi-year, multi-dimensional evaluation has determined that the Building Safer Communities Fund was an extremely beneficial investment for Richmond and will represent significant legacy outcomes.

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