

Eager and Not Ready:
Experiences of Manitoba Youth Ageing Out of Care

by
James Turk

A Thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

Department of Social Work
University of Manitoba
Winnipeg

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Abstract

Eager and Not Ready: Experiences of Manitoba Youth Ageing Out of Care is a qualitative phenomenological study from an ecological perspective designed to better understand the experiences of youth ageing out of care in Manitoba. Twelve youth, ranging from six months to eight years from care, were interviewed about their transition experience using 36 profile questions and semi-structured interviews.

Four themes emerged from the experience of youth: Transitioning into Poverty, Adapting and Developing, Eager and Not Ready, and What Youth Say They Need. Poverty was identified as the most significant factor affecting youth transitioning from care and had a major impact upon housing stability and transience. Two developmental processes were identified *Tasting and Testing*, and *Moving Forward*, and their impact on youth transitions noted. One unexpected finding was the impact of the "internalized CFS experience" upon parenting.

The youth identified they were eager to leave the constraints of being in care but were clearly not ready for the hardship of their post-care reality. They identified wanting transition housing and mentoring but were ambivalent about extensions of care. Most relevant, was the desire for more youth involvement in the decision-making process of transitioning from care.

It is concluded that the use of an ecological approach to analyse social policies and practice could focus attention on youth's health and well-being in a gradual supported transition from care.

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INTRODUCTION

Of the 7,800 youth in care in the Province of Manitoba (Family Services and Housing, 2008a), approximately 370 youth age out of foster care in Manitoba each year (Child Protection Branch, personal communication, November 27, 2008). Some, having been in care for most of their lives, suddenly find themselves “dumped” out of the child welfare system, often with insufficient preparation. The system that had made the bulk of the major decisions in their lives is no longer available for support. This is in stark contrast to most youth transitioning out of their home environment. Once “off the books” these youth can easily be forgotten. The aim of this research study is to give a voice to these youth.

This is an exploratory qualitative study from a phenomenological perspective. It seeks to (a) better understand the experiences of youth ageing out of care including both their successes and difficulties, (b) identify what resources have helped youth age out of care, and (c) identify what additional resources are needed to support them in the transition.

Significance to Social Work

First Study in Manitoba

This study is important because it adds to a growing awareness by social workers, child welfare agencies, and governments that in-care youth have had difficulty transitioning out of care (Tweddle, 2005). Further, it identifies “our” collective responsibility to support these youth through a gradual transition toward successful and fulfilling lives. Ever since Raychaba (1989) identified

concerns with foster youth leaving care, and with the first formulation of the advocacy group, The National Youth in Care Network (NYICN), these youth have expressed concern regarding their circumstances. This is the first qualitative study conducted in Manitoba asking youth about their experiences transitioning out of care.

Large quantitative studies (Courtney & Dworsky, 2005; Courtney, Dworsky, & Pollack, 2007; Reilly, 2003), while articulating the range and size of the issues facing ageing out of care youth, may miss the depth of the youth experience. Other research has focused on aspects of youth transitions such as independent living training programs and their effectiveness (Dunne, 2004; McMillen, Rideout, Fisher, & Tucker, 1997), without articulating the youth voice. Some researchers have recognized the importance of the youth voice and have endeavored to incorporate it into their research (Rutman, Hubberstey, Feduniw, & Brown, 2007). The youth voice is critical to better understand the impact of ageing out of care because it comes from the people who directly experience what it is like to age out.

Conducting local research may identify both similarities between Manitoba youth ageing out of care and those from other jurisdictions, and uncover local factors that are unique to this environment. For instance, within Manitoba's child welfare system there has been an over-representation of Aboriginal, Metis, and Inuit peoples (69.5 % of in care youth 15 to 21 years of age are Aboriginal, Schibler & McEwan-Morris, 2006). Local factors may include (but

not be limited to) contextual issues related to education, employment, or housing that impact transitions.

Social Policy Implications

Representing youth voices on ageing out of care may influence social policy makers. Two areas of potential policy change can be identified: policies while in care and policies related to transition planning.

While in care, policies related to extensions of care and accessibility of those extensions by youth before leaving care are of interest. For example, in Manitoba only permanent wards are eligible for extensions of care, although the majority of in-care youth are under Voluntary Placement Agreements or are temporary wards (Schibler & McEwan-Morris, 2006).

In Manitoba, from 2004 through 2008 there has been an overall increase in the number of extensions of care for youth aged 18. However, by age 19 the numbers of youth in extended care continues to drop quickly (Schibler & McEwan-Morris, 2006, Child Protection Branch, personal communication, November 27, 2008). The child welfare Authorities have it within their ability to extend care until a youth is aged 21 but this does not appear to be universally accessed. It is not known if the drop in youth extensions of care is as a result of child welfare Authority or agency policies (such as granting extensions only until a youth has completed high school) or is a youth driven decision.

Policies related to transition planning (Tweddle, 2005) and follow-up of youth, including access to better services such as health care, employment

training, and appropriate housing, are of interest and may be influenced by the input from youth.

Social Work Practice Implications

Social workers in child welfare do not have a mandate to work with youth post-care; however, many workers remain in contact with youth on an informal basis long after they leave the system (Schibler & McEwan-Morris, 2006). Work with youth post-care is not mandated in Canada, therefore there is limited literature regarding practice with aged out of care youth. However, there is hope, as awareness of the issues facing these youth become more prominent, that social workers will provide, as they do in the UK (Goddard, 2003), increased support in adult planning. Indeed, the Office of the Children's Advocate Manitoba has recommended increasing the age for youth in care to 25 years of age (Schibler & McEwan-Morris, 2006), which may lead in the future to increased practice post age of majority.

Social workers play an important part in the lives of youth while in care through direct case management and in supporting foster parents in their caring role. They have intimate knowledge of youth needs while in care. However, they are not often witness to the struggles of youth post-care. If mandated to provide service to support the move to adulthood over a longer period, workers could bring their experience and knowledge to developing more comprehensive and sustainable transition planning for the youth in their care. The voices and experience of youth would be valuable in informing practice.

Researcher's Assumptions

My interest in ageing out of care youth has grown from my experience of caring for 68 foster youth in two scenarios: emergency short-term foster care and long-term foster care. Short-term care consisted of providing a stabilizing, advocacy oriented, home-like environment for four male youth aged 12 to 17 years for periods of three to nine months. Most of the youth I know came from this scenario. Long-term foster care consisted of provision of a home-like environment for youth aged 15 to 17 years for a one to three year period.

Most of the youth were considered by the placing agency as "higher needs" and in Manitoba leveled at three for short-term care and four for long-term care (on a scale of one to five). Most of the youth were under Temporary Ward or Voluntary Placement Agreement status.

My role centered on providing a respectful, caring, and supportive environment focused on transitioning youth to an adult role (given the limitations of agency care). My assumptions concerning youth ageing out of care are based upon this experience. Prior reflection on this experience is critical to this study because of potential researcher bias.

Assumptions

I began this study with six assumptions based upon my previous foster care experiences. I noted the following before beginning the study: First, youth want a successful transition to adulthood. While this transition includes having their basic needs met for shelter, clothing, and food, it also includes a desire for dignity of living and a desire to create fulfilling lives which balance work,

recreation, and relationships. Second, there are considerable systemic and personal barriers to a successful transition. Systemic barriers include discrimination for being a foster youth (I have noticed particularly within the education system), racism (from potential employers and the justice system), and ageism (in this context youth are not trusted by potential landlords). Personal barriers may include delayed development, low self esteem, poor educational achievement, unresolved anger and trauma issues, and compromised life, problem solving, and communication skills. Third, providing care for these youth, although rewarding, is also challenging (with a high risk of caregiver burn out). Fourth, youth need to take personal responsibility for their actions. However, some youth are not yet developmentally ready or able to take personal responsibility for their actions. Fifth, although reasonable opportunities exist to access support and resources while in care, the systemic and personal barriers may interfere with the ability to appreciate and act upon the opportunities presented within the timeframe allotted by the child welfare system. Sixth, foster care is an exchange. It is a relationship in which, I hope, both youth and I benefit. For me the benefit is having the opportunity to come to know these young people, the gifts that they carry, and learn from them about myself and the world. These assumptions are reflective of my values and my desire to give these youth a voice is driven by my concern for them.

Areas in Which My Assumptions Could Influence the Study

I was most challenged in providing care for youth around three issues: ongoing youth drug and alcohol usage, inability to take personal responsibility

for actions, and inability to take advantage of support and resources offered for employment and/or transition living arrangements. I was aware that these issues may be touched in discussion with participants during the study; ongoing reflection upon these issues and use of an audit journal were used to diminish the effects of researcher bias (Steinke, 2004).

Changes in My Assumptions Due to the Study

I have noticed a shift in my thinking about youth ageing out of care since completing the study. I better appreciate the context of emerging adulthood and the very real community and societal challenges faced by youth ageing out of care. I better appreciate the need for a gradual transition from care and the need to provide a “fallback” position to youth leaving care. I have been both concerned and moved by hearing the stories. For all the difficulty made visible by these youth, I feel more hopeful based on the fortitude, courage, and resilience displayed by the youth I listened to.

Theoretical Approach to Method and Analysis

This study aimed to explore the experiences of Manitoba youth ageing out of foster care. As such, I wished to both appreciate, and understand, the lived experience of these transitioning youth. Given that the primary objective of phenomenology is to describe human lived experience (Merleau-Ponty, 1962), this approach to method was chosen for this qualitative study. Because of the importance of understanding transitioning from care from the perspective of the youth who have lived the experience, my responsibility was to bracket my values, beliefs and assumptions concerning these youth (Wilson & Washington,

2007). Therefore, through data gathering, reporting of direct youth experience, and early analysis, the phenomenological approach (in method and analysis) was used. The two themes: Eager and Not Ready, and What Youth Say They Need, mostly result from analysis through a phenomenological lens. However, as the data (the stories of the lived experience of these youth), unfolded, it became more apparent to me that the context was a critical factor interacting with youth and creating and shaping their lived experience.

In the analysis I identify two developmental processes: Tasting and Testing, and Moving Forward. These developmental processes are a different order of analysis than that arrived at by phenomenology. The compilation of youth lived experience that describes a developmental phase is seen to be a dynamic process that interacts with the environment, thus, creating experiences which the youth reported. In articulating these processes, and later in the analysis of the two remaining themes, I chose to analyse the data from an ecological perspective (Bronfenbrenner, 1977; Compton & Galaway, 1989). The later analysis examines the experience of, and adaptive relationship between, youth ageing out of care and her/his environment. The environment includes contextual issues identified at the community and societal levels. Further, the ecological analysis identifies structural issues affecting youth ageing out of care, such as poverty, racism, and ageism, reported by youth. The two opening themes: Transitioning into Poverty, and Adapting and Developing, mostly result from analysis through an ecological lens.

In an effort to best articulate transitioning youth's experience, I came back again and again during the analysis of the data to the premise that the youth's experience is a whole. Further, that there are linkages between a number of factors that complete the scenario of their experience, and although different weight can be attributed to each, they cannot be isolated from one another. The point made by Serge, Eberle, Goldberg, Sullivan, and Dudding (2002) in the literature review that issues, such as homelessness, cannot be isolated from the complete experience of youth, is well taken.

It became apparent in analysing youth experience and their context, and in particular, the structural issues facing these youth, that depending upon the intersection of varying factors, there was a diversity of youth experience. For example, youth's ageing out of care experience is not just that living in poverty is hard, as it might be for many in similar circumstances, but that being young and faced with ageism that their experience is uniquely different. Both the data, and the analysis of it, has experientially brought me to the cusp of intersectional theory. Intersectionality (Crenshaw, 1989) is premised upon the variability of the experiential impact from a source of oppression in combination with other sources of oppression (Denis, 2008). Its analysis, according to Denis (2008) "involves the concurrent analyses of multiple, intersecting sources of subordination/oppression" (p. 677).

Trying to articulate both the diversity and commonality of the youth ageing out of care experience was challenging. Its analysis required an experiential crossing of phenomenological method, with a predominantly

ecological analysis leading toward an intersectional understanding of how structural issues uniquely combine to impact youth experience of transitioning from care.

LITERATURE REVIEW

This literature review is intended to situate the concern for youth ageing out of care within the literature. It provides an opportunity for the researcher and reader to sensitize themselves to the issues, and youth responses to those issues, that may be expressed by the participants of this study. First, after reviewing some of the terms used in the literature, two main themes are explored: the process of transitioning to adulthood (including the success of youth in care transitioning to an adult role) and the needs of youth ageing out of care. Second, an analysis of the child welfare system in Manitoba is provided. The conclusion will draw together the gaps/limitations of existing research and indicate how the present study furthers our knowledge.

Introduction to Transitioning to Adulthood

In reviewing the national and international literature it is apparent that there is cause for concern for youth ageing out of care (Tweddle, 2005). Unfortunately, because governments do not track youth after leaving care at the age of majority, no comprehensive picture is available in Canada, either nationally, or provincially.

The literature suggests a pattern in which youth in care have greater developmental challenges than their peers (Wertheimer, 2002) and require more time and support to meet those challenges. While the importance of completing high school (Kufeldt, 2003) and obtaining some employment experience (Schibler & McEwan-Morris, 2006) prior to exiting care is recognized, little is done to evaluate readiness to leave care. Already facing greater challenges than their

peers, these youth are required to leave the care system without adequate time or tools to prepare themselves for the reality of living on their own (Schibler & McEwan-Morris, 2006).

After leaving care it is likely that these youth will face a high degree of difficulty maintaining a reasonable standard of living (Kufeldt, 2003). Their health will suffer, they will struggle to survive financially, they will move frequently and likely face some period of homelessness, they will probably become parents earlier than their peers, and they have a greater likelihood of contact with the criminal justice system (Rutman, Hubberstey, Barlow, & Brown, 2005).

All this said, there is indication that these youth are remarkably resilient in addressing the challenges presented to them (Strega, 2000). Before examining the issues presented in the literature, it is important to clarify the terms used in discussion about youth.

Terms

It is useful to clarify four terms used in the literature to discuss youth who have been in care of a child welfare agency and are in the process of transitioning to adulthood: disconnected youth, independent living, ageing out of care, and youth.

The term *disconnected youth* has been adopted from the U.S.A. organization "Youth Transition Funders Group", a coalition of groups promoting support services for youth 14 to 24 years of age. The term is used to describe youth who are both out of school and not employed. It highlights youth who

have no formal connection to the community and identifies them as a group at high risk of not succeeding in a transition to adulthood. It has been used by authors such as Courtney and Dworsky (2005) in research related to foster youth outcomes (Midwest evaluation of the adult functioning of former foster youth).

The term *independent living* describes both the act of living independently in the community after termination of wardship, and living in the community while still a ward of the child welfare system with support from that system until the age of majority (Martin, 1998). Independent living programs, the focus of much research in the U.S.A., describe supports employed by the child welfare system to prepare youth close to ageing out of care for life in the community.

Propp, Ortega, and Newheart (2003) have expressed concern with the use of independent living as a term because it focuses on the individual's responsibility and deemphasizes society's responsibility. The term *interdependent living* is offered as an alternative suggesting both an emphasis on societal contribution to a successful transition and linkages to others within the community (Propp et al., 2003). I prefer the use of this term rather than independent living because it suggests a balance between individual dependence and independence, and individual and societal responsibility. However, this term and the concept behind it are not well used in the literature. The term is not used in general practice in Manitoba.

A number of terms have been used to describe the focus of this literature review: youth leaving the care of the child welfare system due to chronological age. This process is variously described as *independent living* (McMillen et al.,

1997), *transition from care* (Reilly, 2003), and *ageing out of care* (Massinga, 1999).

While these terms have been used interchangeably, ageing out of care best describes the termination of all formal child welfare system support based on age of majority (18 years of age in Manitoba).

The term *youth* is used by authors, for example Schibler and McEwan-Morris (2006), to refer to youth and young adults ranging in age from 15 to 25 years of age. For instance, it is used by Statistics Canada in its ongoing longitudinal study on youth in transition (Shaienks, Eisl-Culkin, & Bussiere, 2006). Rutman, Hubberstey, Feduniw, and Brown (2007) indicate that the Federal definition of youth includes young people up to and including 29 years of age. In this study the term youth will be used to describe participants who have reached the age of majority (with all the rights and responsibilities of adults), and are under 30 years of age.

The Societal Shift to Longer Transitions

There has been a marked shift toward lengthening the process of transitioning to adulthood, driven by the changing economy with the influence of globalization and technological changes. Consequently, youth are postponing full-time work and parenting to complete further education and training (Mortimer & Larson, 2002; Youniss & Ruth, 2002). The lengthening of this process has been such that there is discussion of a new phase of development, that of emerging adulthood (Arnett, 2007), described as "the age of identity explorations, the age of instability, the self-focused age, the age of feeling in between, and the age of possibilities" (p. 152). Indeed, this is reflected in the

markers for adulthood shifting from stable work, partnering, and parenthood towards expressions of individual responsibility and financial independence (Arnett, 2007).

Transition to adulthood in present day mainstream society is both more gradual and requires a greater degree of sustained support over time. The shift toward a longer transitioning process increases the probability of competition for resources. With an ageing population, governments may unreasonably focus resources on that population rather than transitioning youth (Youniss & Ruth, 2002). This intergenerational inequity may lead to reduced access for supportive resources for accessing the marketplace. Further, for those youth from economically disadvantaged families, support may not be available for the longer transition, creating a multiplication of disadvantage (Youniss & Ruth, 2002). This may affect minority and immigrant populations that have been over-represented in the ranks of the poor (Social Planning Council of Winnipeg, 2007) and youth ageing out of care.

The Process of Transitioning to Adulthood

The process of transitioning to adulthood includes, for many youth not in care, the ability to return home for brief periods after leaving home. Canadian social trends demonstrate that youth and adults are living with their parents in greater numbers (93% of 18 year olds and 57% of 20 to 24 year olds live with a parent according to the Canadian General Social Survey, 2001, Statistics Canada, 2001), and to a greater age (over the 20 years ending in 2001, the number of

adults still living with parents has doubled for the age ranges 25 to 34 years, Beaupre, Turcotte, & Milan, 2006).

According to Collins (2001), the ability of young adults to return home (the “boomerang effect” has nearly tripled between Babyboomers and Generation X’ers, Beaupre et al., 2006) and the desire to return home highlight both economic factors and the importance of family relations (parental support and the role of the family). A supportive network of family and friends (along with completion of high school) has been identified as a key factor in a successful outcome for previously in-care adults (Kufeldt, 2003). Indeed, a family basis of support, which includes the ability to return home for periods, does influence a young person’s decision to leave home in the first place. Further, opportunity (i.e. traveling, further schooling, or work) often drives the decision to leave home.

The norm for most Canadian youth is in stark contrast to the norm for in-care Canadian youth. In-care youth rarely find that opportunity is the reason to leave care. Further, returning to a home environment (such as foster care) is often not an option (Courtney and Dworsky [2005] found only 1 in 10 youth remained with foster caregivers post-care).

The desire to “normalize” the process of being in care and leaving care is felt by youth (Strega, 2000), foster caregivers, and governments. I particularly appreciate the clarity and down to earth normalcy of the vision statement made by Frank Dobson, UK Minister of Health in 1999:

We have a special responsibility to young people who are in care or who have left care. As their corporate parent we owe them a special duty. I am determined that young people living in and leaving care will in the future get the same support, as far as possible, as other young people who are living at home and leaving home. This means a home to live in or to return to, a shoulder to cry on, encouragement with work or school or college, someone to take you out for a meal or out for a drink, someone to help you with a bit of cash when you need it, somewhere to get the washing done (Goddard, 2003, p. 21).

Operationalizing a statement like this is not quite as simple as the vision itself. A vision statement such as Dobson's also fails to appreciate that economic and social policy factors have a role to play in successful transitions. For example, issues within communities, such as housing costs and housing stability, employment opportunities and wage rates, and the extent of government assistance such as for low-income parents, affect successful transition (Collins, 2001).

The Success of Youth In Care Transitioning to an Adult Role

In the nearly two decades since Raychaba (1989), a former youth in care, first brought the plight of Canadian youth leaving care to the public's attention, the indicators that these youth face significant challenge have grown. Issues facing Canadian youth ageing out of care correspond well with the international literature (Kufeldt, 2003; Martin, 1998; Tweddle, 2005). Issues include low rates of high school completion, high rates of unemployment and low incomes (Reilly,

2003), a high degree of transience and risk of homelessness (Serge et al., 2002), high rates of welfare usage (Schibler & McEwan-Morris, 2006), high rates of justice system involvement, high rates of early parenthood (Courtney & Dworsky, 2005), and high rates of health issues including mental health issues and substance dependency (Rutman, Hubberstey, Feduniw, & Brown, 2006). A scan of research on youth issues compared to rates of such issues in the general public can be found in Appendix A.

This scan illustrates the concerning trends in eight domains: education, employment, pregnancy, transience, social assistance access, criminal justice system involvement, and health (including mental health and substance abuse). It demonstrates that youth from care are both negatively represented and over-represented in the concerns compared to their peers. While domains of issues have been identified by outcome research, it is important to examine the methodological issues within previous research. The discussion examines both the quantitative outcome research and the qualitative research concerning youth experiences of ageing out of care.

Methodological Issues in Outcome Research

To better understand what happens to youth who have left care the focus of research has been on outcomes. Outcome studies help to establish both the breadth of potential issues facing these youth and the intensity with which they experience these issues. Intensity is established by comparing situations between these youth and their peer cohort.

The first issue for researchers has been establishing a comparison between peer cohorts (the general population of youth at the same age), and ageing out of care youth. It appears that in order to consider that child welfare jurisdictions are providing “good enough” care an assumption is made that these youth have to be doing as well, at the same time, and in the same proportion as their peers in the general population. Given that developmental issues have been cited as being a major issue for these youth (Wertheimer, 2002), this may not be a reasonable assumption. However, peer cohort data does provide a basis for comparison. That said, the practicality of establishing national and local norms for comparison of Canadian research has not been easy. For example, Tweddle (2005) used Statistics Canada information (such as follow-up surveys of youth leaving school), the National Council of Welfare’s welfare recipient’s statistics, and the Canadian Community Health Survey statistics to establish some base norms for comparison. Rutman et al. (2005) used British Columbia government statistics for establishing local high school completion rates and previous research on 18 year olds living at home.

While establishing reasonable peer comparison benchmarks may not be easy due to lack of research on peer cohorts, they do appear to be reasonable (the best information available at the time for that jurisdiction). Both primarily quantitative research (such as Courtney & Dworsky’s [2005] evaluation of adult functioning of former foster youth in the Midwest U.S.A.) and primarily qualitative research (such as Martin’s [1998] study on youth perspectives on leaving care) use comparisons with peer cohorts and profile information of

participants to establish the gap between youth ageing out of care and their peers.

Establishing youth norms for comparison is not the only methodological issue faced by quantitative researchers. The sample size becomes an issue. Within qualitative research it is important to use a large enough data set to detect the differences that exist in the population; however, researchers are also faced with economic and management constraints in conducting their research which may limit their sample size and create research limitations. For example, Courtney and Dworsky (2005), in their Midwest evaluation of the adult functioning of former foster youth, utilized data from over 600 respondents, while Rutman et al. (2005), in their study of youth ageing out of care in British Columbia, collected data from 37 youth at Time 1. Larger data sets increase the probability of more accurate results and negate drop off rates of respondents which is critical given the transience experienced by these youth (Rutman et al., 2007). Both these studies are longitudinal and prospective. This is helpful because the data demonstrates the patterns of change with these youth over time, highlighting such issues as transience and increasing health concerns (although Rutman et al., [2007] found increasing health concerns for only the first three of four interview times). By examining Canadian quantitative studies in more detail we can identify factors that the quantitative research will contribute to this study.

Quantitative Research

Two studies will be described in detail: Kufeldt (2003) and Rutman et al. (2005, 2006, 2007). These two studies have been selected because they use

different quantitative methodologies. Further, the studies (to some extent), address the strengths and weaknesses in each other while the results from both give a clear indication of the issues facing youth from care. Kufeldt's (2003) study has been selected as an example of a retrospective study with a relatively large number of participants ($N = 87$). This is an outcome focused study. A weakness (from the perspective of informing this study), is that youth were asked about their experience from 5 to 13 years after their foster care had been terminated. Therefore, the details of transition issues immediately after leaving care are not clear. However, the long-term implications of in-care experience are relevant as are the stated indicators of a successful transition to adulthood. Rutman et al.'s (2005, 2006, 2007) study is prospective and tracks youth for approximately two and a half years, and thus, is directly relevant to the period immediately after leaving care. Therefore, the process of transition and the issues surrounding that transition give a clearer picture of the immediate and changing struggles for youth. However, this is a smaller study with a smaller number of participants ($N = 37$), and issues such as drop out become relevant to the interpretation of the final results.

Kufeldt's (2003) study from the late 1990s aimed to identify how well young adults previously in care of child welfare were functioning, what services were helpful, and what changes to practice were required to better support them while in care. Kufeldt examined three cohorts of youth from 1995 (age 23), 1991 (age 27), and 1987 (age 31). Of 210 youth contacted, 87 respondents emerged to answer survey questionnaires with a more limited interview follow-up. Kufeldt's

findings were consistent with other literature. Socio-economic indicators showed depressed levels of adult goal attainment; for instance, 46% of participants were not working, and of those who were, income levels were low (77% earned less than \$20,000 compared with 56% of the general population). Interestingly, nearly half the participants responded that this was enough income.

A major theme from respondents was that they wished they had done better at school. However, 72% had completed high school before leaving care (higher results than many studies have found, see Appendix A). Although high school completion was high, participants' post high school education (at 30%) was lower than the general population (47%).

Kufeldt also studied the impact of family relationships on these youth. A clear indicator of successful transition to adulthood was a supportive network of family and friends. A number of respondents increased their contact with family after leaving care (from 85% to 93%).

In conclusion, Kufeldt suggested that meaningful employment and financial independence are difficult for these previously in-care adults to attain (leaving them struggling with meeting basic food, shelter, and clothing requirements). Kufeldt (2003) found that better planning while in care was an imperative, greater attention on educational progress and school continuity was important, inclusive foster care including contact with family and extended family was critical, and finally, extended care and contact should be available after youth age out of care.

From among Kufeldt's (2003) conclusions, it is important to note for this study that supportive relationships are critical to youth and include contact with family and extended family. In this study some emphasis was given to understanding the relationships with adults that are important and supportive to youth during the transition. Kufeldt (2003) also recommended both extending care as an option and ongoing contact with youth post care as an option. In the present study youth comments on these options were gathered by asking them for their input on these suggestions.

As Kufeldt's (2003) study was retrospective and examined outcomes over a longer period, no clear patterns of change over time were identified. However the next study provided a picture of the changing needs of youth immediately post care. The Promoting Positive Outcomes for Youth from Care Project was a two and a half year prospective study in British Columbia (Rutman et al., (2005, 2006, 2007). Quantitative and qualitative data was captured through the use of four face-to-face interviews based six to nine months apart using open-ended and fixed question formats. A second component of the study was evaluating how the provision of peer support made a difference to youth ageing out of care. The sample size was 37 youth with 78% of the youth being female. In British Columbia youth age out of care at 19 years of age. Prior to this study, Canadian longitudinal research on youth outcomes was non-existent and "recognized as a major knowledge gap by researchers, practitioners, and policy makers alike (Craig, 2001)" (Rutman et al., 2005. p. 4).

In this study, baseline findings for youth ageing out of care mirrored the North American literature: lower levels of education, more likely to be on income assistance, higher levels of alcohol and drug use, and fragile social support networks and linkage to family as compared to mainstream youth (Rutman et al., 2005). Indeed, Time 1 findings reported that youth worried about both emotional support and finances on leaving care. In this study emphasis was also given to understanding both the physical and mental health situation of the youth and involvement with the criminal justice system. Sixty-five per cent of the youth reported that their health was either good or excellent (compared to 86% of mainstream youth exiting British Columbia high schools), and 68% reported having been arrested once for a criminal offence.

Time 2 findings, approximately 6 to 9 months after leaving care (at Time 1 the sample had some youth on their own and some still living in foster care), demonstrated a troubling negative trend in the youth's experiences (Rutman et al., 2006). Youth reported financial hardship as the single most challenging aspect of leaving care, followed by loss of supportive relationships. Transience was significant with 30% of youth moving four or more times within an 18 month period. An increasing number of youth were on income assistance (from 21% to 36% at Time 2). There was a downward shift in health: increasing levels of depression was the number one reported issue (a jump from 38% to 48% at Time 2); the rating for health as either good or excellent had dropped from 65% to 55%; and reported physical health issues had risen from 28% to 48%. Nearly, one third of the youth had become parents and of those 60% had involvement from the

child welfare system. The transition from care had been difficult for these youth. As Rutman et al. (2006) stated “youth noted the unnaturalness, arbitrariness and finality of the severing of these relationships (social workers and foster parents,) and experienced them as a loss that challenged their successful transition from care”(p. 17).

The study noted that youth from care’s “displacement” (p. 46) in the face of societal trends was nonsensical (Rutman et al., 2007) and that becoming ready was a responsibility of both the youth and government. One particular concerning issue was identified in the research. While a majority of participants were found to be parents (61%), there was a strong relationship between mental health issues, such as anxiety and depression, and parenting. The research concluded that youth needed a gradual and supported transition from care and this could be facilitated by extensions of care.

Rutman et al.’s (2005, 2006, 2007) study provided a much clearer picture of youth ageing out of care compared to retrospective studies. It established patterns of change over time. There were a number of implications of this research for future research. First, since the amount of time since leaving care may change the experiences that youth report, it is important to establish the amount of time since leaving care in the youth profile, and to select youth at varying times after leaving care. Second, this study identified five issues that were identified by participants during the interviews: financial hardship, supportive relationships, transience, health, and parenthood. In the present

study, brief questions on the profile included these areas of inquiry and follow-up questions were included during the interview process.

Summary and Conclusion on Quantitative Research

The available quantitative research clearly situates the issues facing youth in eight domains (for example, low high school completion rates). Findings for Canadian research correlate well with the international literature. Research demonstrates that youth from care are both negatively and overly represented in the domains of issues studied.

Longitudinal retrospective outcome studies such as Reilly's (2003) transition from care study and Kufeldt's (2003) outcome study provide an opportunity to understand the breadth (types of issue) and intensity (how much they are experienced) of the issues facing youth in transition compared to the general population. Prospective longitudinal studies such as Courtney and Dworsky's study (2005) and Rutman et al.'s study (2005, 2006, 2007) reconfirm the domains of issues facing youth but also provide a clearer picture of the process of transitioning over time.

Methodological issues for this research include identifying appropriate comparisons of youth from care with the general population and the size of the study.

Quantitative research has identified the issues facing youth ageing out of care. It helped ascertain the changing experience of youth over time. What is not known, because studies have not been completed, is how the patterns of change continue over the longer term. Although (primarily) quantitative research does

provide some voice to youth to illustrate their struggles, it does not focus on the youth experience with the richness and depth that a qualitative study can. The youth voice is largely missing. Youth's views on what changes would be helpful in supporting the transition process are not explored in detail.

Qualitative Research

In this section two studies are reviewed in more detail: Martin's (1998) study examining gender differences in how Canadian youth conceptualize and manage emancipation and Serge et al.'s (2002) pilot study on homelessness. Martin's (1998) study has been selected because it identified the pathways to adulthood taken by youth ageing out of care and the gender differences in those paths. Identification of gender difference in the transition to adulthood is significant because it highlights that each gender may have a different experience of leaving care. Female and male youth may require different resources and support during the transition. Serge et al.'s (2002) study has been selected because it recognized that there is linkage between a number of factors that complete the scenario of youth experience. Therefore, issues such as homelessness cannot be isolated from the overall experience of youth. Further, this study may indicate some generalizability of youth experience across Canadian urban centres.

Martin (1998) interviewed 29 youth previously in the care of the Toronto CAS. The youth were all 18 years of age in 1994 and had been living on their own for periods of up to three years. Martin compared this group to its peer cohort, using the 1991 Canadian Census Long Questionnaire. Martin found these youth

to be educationally disadvantaged (none had achieved educational certification compared with 45% of their peer cohort), living on their own sooner, challenged occupationally (41% had worked less than 1 week in the past 12 months compared to 7% of peer cohort and 38% were accessing welfare), and moving into partnering and parenting earlier (over half of the females were pregnant). Almost all the youth had moved in the previous 12 months (90%), criminal justice involvement included seven per cent who were in jail at the time of the interview (50% had spent time incarcerated), and illicit activities such as dealing drugs and fencing helped them financially. The profile that Martin (1998) provided is consistent with other research concerning both the type of issues and the intensity of those issues (see Appendix A, Courtney & Dworsky, 2005; Reilly, 2003; Rutman et al., 2005, 2006, 2007).

Martin (1998) analyzed her interview data for evidence of two major types of responses: order and caring. Order was equated to "head", or a more male-oriented tendency toward rules and roles. Caring was equated to "heart", or a more female-oriented tendency toward relationship and responsiveness. The youth interviewed tended to respond to transitioning according to both their gender and the gender expectations placed upon them (Martin, 1998). Determining that most youth were not ready to transition at the child welfare system prescribed age, Martin (1998) noted that the pathways followed to reach adult roles were participation in the illegal workforce for males (and involvement with the justice system) and early motherhood for females.

Martin (1998) concluded that gender differences existed in how youth in her study transitioned to adulthood. Further, she found that living in and leaving care was atypical of the mainstream Canadian experience for youth and at odds with the prevailing education and workforce pathways. Indeed, Martin (1998) emphasized the importance of youth telling their stories because of the benefits of self-reflection, critical thinking, and analysis of personal history. Finally, Martin (1998) concluded that the *system parent* needs to balance its roles of order (rules and roles) and caring (relationship and responsiveness) to be more effective with youth.

Helpful to my research was the understanding that gender roles and expectations may influence how youth transition out of care and how they perceive that transition. A sample consisting of a balance of both female and male participants would be preferred. Further, both in the interview process and analysis of data, a gender sensitive approach was warranted.

Serge et al. (2002) found a clear linkage between Canadian youth homelessness and child welfare involvement in their study. This qualitative pilot study interviewed 40 youth in four Canadian cities (Vancouver, Winnipeg, Toronto, and Montreal). Youth had both in-care and no care experience. The study found: the younger the youth on leaving care, the more likely they would be homeless; youth with more positive experiences of care (placed in foster homes rather than group homes and with more stable placements) were less likely to be homeless; a significant relationship (relative or care system person) was critical to avoiding homelessness (no biological parent was identified as an

important person in the study); youth struggled with finances even if they were not homeless; and youth perceived that transition preparation had no impact on homelessness. Serge et al. (2002) suggested that "independence at 18 or even 21 is premature" (p. 3) and recommended increasing the age upon leaving care to 24. Finally, the authors noted that housing is not the central issue in homelessness; rather, youth require a number of essential supports to tackle issues of employment, education, and social support.

While Serge et al.'s (2002) study highlighted the issue of homelessness and reiterated issues of financial hardship and social support, it was most useful in that it identified commonalities of experience across Canadian urban centers (including Winnipeg). Further, it identified that issues such as homelessness cannot be isolated from the complete experience of these youth. This stresses that in the experience of youth there are linkages between a number of factors that complete the scenario of their experiences, and although different weight can be attributed to each, they cannot be isolated from one another. Building on this idea the concept of linkage between experiential issues was watched for in the interviews and subsequent interpretation of data in the present study.

Summary and Conclusion of Qualitative Research

These two studies focus on different aspects of youth transitions. Martin (1998) focuses on youth conceptualizations of emancipation reiterating other research that views youth transition to adulthood from care as atypical of current Canadian trends (Beaupré et al., 2006; Schibler & McEwan-Morris, 2006). Further, while a qualitative study, Martin (1998) profiled her youth and identified

negative trends such as low educational attainment and poor employment records consistent with other findings (Reilly, 2003; Rutman et al., 2005, 2006). The use of a profile in qualitative research helps the reader to discuss the transferability of the findings to their own situation and was adopted by my study. The critical new understanding that Martin's (1998) research provides is the gender differences in youth emancipation. Martin's (1998) research reminds me that gender analysis is important. Serge et al. (2002) focuses attention on homelessness and illustrates the linkage between issues facing youth. It identifies that financial hardship is experienced by youth transitioning from care and a significant relationship with an adult is critical to the transition process. These are similar findings to other research (McMillen et al., 1997; Strega, 2000). Serge et al.'s (2002) recommendation to extend care until 24 is echoed by other authors (Rutman, Strega, Callahan, & Dominelli, 2001; Tweddle, 2005). Helpful to my study is the concept that a linkage exists between a number of factors such that one cannot tackle an issue such as homelessness without identifying and responding to other contributing factors such as poverty or lack of social support. This became a critical piece of understanding in the present study.

The Needs of Youth Ageing Out of Care

Professionals' Views on the Needs of Youth Ageing Out of Care

Professionals within the research literature (Kufeldt, 2003) and report literature (literature that has reviewed current research and is focused on providing recommendations to government [e.g., Schibler & McEwan-Morris, 2006; Tweddle, 2005]) identify a number of recommendations for improving

youth outcomes. Some broad common themes include: appropriate service planning, extending the maximum age, increased support, and research. The themes and the discussion of those themes was helpful to this study. Indeed, professionals' views were compared with youth views and differences in perspectives were identified.

Appropriate Service Planning

A number of authors stress the need for appropriate service planning while youth are in care (Choca, Minoff, Angene, Byrnes, Kenneally, Norros, Pearn, & Rivers, 2004; Kufeldt, 2003). *The Looking After Children* project, an initiative of the Child Welfare League of Canada (Farris-Manning & Zandstra, 2003), has been recommended as a tool to help the planning process for youth (Schibler & McEwan-Morris, 2006). Using this tool nationally could provide a clear picture of outcomes for youth leaving care (Leslie & Hare, 2000) and, with the potential to be modified, to follow youth once they leave care (Tweddle, 2005). At present, Manitoba does not participate in this project. Some have suggested that planning for youth needs to start early and extend post-care (Goddard, 2005) and further, needs to include regular contact between the social service agency representatives and youth. Calls have been made to develop standards for preparation of youth for leaving care (Tweddle, 2005).

Extending the Maximum Age for Youth to Remain in Care

Provincial jurisdictions have varying maximum ages for the provision of child welfare services beyond the age of majority (Tweddle, 2005). In Manitoba the maximum age is 21 years. A number of authors have called for the maximum

age to be increased, some up to and including 24 years of age (Rutman, Strega, Callahan, & Dominelli, 2001; Serge et al., 2002; Strega, 2000; Sullivan & Dudding, 2002; Tweddle, 2005). Further, Rutman et al., (2007) recommended using the Federal Government's definition of youth as a benchmark indicator for upper age of support (i.e., 29 years of age). This call recognizes that more time is needed for youth to successfully transition to adulthood, and that governments have a responsibility to aid in that transition. However, little detail has been given as to how that extra time should be utilized. For instance, if youth are remaining in foster care for a longer period past the age of majority, what preparation are they doing during that time, and how should that extra time be mandated? Are other transitional living and preparation arrangements in place like transition housing and employment services? The Canadian literature remains relatively quiet on the specifics of these issues. Therefore, while there is an acknowledgement that more time is needed, no clear policies or plans appear to have been developed as to what ongoing support would look like either within foster care or utilizing transitional services. In Manitoba, the Children's Advocate has recommended that the Manitoba Government work on policies affecting youth ageing out of care (Schibler & McEwan-Morris, 2006). In other countries, services are mandated for independent living training (U.S.A., Tweddle, 2005), and ongoing planning and contact (U.K., Goddard, 2003).

Encouraging were the results of the Midwest study on the impact of extending care (Courtney et al., 2007). Strong evidence was found that extending care promoted participation in higher education. Indeed, researchers found that

the odds of having attended college were four times that of youth who had aged out of care at 18 years of age (Courtney et al., 2007). A more tentative finding was that parenting may be delayed and earnings may be improved for these youth.

In the United Kingdom (with the introduction of the *Children (Leaving Care) Act 2000*), the national government recognized the need to provide an ongoing identifiable contact point between youth who have been in care and social service agencies. This contact extends until 21 years of age (and possibly longer if required) and involves appropriate transition planning and access to benefits beyond the age of majority. Transition assessment and planning (including six monthly reviews) are managed by local authorities through the use of personal advisors from age 16 onwards. While it is too early to tell what impact this will have in the United Kingdom (Goddard, 2003), three important contributions are made by this legislation. First, it mandates ongoing contact with the *system parent* beyond the age of majority. Second, it requires that youth are supported and tracked during this critical transitional period. Third, it creates an opportunity for a personal advisor to develop a different and possibly more advocating and adult relationship with the youth than the protective worker can (McMillan, Gregory, Rideout, Fisher, & Tucker [1997] found that child and family service workers have not been seen as helpful to youth in the ageing out of care process).

There is a presumption in the literature that youth are able to extend their present care arrangements to the maximum allowable limits for the

provincial/territorial jurisdiction in which they find themselves. In other words, if 21 years of age is the maximum age for an extension then a youth can automatically extend care to that age. In Manitoba's experience that has not been the case. It is unknown if this is also the case in other jurisdictions.

Developing Criteria Other Than Age for Evaluating Readiness to Leave Care

Compromised development has been identified as a significant issue for youth in the care of child welfare agencies (Kufeldt, 2003; Wertheimer, 2002). Indeed, youth can be placed at further developmental risk if their transition is out of step with prevailing institutional structures (Marini, Shin, & Raymond, 1989). Exiting a foster care placement at age of majority before completing high school or finding stable employment are examples of placing youth at further developmental risk. It would therefore seem reasonable that developmental criteria be used to determine if youth are ready to leave the child welfare system.

The concern with establishing developmental criteria for youth in care is not new. The focus of Canadian literature relates to appropriate national standards of care, service planning, and outcome tracking (Dudding, 2003; Farris-Manning & Zandstra, 2003). However, nowhere is the concern for establishing developmental criteria linked directly to the process of youth transitioning out of care and yet, there is a continuum of care from pre-care, through care, to post-care. Establishing appropriate developmental criteria for readiness to leave care matched with appropriate resources to address shortfalls would likely be helpful to these youth.

While both age and/or developmental criteria could be used for establishing readiness to leave care, both, to some extent, are *first past the post assumptions*. In this context a *first past the post assumption* means that once the criteria have been met (either by reaching a particular age or developmental criteria), all formal contact with the child welfare system ceases. However, these assumptions do not accurately reflect that the transition to adulthood is a process.

Support to Youth in the Transition Period

Authors have highlighted the difficulty youth face during the transition from care. While there is recognition of the critical nature of social support in the literature, there are calls for an increased focus on governmental social policy support (Dunne, 2004). Increased access to financial supports are requested including options to pursue further education or training (i.e., tuition waivers, scholarships, and grants [NYICN, 2005]); a comprehensive range of health benefits extended until 24 years of age (Tweddle, 2005); greater assistance with payments such as provided for extended care maintenance in Ontario; and access to transitional housing (Choca et al., 2004).

Research on Youth Outcomes

Authors have highlighted the need for more Canadian research on youth ageing out of care. Canadian authors such as Farris-Manning and Zandstra (2003) and Tweddle (2005) are supportive of national research to measure outcomes and develop national standards and strategies. Tweddle (2005) made two suggestions concerning research. The first recommendation was that a

national longitudinal (five year) study be conducted to monitor outcomes of youth leaving care and that this, in so far as it can be achieved, be compared to information collected by Statistics Canada for youth. A second recommendation was to find and research “effective programs and supports” (p. 15) that enable successful youth transitions.

Youth Voices: What Youth Say They Need for Ageing Out of Care

There is a decided lack of available youth commentary on the needs of youth ageing out of care. Existing literature focuses on four main areas: adequate preparation for exiting care, empowering relationships with the *system parent*, ongoing support, and a desire for a real world care system. Prior to discussing these themes it is worth reiterating that youth move along a continuum of experience starting before being in care, through the care experience, and into adulthood. Therefore, the planning, support, and working relationships with workers and foster parents established during the in-care experience are critical to post-care experience for these youth. Some of those in-care experiences have been challenging for youth. As Strega (2000) notes, youth “accounts all share the same distressing conclusions: the experience of being ‘in care’ is all too rarely a happy one, and children who have been in care, especially those in care through their adolescent years, have lifelong negative consequences related to their experience” (p. 44). Further, it would be logical to assume that the in-care experiences of youth might influence their transition recommendations. For instance, youth requests for increasing the maximum age in which they can

remain in care appear to be infrequent whereas professionals' views on this topic are well documented.

Adequate Preparation for Ageing Out of Care

Given that youth describe ageing out of care as being "symbolically and literally dumped out of the system" (National Youth In Care Network, 2005, p. 1), their views on preparation for leaving care are important. Clearly, concerns regarding their preparation are high (Raychaba, 1989; Rutman et al., 2006), and their anxiety concerning the transition appears dependent upon how prepared they feel (Schibler & McEwan-Morris, 2006). In the literature, preparation has focused on the provision of independent living skills such as budgeting.

Although these skills (and the training programs providing them), are mentioned by youth, it is often the unknowns, such as living on one's own, that youth are not prepared for. As one youth notes "I could pay the bills and work and cook, etc. but couldn't emotionally handle having no one around" (Schibler & McEwan-Morris, 2006, p. 66). This is the important kind of information that can only be captured through speaking with youth about their experiences.

An Empowering Relationship with the System Parent

One clear concern is the type of relationship that youth have with the *system parent*. The National Youth in Care Network (NYICN), an advocacy body for and by youth in care (14 to 24 years of age) has identified "Leaving Care" as one of their five top themes (NYICN, 2005). NYICN's vision is "to facilitate an empowering, constructive dialogue between young people in care and adult service providers in which youth are taken seriously and treated with respect,

dignity, and sensitivity" (NYICN, 1982 as cited in Strega, 2000, p. 48).

Interestingly, a consistent comment has been that the "system" is seen as the responsible parent (Strega, 2000). The "system" is represented by the case social worker. While youth live in foster or residential care in which day-to-day decisions are managed, it is still the worker who has the authority regarding major life decisions. Therefore, it appears that youth want to see a changing relationship with the caseworker supported by other caregivers. The theme of empowering supportive relationships carries forward to youth views on ongoing support.

Ongoing Support

Youth report the requirement for ongoing supportive relationships (McMillen et al., 1997; NYICN, 2005; Strega, 2000; Tweddle, 2005). These relationships need to be set up when entering care and continue after care. These relationships include contact with both former caregivers and with representatives of the "system". Some research suggests that youth would like a model of graduated independence with increased access to financial supports. Financial supports include extensions of care and maintenance systems post-care such as educational financing for their long-term futures (i.e., forgivable loans, scholarships, and training opportunities), until completion of post-secondary education or at least age 24 (Strega, 2000). Youth are asking for access to independence preparation (Strega, 2000), employment, and training programs (Tweddle, 2005). Both NYICN (2005) and Tweddle (2005) report that youth are

looking for opportunities to develop competencies, such as problem solving and decision-making, and are looking for support to do so.

The difference in experience between “real” children with “real” parents entering adulthood and those of youth in care is acutely felt (Strega, 2000). Youth clearly want a system of care that better resembles the parental/family model of the “real” world. This may translate into a new model for in-care and post-care experience. However, while the desire to normalize their experience is strong, a clear vision of what the model could look like has not been articulated.

According to the NYICN (2005) youth need to connect with other youth pre-transition, during transition, and post-transition to share experiences and support each other. The National Youth in Care Network was formed by youth to advocate for youth. What is not known is how representative NYICN membership is of youth views in general.

Comparison of Youth and Professional Views

It is important to note the scarcity of available literature regarding youth ageing out of care and, in particular, youth perspectives. However, given what literature is available there seems to be some consistency between what youth say they want and what professionals conclude they need. Both youth and professionals view preparation as important and this links with appropriate service planning. Further, the kinds of, and levels of, financial support for training, further education, and graduated supported living appears generally consistent. While professionals have consistently recommended increasing the maximum age of mandated service, no similar recommendation seems to have

been made by youth. It is of interest to know what youth feel about extending care. It now remains to be seen if the youth interviewed in this study have the same perspectives as the literature and if they add to this picture.

The Context of Child Welfare in Manitoba

Child Welfare in Manitoba took an important and significant step forward with the implementation of the Aboriginal Justice Inquiry- Child Welfare Initiative (AJI-CWI) in May of 2005. Stemming from the 1991 Aboriginal Justice Inquiry (AJI) Report (by Justice Hamilton and Judge Sinclair), the implementation of the AJI rolled out through the following actions: the signing of the 2000 Memorandum of Understanding by the Manitoba Metis Federation, the Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak, and the Province of Manitoba; the 2003 establishment of four authorities (Metis Child and Family Services Authority, First Nations of Northern Manitoba Child and Family Services Authority, First Nations of Southern Manitoba Child and Family Services Authority, The General Child and Family Services Authority); and the transfer of some 3600 child and family service cases to Aboriginal agencies (Child and Family Services Standing Committee, 2007).

The AJI recognized that the Manitoba Aboriginal community represented the population in the lowest socio-economic strata within the Province and was over-represented in the child welfare system. Further, it was recognized that interpretation of child welfare legislation effecting Aboriginal people was value laden and led to cross-cultural misunderstanding. The AJI-CWI was implemented to correct this situation (Hardy, Schibler, & Hamilton, 2006), and

provide for service respecting the unique cultural and linguistic heritage of Aboriginal people. The AJI-CWI is sometimes referred to as devolution.

The goals of the AJI-CWI are to “recognize the First Nations and Metis right to control the development and delivery of child and family services to their peoples throughout Manitoba; and restructure the child and family services system through legislation and other changes” (Child and Family Services Standing Committee, 2007, p. 4). Service is delivered through four authorities and 25 agencies reporting to those authorities.

From Legislation to Service Delivery

Three pieces of legislation govern the provision of child welfare in Manitoba: the Child and Family Services Act (CFS Act), the Adoption Act, and the Child and Family Services Authorities Act. The legislation provides for a Director of Child and Family Services who administers the act on behalf of the Province (Manitoba Legislative Assembly, 2008a). The Director reports to the Provincial Minister of Family Services and Housing (who retains the overall responsibility for the child welfare system). The Director, through the Child Protection Branch of Family Services and Housing (the Branch), sets provincial objectives and priorities, sets policies and standards (with input from authorities), monitors and assesses how authorities carry out their functions, provides funding, and provides support services to the authorities (section 24 of the Child and Family Services Act, Manitoba Legislative Assembly, 2008a) In turn, the four authorities, under the Child and Family Services Authorities Act are responsible for providing and administering service delivery through the 21

agencies reporting to them. The authorities are responsible for “promot[ing] the safety, security and well-being of children and families, and protect children in need of protection” using culturally appropriate standards and practices (Section 19, Manitoba Legislative Assembly, 2008b).

Legislation Effecting Youth Ageing Out of Care

Within the framework of the three Acts and through them standards, as developed by the Director in conjunction with the four authorities, policies and practices are developed that impact youth ageing out of care. Only those elements relevant to ageing out of care youth will be described here.

The Child and Family Services Act (CFS Act)

The CFS Act outlines principles which govern the Act and emphasizes that the best interests of the child is the paramount consideration in provision of service. Further, in section 2 (1) the best interests of the child include “the mental, emotional, physical and educational needs of the child” and the care required to meet those needs taking into account the child’s stage of development (Manitoba Legislative Assembly, 2008a).

Part II of the CFS Act outlines services available to families. Services are provided on a voluntary basis, in which families may choose to use services, or not. Further, agencies are not required to provide service, and thus, these services are to be considered discretionary. This is highlighted by the “may provide” wording in part II of the Act. The services are described as “counselling, guidance, supportive, educational, and emergency shelter” (Section 9 [1], Manitoba Legislative Assembly, 2008a). These are commonly known as

preventative and supportive services (Hardy et al., 2006). Resulting from the provision of voluntary service under Part II, families may sign a Voluntary Placement Agreement (VPA) with an agency. Guardianship of a youth remains with the parent (or guardian) signing the VPA but child and family services provides child care on behalf of the guardian. The CFS Act identifies situations when signing a VPA is appropriate: if the parent is ill; or if the child is medically, or due to mental disability, unable to be cared for at home; or if a child "is 14 years of age or older and beyond the control of the person entering the agreement" (Manitoba Legislative Assembly, 2008a, Section 14 [1][b][iii]), he/she may be brought into care. The VPA under Section 14(1) (b) may be renewed annually until the youth reaches the age of majority.

Part III of the CFS Act outlines provision of service for a child in need of protection and the steps required to protect that child. There is an obligation for agencies to protect a child. A child is in need of protection "where the life, health, or emotional well-being of the child is endangered by the act or omission of a person" (Manitoba Legislative Assembly, 2008a, Section 17[1]). If an agency determines that a child is in need of protection it may apprehend that child (following certain procedures). Through the legal process a variety of judgments regarding guardianship can be made. Youth may be made a temporary ward (and if 12 years of age or older have that extended in 24 month terms until age of majority), or a permanent ward of CFS. A permanent order from the court terminates all parental rights and obligations. Guardianship of a permanent ward terminates if the child marries or reaches the age of majority.

Part IV of the CFS Act makes provision for children in care. An agency is responsible for providing care and control, maintenance, and education for the child. In Section 50(2) the CFS Act provision is made for “continu[ing] to provide care and maintenance for a former permanent ward for the purpose of assisting the ward to complete the transition to independence, but not beyond the date when the former permanent ward attains the age of 21 years” (Manitoba Legislative Assembly, 2008a). Written approval is required of the Director for what is known outside the CFS Act as an extension of care. Authorities now have the authority to act regarding extensions of care.

The legislation effects youth in two major ways. The first is that it tends to give primacy to protection over prevention; the second is that extensions of care, and this provision of service, are available to permanent wards but not to temporary wards or youth under a voluntary placement agreement.

Protection versus Prevention

The differences in terminology in the CFS Act using “may provide” for Part II services (prevention), and “shall provide” for Part III services (protection) has given rise to a child welfare climate in which “child protection [has been] its first and often only response” (Hardy, Schibler, & Hamilton, 2006, p.18). The wording in the CFS Act combined with an under resourced child welfare system has given rise to the primacy of protection, without the balance of prevention. Youth have been in care and are ageing out of care within a child protection oriented climate.

Extensions of Care

Notwithstanding the call by the Children's Advocate (Schibler & McEwan-Morris, 2006) for youth who are temporary wards and permanent wards to have care and maintenance extended to 25 years of age, it is still general practice, at the time of writing, for youth who are temporary wards to be terminated from care at age of majority. While it is noted there has been a shift toward Authorities approving extensions of care beyond age 18 (the number of extensions of care between fiscal years 2006/2007 and 2007/2008 doubled to approximately 140, Child Protection Branch, personal communication, November 26, 2008) this still applies to permanent wards only. The authorities have within their jurisdiction the ability to extend care for permanent wards until 21 years of age.

Ability to Access an Extension of Care

In Manitoba, at present, only permanent wards can extend care (until aged 21), although most youth in the care of agencies have either temporary ward or Voluntary Placement Agreement status (Schibler & McEwan-Morris, 2006). Further, permanent wards as of 2006 found it difficult to extend care. Anecdotal information from Manitoba foster caregivers and child welfare workers at that time suggested that extensions of care were difficult to obtain beyond the age of majority (18 years). Indeed, the fact that the majority of youth in care were terminated from the system is demonstrated by examining the numbers of youth in care past the age of 18 years (see Table 1). It appears that more extensions of care from age 18 years to 19 years were granted to youth in

2006 than in the previous two years. However, the number of youth in-care dropped dramatically by 19 years of age.

In examining data provided in 2008 (Child Protection Branch, personal communication, November 27, 2008), it appears that the situation may be improving somewhat as a result of the Children's Advocate's findings (Schibler & McEwan-Morris, 2006). Indeed, while there is a growing trend toward more youth aged 18 remaining in care (doubling since 2006) there is still a trend toward terminating care before 21 years of age (See Table 2.). It is not known if these terminations are youth driven or agency driven decisions.

Temporary wards and those under a Voluntary Placement Agreement (VPA) face many of the same issues that permanent wards have experienced prior to coming into care and will experience post-care, and often do not have supportive families from which to transition to adulthood. These youth equally require adequate preparation while in care and continued post-care support from the child welfare system.

There is some practice precedent that acknowledges the child welfare system's responsibility to transition these youth (temporary wards and VPAs) appropriately. Like permanent wards, they also receive age of majority funds prorated to the number of months they were in care prior to ageing out at 18 (for example, if they were in care under a VPA for 11 months prior to exiting care they would receive 11/12 of the age of majority funds).

Table 1. Permanent ward extensions of care in Manitoba for 2004/2005/2006

(Data from Schibler & McEwan-Morris, 2006, p. 24).

Year	2004	2005	2006
# of youth in extended care age 18	42	32	65
# of youth in extended care age 19	9	8	5
# of youth in extended care age 20	3	3	5
Total number of youth in extended care	54	33	75

Table 2. Permanent ward extensions of care in Manitoba for 2007 and 2008 (Chart data from Child Protection Branch, personal communication, November 27, 2008).

Year	2007	2008
# of youth in extended care age 18	87	131
# of youth in extended care age 19	17	48
# of youth in extended care age 20	3	8
Total number of youth in extended care	107	187

It could be argued that the best interests of the child are served by balancing preservation and protection services and resources, extending care for permanent wards, and after amendment of the CFS Act, for temporary wards and youth in care under VPAs.

Standards Effecting Youth Ageing Out of Care

Standards are described through the 2008 Standards Manual (Family Services and Housing, 2008d). These are considered to be minimum requirements for service delivery. The Standards are a work in progress and are receiving input from the four authorities. Age of majority planning is identified but with little specific detail as to what that entails. Within the standards, there are no specifics that identify issues that may be faced by youth ageing out of care or a case manager's response to them. Requirements to engage family of origin, extended family, and community on an ongoing basis while in care and during transition are vague. In the *Strengthening Our Youth: Their Journey to Competence and Independence Report* (Schibler & McEwan-Morris, 2006), the Children's Advocate recommended "that the Department of Family Services and Housing, along with the four authorities develop standards to prepare youth for leaving care and incorporate these standards as a regulatory requirement." (p. 7). Further, it recommends that service standards "include mandatory needs assessments; individualized transition plans and post-care services." The continuance of limited standards regarding transition ensures that preparation and support for transitioning out of care youth remains haphazard.

The Well-being of the Manitoba Child and Family Services System Effecting Youth

Ageing Out of Care

During 2006, five reviews of the child and family services system were completed. These reviews brought forward a number of specific recommendations for change. The reviews identified “factors such as poverty, poor housing and addictions, as well as the lack of effective responses to these by other systems, [as] root causes of family breakdown and the growing demands on the child and family services system” (Child and Family Services Standing Committee, 2007, p. 5). Many issues predated the AJI-CWI, which was seen as an opportunity to address these issues.

Of particular interest are two reports that identify issues that impact youth ageing out of care: *Strengthening Our Youth: Their Journey to Competence and Independence* (Schibler & McEwan-Morris, 2006) and *Strengthen The Commitment: An External Review of the Child Welfare System* (Hardy et al., 2006)

The first report from the Manitoba Children’s Advocate (Schibler & McEwan-Morris, 2006) made 45 recommendations for improving outcomes for youth leaving care. These recommendations were broadly grouped to address policies, standards, and training for transition planning which included independent living prior to leaving care and post-care services up until age 21 (as the maximum age of extensions as of 2006); extensions of care up to 25 years of age and inclusion of temporary wards in extended service; an integration of approach/services of government departments, namely Family Services and

Housing (including the Manitoba Housing Authority and Employment and Income Assistance), Education, Health, and Healthy Living to address affordable housing, employment, education, health and mental health needs of ageing out of care youth; the development of a tracking system for in-care youth and post-care; and increased support to VOICES: Manitoba Youth in Care Network, and the Manitoba Foster Parent Association. There has been limited specific implementation of these recommendations to date although there has been some improvement in standards regarding transition planning, movement toward intersectoral discussion between departments, and movement toward more collaborative communication (Child and Family Services Standing Committee, 2007).

The second report (Hardy et al., 2006) identified 110 recommendations organized in eight themes: system structure, communication, service delivery alternatives, child welfare secretariat, Aboriginal approaches to child welfare, review findings, financial resources, and human resources. While much of the context of child welfare in Manitoba has import for youth ageing out of care, four potential issues have been identified from this report which may directly impact youth leaving the system: the potential of AJI-CWI to effect youth ageing out of care; a protection versus prevention climate; workload; and communication.

The Potential of AJI-CWI to Effect Youth Ageing Out of Care

Youth could be impacted by the process of the AJI-CWI and the policies and practices resulting from it. As a result of devolution, First Nations and Metis people have taken over responsibility for their own youth and those ageing out

of care. While many Aboriginal agencies have provided service to their own peoples on reserve for many years, the AJI-CWI has given service responsibility to First Nations people off reserve and to the Metis people throughout Manitoba. This has raised the public profile of the First Nations and Metis Authorities and agencies in a climate in which racism and the effects of colonization are actively present. In a climate of increased public scrutiny it is to be wondered if there is an impact on First Nations and Metis youth ageing out of care.

Devolution provides an opportunity for the child welfare system to acknowledge diversity and develop different approaches to service delivery. The ability to develop and refine a structure that appreciates diversity and works within a consensus model is challenging (Hardy et al., 2006). Developing standards based on appreciating diversity within a consensus model and then operationalizing that to service delivery opens up the possibility of youth ageing out of care being treated differently under one child and family services authority than another.

The devolution process was challenging with 3600 case files moving from one agency to another agency. Concerns were raised regarding the ability of agencies to serve youth during the transfer process (Schibler, 2006). It was noted that some of the youth who might participate in this study may have aged out of care during devolution from November 2003 to May 2005. The study considered if devolution was identified by the youth as directly impacting their transition.

A Protection versus Prevention Climate

Perhaps most significant, a protection versus prevention climate has been experienced by youth in care during their formative years. What direct impact this has, if any, is not known. It was anticipated that the experience of apprehension may impact the ability of youth to access prevention supports from child and family services in the future.

Workload

High workload was (and continues to be) the reality for Manitoba's front line workers. Workload is exacerbated by inadequate prevention resources in both community and direct services. In an underfunded system, crisis driven work is the norm (Hardy et al., 2006). This study may shed light on how worker workload potentially impacts youth ageing out of the system. Transitioning requires planning; however, if crisis driven work is normal, planning may suffer. Worker workload was further exacerbated by the process of devolution. Indeed, concerns were raised regarding the ability of agencies to serve youth during the transfer process (Schibler, 2006). Attention was given to whether the youth in the present study who aged out at the time of devolution commented on this issue.

Communication

Effective communication was identified as critical to the success of a change process (such as devolution). Meaningful consultation was identified as a requirement between all parties to a process to ensure success. In the past, frontline workers have been mistrustful of the relationship between the Department of Family Services and Housing and themselves because of lack of

real involvement in the decision-making process. The relationship has been characterized as “top-down” (Hardy et al., 2006). The impact, if any, of a “top-down” relationship between the Department of Family Services and Housing and workers and the resultant communication style between CFS workers and youth ageing out of care was considered in the present study.

Initiatives to Address Issues Impacting Youth Ageing Out of Care

“Changes for Children” was announced as an initiative to address concerns identified by the system reviews in 2006 (Child and Family Services Standing Committee, 2007). Organized around seven themes and supported by a three year, \$42 million allocation of funding, this initiative was designed to respond to the recommendations made by the reviews. There were a number of general responses to issues impacting transitioning youth. At the provincial level, there was the establishment of an Interim Child Welfare Inter-Sectoral Committee to increase across system collaboration. At the authority level, there was the provision of structures to engage staff and youth in consultative communication. At the agency level, there were 64 new full-time staff positions created. Specific responses for transitioning youth included the development of a mentorship program within the General Authority and the establishment of a Vision Catcher Fund to enhance youth support leaving care.

Conclusion

Research Questions Guiding this Study

In the introduction it was stated that this study seeks to (a) better understand the experiences of youth ageing out of care including both their successes and difficulties, (b) identify what resources have helped youth age out of care, and (c) identify what additional resources are needed to support them in the transition. In reviewing the literature it is possible to see how the present knowledge interacts with these questions and highlights the gaps in knowledge.

In better understanding the experiences of youth ageing out of care (including their successes and difficulties) there is a strong indication that transitioning to adulthood for youth from care is atypical of mainstream norms (Martin, 1998; Schibler & McEwan-Morris, 2006). The widening gap finds mainstream youth remaining at home longer and after leaving home “boomeranging” back in greater numbers (Beaupré et al., 2006). There is indication by youth from care that they would like to see a transition more akin to mainstream experience (Strega, 2000). However, there is limited youth commentary regarding this or other options that youth might wish to see.

Youth clearly face substantial difficulties in ageing out of care. The breadth and intensity of the issues has been established in eight domains, namely, education, employment, pregnancy, welfare usage, criminal justice system involvement, health, and substance abuse (Rutman et al., 2005, 2006, 2007). Youth from care are both over-represented and negatively represented in comparison to their peers. There is some indication that youth from care

transition to adulthood in a gender driven manner; males transition through criminal justice system involvement and females transition through early pregnancy (Martin, 1998). Researchers (Courtney & Dworsky, 2005; Kufeldt, 2003; Rutman et al., 2005, 2006, 2007) and report authors (Schibler & McEwan-Morris, 2006; Twedde, 2005) express concern with these trends. Youth commentary on these trends is a subject of inquiry for this study. While there is some indication that youth are concerned with financial hardship and the loss of supportive relationships (Rutman et al., 2006), no clear voice is articulated as to the difficulties youth in Manitoba experience on ageing out of care either generally, or specifically.

Resilience has been cited as a positive trait demonstrated by youth ageing out of care (Strega, 2000) but there is absolutely no indication as to what youth consider as to be their own successes in ageing out of care. This leaves the literature firmly focused on issues with little strengths-oriented commentary. My study intended to move the discussion from the identification of issues toward what youth feel would be helpful to them in transitioning from care based upon their own experience. Therefore, my attention was focused on what resources have helped youth age out of care and what gaps in those resources need to be filled.

The literature review examined both the professionals' and youth's view of what is needed for a successful transition. The professionals' view indicated appropriate service planning (Choca et al., 2004; Kufeldt, 2003), extending the maximum age (Rutman et al., 2001; Serge et al., 2002; Sullivan & Dudding, 2002),

supporting youth while in transition (Dunne, 2004; NYICN, 2005), and ongoing research (Tweddle, 2005) as priorities. Youth indicated adequate preparation (Raychaba, 1989), empowering relationships with the *system parent* (NYICN, 2005), and ongoing support (McMillen et al., 1997; NYICN, 2005) as priorities. While there appears to be some correlation between professional and youth views, namely in the areas of adequate preparation for independent living and some form of ongoing support, the details of what is required remains vague.

The kinds of resources identified by the literature are social resources, supportive relationships (McMillen, 1997), financial resources (Tweddle, 2005), educational and training resources (Strega, 2000), housing resources (related to transience and transition housing, Choca et al., 2004), and health resources (extended health benefits, Tweddle, 2005). No picture emerges as to the kind of community resources available to, accessed by, or wanted by youth. We just do not know what youth need or want either generally or specifically within Manitoba.

As my attention shifts to what additional resources are needed two timeframes emerge namely, the immediate (what is required by youth in the present situation), and the future. The future focuses attention on options already offered (such as extending the maximum age for youth to remain in care) and the possibility of developing a more comprehensive model for transitioning out of care that more closely emulates the experience of mainstream youth. Youth commentary on future options is critical and missing.

Finally, the literature has provided some indication of potential ways in which to analyse the youth perspective. The youth perspective can be analysed for indicators of interdependence (Propp et al., 2003) rather than independence, and with attention to the gendered experience of youth (Martin, 1998).

Gap in Knowledge

The critical gap in knowledge is youth's voice/perspective concerning successful transition with a focus on how that transition can be improved for youth in general, and, specifically, in Manitoba. Given the linkage between in-care (appropriate service planning and adequate preparation) and post-care experience (transitioning from care), I wanted to hear from youth about both situations. However, the focus for this study was on what is needed to improve the transition after leaving care and the emphasis of questioning was on post-care experience and needs.

In the process of reviewing the literature one dilemma continued to concern me. I noticed that youth aged out of care and those who advocate for them focus on incremental change (such as increasing the maximum age) moving in small steps from the status quo. I hypothesize that small changes are recommended because so much energy is focused on survival, the need is great, and the issue complex. If survival is uppermost in the minds of youth (and professionals) it might be less likely that youth (and professionals) can stand back and recognize that a comprehensive model of transitioning from care is needed. A comprehensive model could take into account individual situations, community, and economic realities.

This study was situated in what youth say they needed post-care and therefore, it was important to gather the youth perspective as to what is relevant to them now. Of interest was if the youth perspective focused more on immediate needs or provided some commentary on factors leading to a more comprehensive model.

How the Present Study Furthers Our Knowledge

The present study furthers our knowledge in three ways. First, the study provides a critical opportunity for youth to use their voice as to their experience of ageing out of care including their readiness to do so. Second, it furthers our knowledge of the kinds of things that are supportive to youth ageing out of care (presently available or available for the future). Third, some of the recommendations made by professionals can be responded to by youth.

RESEARCH DESIGN

This was an exploratory qualitative study from a phenomenological perspective. In this chapter the research design is described including the population and sample, ethical considerations, data collection, data analysis, study strengths and limitations, and study credibility.

Population and Sample

The sample was drawn from youth 18 years and older who had aged out of foster care and were within eight years of that transition. Originally the inclusion criteria for time since leaving care had been set at six years or less; however, two youth volunteered to be participants who were 26 years old and matched the criteria of being close enough to the ageing out of care age in Manitoba (18 years without an extension) to be able to accurately remember and report on their experiences. Indeed, inclusion of these youth provided additional data to better understand how long transitioning took and the issues facing older youth.

Sampling was purposive (Schutt, 2005). Informants were selected because they had knowledge of the subject area, were willing to talk about ageing out of care experiences, and were representative of a range of experiences.

Twelve youth participated in this study. Two youth were 18 years old, three youth were 19, two youth were 20 years old, two youth were 22 years old, one youth was 24 years old, and two youth were 26 years old. A good range of time since leaving care experience was represented.

Participant Diversity

Of Manitoba youth in care in 2006 between the ages of 15 to 20 years, 69.5% were of Aboriginal, Metis, or Inuit descent, and nearly 26% were non-Aboriginal. Further, nearly 28% had been reported as having a disability (Schibler & McEwan-Morris, 2006). Attempts were made to match this diversity.

Ethnicity

The sample closely reflected this ethnic diversity with 8 of the 12 youth (66%) claiming Aboriginal or Metis descent. Youth described their ethnicity in a variety of ways. One youth identified as Aboriginal, two youth responded Treaty (held Treaty Status), two youth identified as Metis, one youth identified as Caucasian/Metis, one youth identified as Aboriginal/Caucasian, another youth Caucasian/Aboriginal, and four youth identified as Caucasian.

Parenting, and Parenting and CFS Involvement

At interview time one youth was pregnant and six other youth were parents. Of these youth two were fathers and five were mothers. One father was not parenting his children and the remainder of the parenting participants were parenting. Three mothers reported being single parents, as was the pregnant mother. Three participants identified having involvement with CFS as parents. One mother reported having her baby apprehended but returned within six months, and one mother and one father reported having involvement of CFS with protection concerns not resulting in apprehension.

Disability

Five youth self identified as having a disability (42%). One youth had a medical disability and had aged out of care into adult services, two youth reported having Attention Deficit Hyperactivity Disorder (ADHD)/ Attention Deficit Disorder (ADD), one youth reported a diagnosis of Oppositional Defiant Disorder (ODD) and ADHD, and one youth had a diagnosis of Bipolar Disorder.

Gender

The gender balance of youth in care in 2004 was approximately equal (Mirwaldt, Perron, & Thomas, 2004). In this study eight youth were female (66%) and four youth were male. It had been hoped to have a balance of gender; however, constraints of time and resources precluded attaining gender balance.

Child and Family Services Authority

Although youth were not asked to identify either the agency or child and family services authority from which they had received service, by deduction, through statements made during the interview, it was possible to determine that all four authorities had been (or would have been if the youth aged out at devolution) involved in providing care to the sample participants. Two youth had aged out of care before the implementation of the AJI-CWI, three during, and seven after devolution.

Sampling Completeness and Saturation

Although the sample size had been provisionally set at 7 to 10 adults, sampling continued until two tests had been satisfied: saturation and completeness (Schutt, 2005). Saturation required that all the major themes had

been covered and no new themes were being presented by the participants. Completeness was achieved when the meaning of the descriptions were understood by the researcher. Probing during interviewing was designed to ensure completeness. Indeed, completeness was checked with succeeding participants.

Recruitment

Recruitment of youth who had aged out of care was done through approaching community resources and community contacts to notify youth about the research. Each community resource or contact was provided with a poster (see Appendix B), and a description of the research (Appendix C).

Process for Participating

Interested youth, having seen the poster, having read the description of the research, or having been told about it by foster parents or other youth, contacted me directly by phone. Using the description of the research document (Appendix C), I introduced myself as the researcher and outlined the purpose of the research, participant eligibility, what was to be asked of the participant, risks of participating, anonymity and confidentiality, and finally, remuneration. If the participant was interested in participating the following steps were taken: (a) A meeting was arranged with the potential participant at a date and time suitable to both of us; (b) at the interview location the consent form was presented and any questions addressed and clarified before signing; (c) a summary of research findings sheet was completed recording the person's name and address, if the

participant wished to receive a copy of the summary (seven youth indicated they would like a copy); and (d) the interview was conducted.

Community Contacts

The primary source for recruiting potential participants was through community contacts. These included organizations such as VOICES (Manitoba's youth in care network) (no participants, although one youth was connected with VOICES) and The Manitoba Foster Family Network (two participants, in both cases foster parents contacted me first to check on the information before the youth participants contacted me), both of whom disseminated information to their constituents. Posters with a research description were provided in Winnipeg to The Inner City Social Work Program of the University of Manitoba (one participant), Andrew Street Family Centre (one participant), Ma Mawi Wi Chi Itata Centre (no participants), New Directions' Training Resources for Youth program (TRY, no participants) and the Downtown Employment and Income Assistance Office (no participants). In Brandon information was disseminated by the Uturn Transition Housing Project run by Youth for Christ (four participants). Nine foster home/independent living foster home caregivers were contacted by the researcher directly to disseminate information to youth who had aged out of care with whom these caregivers still maintained contact (two participants).

Snowballing

Snowballing was anticipated to be a helpful recruitment process and provided two participants. Both of these participants came from contact with previous participants and contacted me directly.

Remuneration

Remuneration was provided in the amount of \$20 for participating in the interview. No compensation was provided for referrals.

Permission, Anonymity, and Confidentiality

Immediately prior to the interview, I explained the consent form (Appendix D). During this process the following matters were discussed: purpose of the research, participant eligibility, what would be asked of the participant, risks of participating, anonymity and confidentiality, and remuneration. Participants who wished to proceed were asked to sign the consent form regarding their participation and use of data. All potential participants chose to continue. Participants were given a copy of the consent form which included contact numbers for the researcher, supervisor, and Human Ethics Secretariat. Participants were able to withdraw from the study at anytime. No participants chose to withdraw from the study.

I was the only person who had access to the participant name and address (if they chose to receive a Research Finding Summary Sheet). No reference to the participant's name appeared on the data.

The interview data collected is stored in a secure location (locked room in my home). The transcription service was required to sign a confidentiality form (see Appendix G). No identifying details were made available in the final report. All information, including the interview tapes, profile questionnaires and transcriptions will be kept for a period of seven years following publication of

the findings. The Research Finding Summary Sheet contact information will be destroyed after this study is completed.

Ethical Considerations

There were three issues identified regarding ethics and this study: the previous experience of youth participants, participation of foster youth who have lived with the researcher and feedback to participants.

Previous Experience of Youth Participants

It was expected that youth in care would have a range of experiences while in care and in the process of transitioning from care, some of which may not have been easy. However the nature of this study presented minimal risk to the participants. Their risk of harm would be no greater than that which might be experienced in their regular daily life. That said, I was aware that the process of asking youth about their experiences of ageing out of care may raise some painful memories, or anger toward the system. There were a number of occasions in which the youth found the interview questions resulted in tears or in a couple of incidences expressions of anger. Time was allowed for participants at the end of the interview to gather themselves and debrief the interview. Most of the youth expressed feeling glad for the opportunity to share their experience. All participants were given a list of community resources which could provide advocacy and support, if required (see Appendix H).

Participation of Foster Youth who Have Lived with the Researcher

In recruiting youth for the study, and because of the previous relationship with youth in care, a decision was made to not include foster youth who had lived with me, either as participants, or as part of the recruitment process.

Feedback

Seven youth indicated they would like to receive a Research Finding Summary. Therefore, a three page summary of results will be sent to each of the participants. They will also be provided with information on how to access a copy of the complete study.

Data Collection

A phenomenological approach was used in this study. This approach requires not only identification of participants knowledgeable of the phenomena being studied but that the researcher employ a method of data collection that helps describe and gain further understanding of the meaning of participants' experience (Wilson & Washington, 2007). Data collection was by semi-structured interview following an interview guide which allowed for a full range of participant experience to be provided and the meaning checked through follow-up questions. The process and rationale is described below and includes details of the profile questions, semi-structured interview, the interview location, the data recording, and the use of a research journal.

Profile Questions

Profile questions were asked of participants. Thirty-six questions were identified examining the areas of demographics, current living arrangements, in-

care experience, parenting, health, education and training, employment and source income, social support and community involvement, and crime and victimization experience. Many of these questions were adapted from the Time 1 interview guide for the Promoting Positive Outcomes for Youth from Care Project (Rutman, Hubberstey, Barlow, & Brown, 2003). Copyright permission to use this material was granted by the principal author. The profile questions helped to ascertain the participant diversity within the sample. Profile questions were included to assist in comparing this study to previous research and for assessing transferability. A summary of the profile questions and responses can be found in Appendix F.

Semi-Structured Interview

A semi-structured interview was chosen because it allowed the exploration of the participants' experience under some broad headings, namely: (a) the experiences of youth while in care; (b) the experiences of youth ageing out of care; (c) the additional resources needed to support youth in the transition; and (d) the future plans for the youth. The semi-structured interview schedule can be found in Appendix E. The profile questions and the semi-structured interview questions linked with some general areas of inquiry already known from the literature review (for example, the youth's readiness to leave care and issues faced by youth such as transience, health, and parenthood). To help situate the youth, profile questions were asked first. As the interview proceeded more in-depth questions were asked using the semi-structured interview questions as a guide. This procedure provided the participants an opportunity to relax into

the process. The more relaxed the participant felt the more likely it was felt his/her responses would reflect his/her experience. This appeared to be the case. The semi-structured interview questions had been adapted from Rutman et al.'s (2003) Time 1 interview guide. While some of these questions had been used in previous research, they were adapted to reflect the needs of this study. An emphasis was placed on the *having left care* experience and the additional resources and support required for a successful transition. Many of the detailed questions were identified as possible probes to be used, or not, as seen fit during the interview process. As the interviews unfolded, the semi-structured interview guide was adapted once to reflect the ongoing enquiry. The emphasis of inquiry shifted from preparation to leave care to more focus on the circumstances of post-care living and the community resources available to the youth.

Interview Locations

Interviews were originally intended to be conducted only in Winnipeg at the office space of VOICES operating out of the Boys and Girls Club offices at 929 Main Street, Winnipeg. In the end, the majority of Winnipeg interviews (seven) were conducted at the William Norrie Centre (Inner City Social Work Program, Faculty of Social Work, University of Manitoba) as this downtown location was easily accessible by bus, available on evenings and weekends and provided after hours security. It proved to be an excellent location. One participant wanted to participate but only felt comfortable being interviewed in his/her own apartment. The participant was pleased to be offered the opportunity to do so. Two youth were interviewed at the Uturn Transition Housing Project in

Brandon. Two further youth contacted me and were living in a small rural community south of Brandon (I have not provided the community for reasons of anonymity). These youth could only be interviewed in that community (in one of their apartments) due to having no transportation available (public or private).

Data Recording

The interviews were taped using a portable tape machine with dedicated microphone pick up. The tapes were of 90 minutes duration and the interviews were of approximately one hour duration. Tapes were identified according to the interview using the phonetic alphabet: Alpha through Lima.

Research Journal

A research journal was kept in which researcher notes were made after the interview. The researcher notes included details of changes to interview questions/areas of inquiry for future participants, and researcher impressions of the participants' experiences. Further, the journal recorded the steps in the analytical process which served as an audit trail for the research.

Data Analysis

Preparing Data in Transcript Form

The data analysis procedure included preparing the data, previewing the data, analyzing the data, developing an audit trail, and coding. The data was transcribed by a transcriber. The transcriber signed a confidentiality document (see Appendix G). The transcript included non-verbal interactions such as crying, pauses, and laughter. It was a verbatim text of the interview without any editing.

After the data has been transcribed the researcher reviewed the transcription with the taped interview to ensure accuracy.

Transcript format

The transcripts were formatted on standard letter sized paper with a two inch right margin for comments. The text was double spaced for ease of recording comments during analysis. Each line was identified by a number.

Analysis

In this exploratory study analysis began once the first interview data had been collected. Emerging themes identified through early analysis shaped future interviews.

Coding

Throughout the research, the constant comparison method (Coleman & Unrau, 2005) was used to verify the coding, analysis, and themes with the data provided in the interviews. A total of 212 codes were identified and collected in the codebook categories (see Appendix I). These codes defined units of meaning and were applied to the text. Some codes were collapsed after further interviews and these have been noted in the codebook.

Once coding was completed a number of potential thematic areas were identified. This required bundling together a number of codes into thematic areas. These thematic areas were then compared again to the data to check for accuracy. From these thematic areas four themes emerged: Transitioning into Poverty, Adapting and Developing, Eager and Not Ready and What Youth Say They Need.

Study Credibility

The ability to produce a good study is based upon a number of conditions being satisfied namely, credibility, transferability, consistency, confirmability, and triangulation (Golafshani, 2003; Lincoln & Guba, 1985; Merriam, 2002; Steinke, 2004). A good study is one in which the researcher, advisory group, participants, and the general public have a high degree of confidence. To ensure a high level of study credibility checks were done by the thesis advisor.

Credibility

Credibility is predicated upon satisfying three main areas: the issues are situated in the literature, the researcher has demonstrated both effort and ability, and there is clear research documentation.

The Issues are Literature Situated

The literature review has clearly demonstrated that youth ageing out of care face significant challenges. Indeed, giving a voice to their ageing out of care concerns is critical in youth advocacy. In this study every effort was made to situate the issues in the literature (Merriam, 2002) prior to conducting the research and with ongoing reference to literature, as themes emerged during analysis. A number of new pieces of relevant literature appeared in 2007 which were not available in the original literature review which were used for analysis and included in the revised literature review.

Researcher Ability and Effort

The researcher's "ability and effort" (Golafshani, 2003, p. 600) are a factor in the study's credibility. The effort made by the researcher to diversify the

sample is one example. Sample selection is important (Merriam, 2002).

Reasonable effort was made to select a sample that accurately reflected diversity in ethnicity, gender, disability, and time after leaving care. Further, effort was made by the researcher to accurately reflect participants' views and link data to analysis. This was verified by checks done by the thesis advisor.

Clearly Documented Research Process

Clearly documenting the research process adds to the study's credibility (Steinke, 2004). There are two ways in which my prior understanding was documented: (a) by a comprehensive literature review situating the issues, and (b) by the reflection that has been done on my assumptions and biases regarding youth in care. Finally, peer review utilizing my thesis advisor checked if the interpretations based on the collected data appeared reasonable and that decisions made during the research were appropriate.

Transferability

This study aims to achieve reasonable reader transferability (Merriam, 2002) whereby a full description of the experiences of aged out of care youth allows readers to "contextualize the study" (Merriam, 2002, p. 31), and draw their own conclusions as to the transferability to their own situations. To aid the ability of external readers to decide the transferability of this study to their own situations, 36 profile questions were selected to situate the participants (as already described) and by attempting to obtain a diverse sample.

Consistency

The consistency (Lincoln & Guba, 1985) of the study was tested by peer review. A peer (my thesis advisor) was asked to evaluate the extent to which the results, in the form of interpretations, are connected to the data and make sense.

Confirmability

The confirmability (Guba & Lincoln, 1981) of the study (confirmation of data and interpretations) was increased by (a) documenting my preconceptions; and (b) documenting the emerging data and the likely value positions of the informants and myself. My preconceptions have been discussed earlier under the heading of the researcher's values and assumptions.

Triangulation

While triangulation was identified as a limitation of the study (due to the inability to collect data other than through interviews and by only one researcher), this was mitigated by the use of multiple data sources and checking existing literature. Emerging data sources from future interviews either confirmed or denied existing data and acted as multiple data sources. Interpretations of that data were checked against existing literature on ageing out of care.

Study Strengths

Three main strengths have been identified with this study. First, the study fills an important gap in knowledge on the experiences of ageing out of care in Manitoba. Indeed, it gives voice to those most affected by child welfare and social policy decisions in our community and provides a platform for future

advocacy. Second, this is a straightforward study. Its simplicity of design increased the likelihood of a successful conclusion. Third, this is a credible study. Emphasis has been placed upon building credibility through clear documentation and reflective action.

Limitations

The limitations of this study are described in the discussion section under Reflection on the Research Process.

RESEARCH FINDINGS

Introduction to the Research Findings

Four themes emerged from the research and are identified in the findings: Transitioning into Poverty, Adapting and Developing, Eager and Not Ready, and What Youth Say They Need. Further, included at the end of the four themes are findings that reflect upon Manitoba's child welfare context. The first theme, Transitioning into Poverty, identifies poverty as the most significant factor affecting transitioning youth particularly in regard to housing stability and transience. Two developmental processes are identified *Tasting and Testing* and *Moving Forward* under the theme of Adapting and Developing. Also under that theme is an unexpected finding related to parenting and CFS experience. Eager and Not Ready describes the central experience of the transitioning youth identifying how hard the transition can be. Finally, in the fourth theme, What Youth Say They Need, the youth's needs are identified centred on involvement in the decision-making processes which affect the youth's lives.

To help situate the reader, selected information provided in the profile questions is represented by gender in Table 3. The profile questions information can be found at Appendix F.

Table 3. Selected profile information identified by gender.

Profile Question	Male (4)	Female (8)
Age	18 years and 9 months 19 years and 7 months 22 years 24 years	18 years and 6 months 19 years and 5 months 19 years and 9 months 20 years and 7 months 20 years and 7 months 22 years 26 years 26 years
Ethnicity	Aboriginal (1) Aboriginal (Treaty) (1) Caucasian(1) Caucasian/Metis (1)	Aboriginal/Caucasian (1) Aboriginal (Treaty) (1) Caucasian (3) Caucasian/Aboriginal (1) Metis (2)
Disability	ADHD/ODD	ADHD ADD Bipolar Disorder Long term Medical
Living with others	Transition home staff and residents Girlfriend Own family No one	Younger sister Younger brother Friend Boyfriend Sister Own family Room-mate/children Foster family
# of times moved since leaving care in months since turning age 18.	3 in 9 months 9 in 18 months 1 in 48 months 5 in 72 months	0 in 6 months 3 in 17 months 6 in 21 months 4 in 31 months 14 in 31 months 6 in 48 months 10 in 96 months 0 in 96 months
Status while in care	Temporary Ward (1) Permanent Ward (3)	Temporary Ward (2) Permanent Ward (5) Don't know (1)
Health status (excellent to poor)	Fair (2) Good (2)	Fair (3) Good (5)
Education completed	Grade 8/9 (1) Grade 10/11 (3) Grade 12	Grade 8/9 (2) Grade 10/11 (2) Grade 12 (3) (1 post-care)

Sources of income (Employment)	Full time (1) Part time (0) Casual (2) EIA (1)	Full time (4) Part time (1) Casual (0) EIA (1) Student Aid (1) Disability (1)
Income per month (all sources)	Less than \$500 (3) \$500-\$749 \$750-\$999 \$1000-\$1499 Over \$1500 (1)	Less than \$500 (1) \$500-\$749 (3) \$750-\$999 (1) \$1000-\$1499 (1) Over \$1500 (2)
Who can you count on in a crisis?	Friend/Family member (1) Family member/Foster parent (2) Friend (1)	Family member Boyfriend/Foster parent Boyfriend/Friend/ Social worker Foster parent Friend Husband/Mother No one Foster family
Parental Status and ages of children	No (2) Yes (2 children: living with their mother, no ages given) Yes (2 children: 7 and 5 years)	No (3) Yes (5 months pregnant) Yes (1 child: 4 months) Yes (1 child: 2 years) Yes (1 child: 5 years) Yes (2 children: 7 and 2 years)
Offender Experience (Crime) since leaving care	Yes (3)	No (8)
Victim Experience (Crime) since leaving care	No (2) Yes (2) (1 assault)	No (3) Yes (5) (1 restraining order and 2 assault)

Transitioning into Poverty

While the description and the discussion of youth's experiences of transitioning from care may focus attention on certain aspects for a period of time, it does not deny the interconnectedness of the parts. Critical to understanding youth's experiences of transitioning from care is an appreciation shared by youth of their circumstances post-care and the Manitoba context within which they experience those circumstances.

Nearly half (five) of the youth in this study participated in the workforce with full-time employment and yet only 2 youth of the 12 had a reported household income above the poverty line. For those with inconsistent work or working part-time, incomes were well below the poverty line. Living in poverty colours the whole experience of the youth. The lack of financial resources and concern about the youth's own ability to manage those resources (budgeting) was a consistent theme throughout the interviews. There was consistent anxiety about having enough money to sustain themselves (even from the two youth living above the poverty line). Moving from a relatively financially well supported in-care environment to the reality of post-care poverty was a shock for most of the youth, one for which they felt unprepared.

In spite of the fact that Manitoba's economy is doing well (Manitoba Government, 2007); full-time employment in Manitoba is not a protective factor against poverty (Social Planning Council of Winnipeg, 2007). This is borne out by examples from youth in this study. Further, Manitoba's Employment and Income Assistance (EIA) rates are some of the lowest in Canada and have suffered from substantial relative income losses during the period 1992-2005 (36% for a single person, 15% for a single parent with one child, Social Planning Council of Winnipeg, 2007). EIA rates are a guarantee of a life of poverty. For the two youth in this study on EIA, food bank use was a weekly necessity.

There are indications that both the speed of transition into poverty (relatively well cared for to poverty on one's eighteenth birthday) and coping with the financial change in circumstances are significant stressors. Youth,

especially early in the transition, reported being unprepared for the realities of living in poverty. Unfortunately, the experience of youth transitioning out of care into poverty becomes almost invisible to the Province through the eyes of Child and Family Services (CFS). However, these youth become visible to both community and other Provincial service systems without the knowledge that the Province has been providing previous guardianship under CFS.

Poverty and Sustainable Employment

Given that full-time minimum wage employment leads to poverty, then part-time or inconsistent employment creates significant difficulty for youth transitioning from care. The highest income earners reported work experience prior to exiting care (in two cases substantial work experience in at least two different settings) and a high degree of motivation to work. Some of the lowest income earners, in this study, reported being unprepared for employment, with little or no work experience prior to exiting care. It also appears significant that these latter youth reported learning difficulties and attention issues (ADHD or ADD). In some cases youth reported inconsistent employment with periods of EIA usage, likely compounding the issues related to poverty. The youth also reported accessing employment programs post care. Trying to prepare oneself for work in the midst of dealing with little income is only possible within a supportive environment. For example, transition housing support meant a youth in this study could attend employment training while not having to worry that failure to pay rent would result in eviction.

The Intersection of Poverty and Racism and its Impact on Employment

The potential impact of Racism on employment is noted in the following quote:

And you see somebody with the last name [Aboriginal last name] and it's like, "Okay, that's going in the shredder." And I lose a lot of opportunities that way...I show up for interviews...It doesn't mesh, with a lot of people. It's a very native last name...and they see that and then they meet me in person and like 9 times out of 10 the first thing they say is, "Oh, you're white!" And yeah, that pisses me off!

Two youth identified racism in their interviews, one in relation to finding work as a young Aboriginal male. He stated that he felt he had lost opportunities at interviews due to having an obviously native last name. His sense of discrimination was enhanced when he did receive an interview and employers commented on the fact that he did not "look native". The experience of being discriminated against due to race in accessing employment further exacerbates poverty because of perceived or actual employment discrimination.

Education and Employment

For me, education is number one all the time. I don't care about the employment; I don't care about working at 7-11... I don't care about that,... because we're trying to make these kids have a career, a real life after they leave care. Isn't that the thing? We do not want these kids to be marginalized into a place where they're not going to be able to get out of. That's like giving them a death sentence or something,

Education has been seen as a way to move from poverty toward a better life. Indeed, one youth identified it as a protective factor against marginalization including minimum wage employment. At minimum, achieving a grade 12 education is critical to securing reasonable employment or the ability to enter higher education through trade training or university. Considering that 8 of the 12 youth interviewed had not completed high school on exiting care, it is little wonder that the youth were entering minimum wage employment.

Given the difficulties that youth in this study expressed in remaining in school as adolescents, it is surprising that the reported importance of education and the motivation to complete high school or university is apparent. At some point in the ageing out of care process, as realization that opportunities to more than minimum wage employment are related to educational attainment, the youth reported interest in upgrading. While some sense of wanting to complete education may be high, the ability to financially sustain oneself during upgrading was cited as a barrier. This may be consistent with Rutman et al.'s (2007) findings of declining rates of youth interest in upgrading over time. Further, they found if school was not completed before leaving care, few completed it afterwards. Without financial support post care, the likelihood of educational upgrading is probably slim. Encouraging are the results of extending care as reported by Courtney et al. (2007). Supporting youth post age of majority had a major impact on the ability of youth to complete school, move on to higher education, and in turn, move out of poverty due to higher earning potential.

Poverty, Sustainable Housing, and Transience

I'm looking for a different place. For me and my daughter. It's not good, because the rent is so high you can't find places...The places I looked at, they're like dumps...they're dirty and there's always a lot of people getting shot around here and things like that. It's not safe.

The impact of poverty is felt particularly on the ability of youth transitioning from care to secure sustainable housing. The youth reported the desire for affordable, clean, and safe places to rent. They also reported the difficulty, particularly in Brandon, of securing affordable and appropriate housing. The average cost of housing in Manitoba's urban centres of Winnipeg, and particularly Brandon, is beyond the ability of most youth in this study to afford. Five youth had been out of care less than two years. None of these youth had affordable housing available to them (utilizing no more than 30% of household income, based upon their income and the average apartment rent for their area). Indeed, renting an "average cost" apartment would have seen between 45-75% of their income utilized for housing.

While housing availability is a concern in Winnipeg, it is much worse in Brandon, with a vacancy rate of 0.2% (Canadian Mortgage and Housing Corporation, 2007). This vacancy rate represents only five apartments available in Brandon in 2007 and with the lowest monthly rent being over \$600. The youth responded to the difficulty of finding affordable housing by seeking lower than average cost housing, bringing with it increased risk of unsafe and unclean environments. While accessing Manitoba Housing may be a protective factor

against unaffordable and inappropriate housing, one youth in this study identified long waiting lists and no special consideration given to youth ageing out of care. Further, community transition housing is consistently full, with waiting lists.

Question: So did you experience being evicted?

It was very scary. Lost. Felt really lost. I didn't know what to do, where to go.

Question: And so...did you manage to move all your stuff?

Yes, I did manage to ... eventually it came to where I got a place to stay and help with my things, but finding that was definitely the hardest part. ...Yeah. I've got that little thing there [indicates a small coffee table with a broken leg] and, I think, a TV and some stuff...I had to leave my bed behind.

Inability to pay rent leads to eviction and potentially loss of damage deposit. Eviction was reported by youth in this study. Eviction brings its own unique challenges especially in an unsupported environment. The inability to either move or store items for the time period between eviction and finding a new place to live can lead to a loss of critical items. One youth reported losing his bed because he was unable to move it by city bus. The youth reported that references are also not available for future renting.

I had no job, no place to live, no assistance to actually find an apartment. I ended up living with [family member] and then [another family member]...for a little while before I actually found an apartment...Stayed there for a couple months, ran out of money, couldn't pay rent, so I moved into my friend's place. They turned out to be assholes, kicked me out. I lived in my friend's backyard for a week. This was this past fall,

actually. It was fucking cold, and I'm sleeping out there on a couch underneath three blankets and a tarp. And then I ended up moving back into the [transition housing], because I was homeless and had nowhere else to go,...

Transience was reported by the youth. They cycled through accommodation and uncertainty relying on friends, or family, for short-term stop gap measures. Some also reported trying to maintain an apartment by having other youth live with them. Two youth reported living with their younger siblings. These strategies appear to prove unsustainable in the context of ongoing issues of poverty. For some youth the experience of transience is significant. One youth reported moving nine times in the first 18 months after leaving care. The majority of youth reported moving a number of times, especially early in their post-care experience.

The Intersection of Poverty and Ageism and its Impact Upon Sustainable Housing
Question: Did you get a lot of rejections around...?

Oh yes, I did. Even from really slummy apartments. I'd go there hoping that I'd get it and wouldn't get it, and it would just be a dump [laughter]. Frustrating [laughter].. Well, I guess at the time, you know, you figure, "Okay, these guys will take me no problem. You know, they've got everybody living here," but you'd be surprised... [I went to probably] a good 10 to 15 different apartments... say, eight or nine actual applications sent in that were denied because of no reference or stuff like that.

Some youth reported ageism. Ageism was experienced as being "looked down upon" by adults due to one's age and a presumption that youth are unable to live responsibly. At the intersection of poverty and ageism is the experience of

other barriers to renting sustainable housing, other than income. The youth reported that landlords were unwilling to rent to them because of their age. The requirement for references, and/or co-signers, neither of which most youth exiting care had available to them, acts as an insurmountable barrier to finding appropriate housing.

Poverty and Health and Well-being

But actually, since I've left care I've lost like fifty-five/sixty pounds of weight, simply because I don't have a ridiculous food budget anymore. I don't eat (laughter). I live off rice and noodles.

Health and well-being is not just about reported health but is impacted by the determinants of health, of which income and social status have the most impact on individuals (Health Canada, 1999). There are indications that health and well-being are being compromised when youth leave care. Clearly, income was an issue for these youth. Food insecurity was also reported by a number of the youth, particularly as monies were being used to pay for housing. Self-reported health ratings saw no "excellent" health reports (only good and fair) unlike 62 % of Manitoba's population (Manitoba Government, 2004). Although Provincial rates of smoking among teenagers are declining (fourteen per cent of teenagers in 2003 according to the Manitoba Government [2008]), eight of the twelve youth in this study reported smoking. Seven youth reported being victims of crime since leaving care. Six of these were within three years of leaving care, and half of them reported being assaulted. Almost exclusively, the youth reported no access to community organizations for recreational or social

opportunities. Half the youth were connected at some time during their transition to community social service organizations providing resources to address poverty issues.

The Intersection of Poverty and Gender

Female view: *...when me and my friend, we got out of care, she got out of care too, and she was, you know, in a rough place too, and we actually started selling our bodies for, you know, money for drugs or, you know, cigarettes...you know, guys ... I think... (well, maybe this is just stereotypical), but they get into like crime and all that kind of stuff, whereas girls, you know, they turn to, you know, prostitution or drugs or, you know, something to make them feel special or something.*

Male view: *...I'm a man, I can do it myself, and basically there you go. Take it like a man, kind of thing. I don't know. I find the girls got it so much easier, because all they've got to do is put a twinkle tear in their eye and maybe hike their pants up a little bit in some cases. But I think guys have it way worse, because we don't have a nice big poofy sweater that's attractive or a nice ass or something. We've got to go out and work for it; we've got to go out and do stuff, you know.*

Resources for living need to be acquired through the route of employment or through other means. Two youth indicated gendered responses toward securing resources within the post-care environment. Both the male and female youth viewed males as potentially resorting to crime, such as stealing, while females as using sexuality and/or sex to get their needs met. The gendered approaches to gaining resources are the result of low income, or are potentially exacerbated by low income. Further, it appears that in the longer term, some

female youth have acquired support through pregnancy (partnered or not), whereas some male youth learn to live without support because that is a gendered requirement.

The Intersection of Poverty and Service Delivery

...it was rocky for, maybe, the first year, because, you know, I went to social assistance, and I was unemployed at that time...when you go there you're (pause)... for me it was enough being in care already that it was so degrading and so hurtful, but now the system [CFS] didn't want to help you, so they threw you to the next system [EIA], ...And when I went there, like the social workers were just plain ignorant. You know, they don't care about people's feelings or what their situation is. It's just ... you know, it's another case.

The youth reported being unprepared for the poverty they faced post-care. Indeed, they noted being unprepared for interacting with the provincial systems and community services that are responding to people in poverty. The youth encountered provincial systems such as Employment and Income Assistance, Justice, Health and Mental Health, as well as a myriad of community programs from transition housing to food banks. Interaction with these systems may have been anticipated by caregivers but not by the youth. The youth found navigating these systems both difficult and frustrating. Without coordination between provincial systems, youth leave one system before it is anticipated they will need to interact with other systems. The oncoming provincial systems do not take into account that they are servicing a youth from care and provide no preferential access or acknowledgement that this was a youth from care.

Adapting and Developing

The movement into poverty is the single most striking event that happens as a result of transitioning from care and its impact on youth is significant. However, the changing support environment requires major adaptation. Transitioning and the necessary adaptation to the changing environment intersect with developmental processes. I identified these processes as *Tasting and Testing* and *Moving Forward*.

The Intersection of Poverty and Support

In the poverty context, support for youth transitioning from care becomes critical. While emotional support is required to attend to the inherent stress of leaving care and the fact that it is a hard experience to negotiate, poverty drives many of the practical issues for which youth require support.

...kids in CFS, I think, have it...have it harder than any other kids out there... but they've [kids not from care] had loving families that still take care of them today. For me it's different. For me, I don't have (pause) my foster parents are not going to send me money or anything like that. I'm, I'm kind of like on my own here, kind of like a little fish in a big pond or whatever river you want to call it, (pause) ocean.

Almost exclusively the youth identified someone they could turn to in a crisis. However, some youth could identify supportive adults and yet reported not feeling supported. These youth indicated the test of a supportive relationship was the practical support they received. Living in poverty brought financial challenges and youth identified critical moments such as loss of a job and/or loss of housing when the need for support was acutely felt. The experience of feeling

supported was reported as requiring elements of both emotional and practical support.

Four youth reported significant relationships with supportive adults. I identified these as unconditional caring relationships, these youth felt a confidence and security that allowed risk taking. One youth remained in her foster family on medical disability, two youth reported this kind of supportive relationship with foster caregivers established while in care and continuing after care, and one youth found a supportive adult post care. A feature of these relationships was both emotional support and practical support which included knowing that the youth could return home to regroup in a critical moment if need be, could access financial resources in times of difficulty, and could receive support for gaining employment, losing employment, and regaining employment. Three of these youth reported the highest incomes in the group. Although other youth reported having emotional support which was beneficial and included caring adults to talk with, they did not report having confidence in a fallback position.

Adapting to a Changing Support Environment

In transitioning from care, the youth reported that contact and support from CFS and workers shifted from a formal relationship to no relationship, or in some cases an informal relationship. Half of the youth reported ongoing contact with their CFS worker. One youth had maintained contact for eight years since leaving care. Youth have to adapt to the changing nature of these relationships.

...I still get Christmas cards and birthday cards and stuff from my old social workers...that feels really good, actually, because it makes me feel like, oh, I was important, kind of thing, like I made an impression on them or something. I don't know [laughter].

For some youth, the fact that they mattered to the CFS worker was an important part of the relationship while in care. When the CFS worker was no longer formally involved and had not maintained contact it could be difficult and one more element to adapt to.

My social worker came and gave me a frying pan for my birthday, which was really cool considering I didn't have any...and I think that was the last time I had seen her...even though she isn't my social worker anymore, there was still that bond there, and sometimes you need that more than anything else...in a way it wasn't as hard, but it was pretty close to the same feeling I got when I was kicked out of my mother's house, so it was just more of a loss because of the loss of childhood. It's what you lose the second you walk out that door.

Some youth experienced little or no practical support from CFS as they were exiting care. The more difficult the relationship with the worker prior to exiting care, the less likely that transitioning support was provided. Three youth reported difficult relationships with CFS workers prior to leaving care. These youth described situations in which no help was provided in securing and moving into an apartment, no age of majority money was provided, and little transition planning was completed including accessing employment resources.

One response to this was to seek practical support from their family of origin. Two of these youth indicated re-engaging with families of origin to gain support for their transition. One other youth also reported re-engaging with family of origin after termination of care, while still maintaining contact with his/her worker and foster family. These family relationships proved difficult. Cut loose from the CFS system, these youth experienced needing support and the only option left was family of origin. As one youth reported, she felt forced back to the family that had created the problem that had placed her in foster care in the first place. Little to no preparation was provided in anticipating the need for family re-engagement and, in two cases, family engagement was discouraged by workers while in care.

Shift from a Supportive to a Non-Supportive Learning Environment

I've always had ... like with school I've had a teacher assistant with me through most of my grades. Being at home, there's always been someone there to help me do whatever I need help with, and when you leave, there's really ... you've got to do it by yourself. You know, you're on your own, and you've got to go figure some stuff out. Yeah, it was wild. It was pretty tough.

Three youth identified themselves as having some learning difficulties or being ADHD/ADD. These youth indicated that they needed particular support in problem solving. The ability to process new situations in a step by step manner had been a feature either of care or early transitioning through a transition house. These youth found they had to adapt to a non-supportive learning environment once they left care and this added considerably to the

difficulties of the transition. One of these youth reported the highest rate of transience (moving nine times in 18 months), two of the three indicated difficulty with seeking, gaining and maintaining employment, while the third youth became heavily involved in substance abuse.

Implications of the Quality of Support

So I found one good friend and she welcomed me into her home and she took care of me for, like, a year/year and a halfand she let me get off my feet, and then I paid her back what I owed her and we've been very good friends and she's been one of my closest friends, and she really helped me a lot...

Question: And it sounds like,...that that bond made a big difference?

Yeah, it really did.

Question: What kind of things were helpful?

Um, the fact that she gave me a home when no one would. She offered me food, she offered me money, she offered me rides...going and looking for work, she gave me jobs, like she gave me ... what is it? Like the classifieds, or read off the computer that this place was hiring – stuff like that...Yeah, that's the type of support that I needed, and it really did help... I watched her raise her own daughter and, you know, now I use some of her parenting skills...along with my own parenting [skills].

Quality of care/support, including emotional and practical support, is characterized by me as unconditional caring. Youth who experienced such support reported confidence in risk taking, exploring new opportunities, and in

moving forward with their aspirations. Those youth who reported not having that quality of support involving both emotional and practical support described having no “fall back” position, emphasized the scariness of transitioning from care, and noted that the consequences of mistakes were high (for example, when youth reported becoming inappropriately partnered).

The Intersection of Developmental Process with Transitioning

The youth experienced two developmental processes which I characterized as: *Tasting and Testing*, and *Moving Forward*. For those youth who were older or had become parents, there was a reported shift from *Tasting and Testing* to *Moving Forward*. The transition from care experience is markedly impacted by the developmental process which predominates in the youth’s life.

Tasting and Testing

I defined *Tasting and Testing* as a process of learning in which youth are experimenting with a new found freedom, potentially pushing societal norms and boundaries. The youth provided a number of examples of this experimentation (for example, setting youth’s own schedule for sleep and work, not wanting to follow the rules in transition housing, or partying in rental accommodation until evicted). Arnett (2007) has described emerging adulthood as having five features that identifies it as a separate developmental phase. One of those features is the “self-focused age” in which youth “are free to make their own decisions on a daily basis” (p. 155). The sense of freedom comes from a lack of institutional control. For youth from care, institutional control, in the form of CFS, has been dropped. As Rutman et al. (2007) noted, many youth are glad to be

rid of this control. This is consistent with the findings in this study in which most youth reported being glad to be free of CFS. However, it appears in some cases that this was partly due to the youth's experience of a non-collaborative relationship with CFS.

The exploration of that freedom may result in a period of instability (also seen as a mark of emerging adulthood, Arnett, 2007), with partying, eviction, and loss of jobs. Most youth reported a period of *Tasting and Testing* both in examples given when they were in care, moving through early transition, or before becoming a parent. One youth estimated that 50% of all youth ageing out of care would be evicted within the first six months. Another youth reported that not all youth are focused on partying but are taking responsibility for their lives. This youth attributed the adults' perception that youth are irresponsible, to ageism.

Moving Forward

I defined *Moving Forward* as a process of moving toward a new goal or aspiration (a number of youth reported plans for the future beyond just day to day changes in circumstance). Youth's perception shifts and a new motivation arises to make changes in the youth's life. Change happens when motivation is coupled with work (some youth identified that it was the work linked to a plan for the future that made the difference for them). Some youth reported a shift from a feeling of wanting better than they presently had to working toward new opportunities through participation in employment training programs and/or upgrading of education. This process may have elements related to identity exploration (Arnett, 2007) in which youth move to more stable choices. In this

study, parenthood was a significant event that initiated this process for some youth. This is consistent with the findings of Rutman et al. (2007) who reported a move to more stability because of parenthood.

The Intersection of Parenthood, Developmental Process, Support and CFS Experience
It's like, "Ooooh, I'm going to lose her. Ooooh, they're going to take her away." (crying)
I have a paranoia with CFS now because of this. Because I was in CFS, I'm always paranoid they're going to try and take my kids away now, you know I think that's why I have to really kind of keep a tight grip on them, like I'm always paranoid, like scared or something. Even though I have a nice home, even though they don't have a reason to take them away, I'm still ... always in the back of my mind it's always going to be there.

Of the 12 youth in this study, seven reported being parents. Of these, two were fathers and five were mothers. Four of the mothers became pregnant just prior to, or within nine months, of exiting care. At the time of the interview three of them were single parents. The four mothers who reported being pregnant also identified that support relationships were ending or changing as they exited care. With pregnancy, these youth reported a rallying around of support. Examples of this increased support included re-engagement of foster parents, family, and, in one case, a social worker at an increased level, engagement with the healthcare system (doctor's visits and prenatal classes), participation in healthy baby programs in the community, and the opportunity to spend time with other expectant mothers. Becoming pregnant won back the support lost through exiting care.

...that I'm going to give my baby a lot better life than me, and I can change the world by that, like if that makes sense. Like I can totally, you know, reverse it.

Four of the seven parents identified how having a child significantly changed their perspective. The focus shifted from themselves toward "more than themselves" and the future needs of their child and family. These parents were adamant that their own children would not experience the same difficulties and issues they themselves faced while growing up. Parents reported a sense of hope and determination to improve their living situations. Parenthood became the impetus to live a healthier lifestyle, find better and more stable employment, set up a better home, return to school, and find ways of relating to their own children other than they felt they had been related to. Parenthood became the event that brought them to *Moving Forward*.

A majority of youth described the experience of coming into care as being difficult, although some acknowledged the necessity for that to occur. The experience of being apprehended and placed in foster care or group homes was variously described as being "hard", "rough", or in one case "traumatizing". Placed in unfamiliar circumstances, youth described struggling to adapt to the new environment. For some the experience of apprehension was compounded by the difficult in-care experiences including multiple moves. Some youth reported an "internalized CFS experience" that had impact in two ways. The first way reported by two youth was of "living life close"; a tendency to live in the moment out of a sense of anxiety that they did not know what would happen to them in the future. This sense of anxiety was also reported by four parents in

relation to having children (three of these had also had post-care CFS involvement). Secondly, some of these parents reported concern that they would be able to parent sufficiently well enough to prevent having their own children apprehended.

The impact of an “internalized CFS experience” within a CFS protection-oriented climate potentially makes it less likely that youth parents will access preventative services or support in the future for fear that any sign of inadequate parenting would result in apprehension. Any involvement with CFS regarding complaints or protection concerns is stressful. However, the youth reported heightened stress because of their apprehension and in-care experience. The youth provided descriptions of CFS as having “god-like” power, of being an authority greater than oneself. Those who were parents reported apprehension when CFS became involved even if the involvement turned out to be positive.

Resilience

I'm proud to have done what I've done and gone through what I've gone through.

Well, I know I can do it as a mother, because living on my own has showed me I'm a lot stronger than I thought I was.

The youth reported experiencing a number of difficult situations while transitioning from care and have both survived, and in some cases, flourished in spite of these difficulties. These difficulties included examples such as finding a place to stay, acquiring food, overcoming substance abuse and involvement in crime, negotiating to find what they needed, learning to cope in an urban centre having always lived in the country, and choosing to walk a different path rather

than that set by their experience. The youth described incidents of initiative in finding and securing what they needed for the next step. The youth were proud of themselves and acknowledged that they have learnt and grown through the difficulties. Youth stated that they are stronger because of the journey. Most youth were looking forward to a brighter future and working toward it. While resiliency was identified by most youth, for one youth in the study his experience taught him that he could only rely on himself.

Eager and Not Ready

Um, I don't know how well "ready to leave" and "eager to leave" work...together.

Eager and Not Ready is the foundational theme of this research. The youth described their eagerness to go on independent living prior to leaving care or to leave care. Eagerness did not imply that youth in this study wished to be unsupported after leaving care, in fact, just the opposite was true. However, faced with the realities of their post-care experience the youth reported not being ready.

Eager

The youth's eagerness centred on a desire to have more autonomy and control in their lives. Negative aspects of being in care such as house rules and CFS decision-making involvement were reported but, predominantly, the sense of wanting to move forward to a new phase of their lives prevailed. This sense of eagerness is congruent with Rutman et al.'s (2007) findings. Eagerness appears to be a normative process as expressed through Arnett's (2007) conception of self-focused age, identity exploration, and the age of possibilities. Indeed, it is a

positive indicator that the youth wanted to move from adolescence into early adulthood by gaining more autonomy and exploring possibilities.

I guess, being on my own and not having to have any more rules and not having anyone...that I have to listen to or have CFS walk in and say whatever they want to say and then disrupt my life and then walk back out.

A number of youth reported the constraints and rules of living in care were motivating factors for leaving care. Further, the desire for independence contributed to their eagerness. Mixed with the eagerness were feelings of anxiety and fear about the future. One youth expressed feeling terrified of being without direction or support. Evident is that the youth were more likely to be in the developmental process of *Tasting and Testing* when exiting care.

...but you're so excited and you're going out into the world and just doing a lot of new things that you've never done before, never experienced before...

Eagerness is future oriented. The youth were attempting to look beyond the horizon to what had not yet become a reality. What became clear through this research was that the youth were attempting to make a decision about timing for moving out based largely on their eagerness rather than a decision based on knowledge and experience. At present, the decision to go on independent living prior to leaving care is the only decision. Should extensions of care until 21 years of age become universally accessible, then youth will have to decide how long they wish to stay in care and under what circumstances (such as in foster care or on independent living).

Not Ready

I was ready to go live my life the way I wanted to live it, but I had nothing really to fall back on. But in terms of actually being ready to leave, I felt I was ready, and I wasn't anywhere near ready.

In hindsight, all but one youth reported not being ready for the reality of exiting care at age of majority (this youth remained with her foster family on medical disability). The youth identified the finality, speed, lack of preparation, and the realities of day to day living in poverty as leading to the conclusion that they were not ready. Most youth characterized their post-care living experience as "hard".

The Finality and Speed of Transitioning from Care

There's a big difference. There's not so much pressure to get out and get on your own when you're living with your family but when you're in care it's just go, go, go. You're constantly being pushed, and even when you're not ready you're being pushed, and that's when some people will fall down on their face and they won't get up.

As for CFS, they basically ... once you turn 18 it's open and close book for you. There's no help, there's no assistance – nothing. It doesn't matter if you stay in school, you know, they don't assist you. As soon as you're 18, one minute after, you're off their list and you're on your own and your case is closed. I think it's absolutely crazy.

Although the youth anticipated the transition to age of majority and in some cases the early move to independent living before reaching that age, the suddenness of being on their own and the responsibility for supporting

themselves was something that was unanticipated. The sense of finality of having to take care of themselves without a fallback position was identified by most youth. It was not that they were totally unaware of what was going to happen to them but that the abruptness of the realisation that they were on their own was anxiety provoking.

Not all youth experienced concern with regard to having a fallback position. Two of the four youth that described unconditional caring reported the strength of knowing that they had strong support at the time of exiting care; however, one of these two youth still reported anxiety about managing on his own. Another youth reported great anxiety after leaving care until she found an unconditional caring adult support some months later.

Intersection of Poverty and Preparation to Leave Care

Like, I think if I didn't have such a good foster mom when I was in care, I think I would probably be either living on the streets right now or locked up behind bars, because I wasn't ready for the real world and there wasn't enough preparation behind it.

A varied preparation experience was reported by the youth. Preparation contributed to the experience of not being ready. Some of the youth felt that they had received adequate preparation in terms of basic skills for living on their own (i.e. cooking, cleaning, laundry and budgeting). Some youth identified attending an independent living program (one evening a week for eight weeks) while others received preparation within their foster/group homes. The youth identified an inconsistency in preparation. One youth identified his/her preparation as excellent (coinciding with an unconditional caring quality of

support), four youth reported helpful aspects of preparation mostly related to household chores and budgeting/banking, and half of the youth reported a considerable lack of preparation. Most youth did not feel they were prepared for the reality of living in poverty, with preparation for employment and money management topping their list of concerns.

But there was... absolutely [no] way that I was ever taught to be prepared in long-term life. That's what I really needed, to be prepared in that way instead of a short-term thing that cures...a little bit of hurt...we all get over that, but when your whole life is affected in a long-term way, that's when you're really, really hurt.

In effect, preparation for transition focused on preparation for marginalization in the short-term and even then it did not adequately meet the needs of living in poverty. Two youth were adamant that preparation was required for the long-term in order to move youth toward sustainable and better paid employment.

Not Being Ready and the Realities of Living in Poverty

The realities of post-care living in poverty, identified as not having enough money, inconsistent employment, poor housing and loss of housing, and transience all contributed to a feeling of how hard post-care living was and the conclusion that the youth were not ready for exiting care.

What Youth Say They Need

Important to this study was asking youth what they felt was needed for youth transitioning from care. Options discussed in the transition literature were

put forward for comment. The youth were also asked what kind of advice they would give to others transitioning from care. Throughout the responses the youth acknowledged that the timing of transitioning from care may correlate with the *Tasting and Testing* process that youth may be going through and that it could impact the ability of youth to heed advice.

Of particular note was the youth's appreciation in being asked for their opinions and the opportunity to tell their story. Expressed both during the taped interviews and afterwards, the youth's motivation for participating in the research was the opportunity for their experiences to make a difference for other youth following them out of the system.

The youth reported two general categories of advice: cautionary and what has worked. The youth reiterated how hard living can be after leaving care. The youth stated that it can be a scary and unfamiliar world. The youth noted that the choices that youth make can either enhance their life or make it much harder to live.

Shit, watch out, man. It's scary. Yeah, be careful what you're doing. You know, take it all in slowly, but take it all in. Go for it. Take as much help as you need before you're on your own, because it's definitely a scary world out there.

The youth reminded those following them out of care that an attitude of "I know it all" is likely to make the transition harder. The youth encouraged others ageing out of care to stick with the plan laid out by CFS, especially if that involved finishing school. The youth cautioned those following them that preparation for leaving care was inadequate. The youth advised them to get as

much help and support as possible prior to leaving care, particularly practical and financial help. One youth indicated that the best policy was to stay away from issues that brought them into care in the first place (such as substance abuse). The youth advised other youth to be realistic as to what they would experience post care, noting the path is likely to be "bumpy" but that eventually things would change.

I would...try and tell them to stay positive...that there'll be rough patches and that...it's life and if you can get through those rough patches then, you know, you've begun to really live life...

The youth suggested finding good work and sticking at it. Critical for the youth was establishing and maintaining a good support network prior to leaving care. Finally, the youth identified that having a clear goal was helpful in moving forward.

You can't always win them all; just keep in mind what you ultimately want to accomplish.

Changes to the System

While the system was generally understood to be the child and family services system, some youth articulated that they viewed the system in a broader context of adults/government service provision which included all the other components with which they came into contact with (such as EIA, employment, and education). The youth from care were the consistent factor throughout the interactions with the system.

Guiding Principles

Collectively through the interviews, guiding principles emerged as to the relationship the youth envisioned between the system and themselves (and those that came after them from foster care). A consistent theme throughout the interviews was the desire to actively participate in the decision-making process. The youth wanted their views heard and acknowledged by caregivers and workers when in care and for future provision of services. Potential changes to service need a mechanism for youth views to be incorporated into the process.

The youth expressed the view that they were diverse in their requirements. In order for services to meet youth's needs, the service providers need to both understand the collective experience of youth ageing out of care and the particular issues that each youth face. The youth wanted services to work with them to assess their situation and to provide appropriate responses. A one size fits all approach was not felt to be appropriate. Acknowledgement that youth have different needs during the process of transitioning out of care tended to fit with where the youth were mostly at with their developmental process, either *Tasting and Testing* or *Moving Forward*.

For services to be relevant, the youth wanted flexibility within service provision. The youth wanted the option to use or not use services. For instance, if extensions of care beyond age of majority are a reality then the youth want the option to remain in foster care, or be supported in an independent living environment, or choose to re-enter a supportive living environment (such as a transition house if independent living is not working for them).

The youth identified wanting seamless service. For instance, Child and Family Services and Employment and Income Assistance may view themselves as two different entities but for youth they are just “the system”. The youth want a one stop shop in which they can tailor a program with different elements to meet their needs. A focal point suggested by two of the youth was for a resource centre.

The youth gave examples of how adult attitudes toward youth make a difference in youth’s responsiveness to adults. A supportive, pro-youth, mentoring and coaching style was favoured by youth. A positive adult attitude toward youth aided the youth in being able to problem solve, accept feedback, and work with adults to meet their goals.

In discussing changes to service, the youth’s attention was drawn to the immediate needs confronting them. The youth tended to disbelieve, or find incredulous any ideas that were too far removed from their own experience of ageing out of care. For instance, in suggesting that non-repayable education funds for school might be an idea, one youth replied “*Oh [laughter], that’s like something out of the bible almost [laughter], just in a good sense...*”

Transition Housing

Stable, affordable, clean, and safe housing is a critical issue for youth. The youth enthusiastically endorsed having increased housing options. Some youth with transition housing experience (4 of the 12 youth had spent some time in transition housing, and one youth was back living in transition housing at the time of the interview) did not like the rules such as curfews; however, all youth

recognized the benefit of having this option. The youth from transition housing liked having options for younger oriented accommodation (15 to 19 years of age with more guidelines), and an older option (19 to 29 years of age with fewer rules). Rules, or no rules, transition housing as an option was better than the alternative noted below.

I had nowhere else to go...I've got to go there or else there's a sidewalk with a nice bench with my name on it.

The youth who had experienced transition housing commented on the importance of relationships with the program manager and the "live in" house parents. While skill building was not necessarily an aspect of the transition house mandate, problem solving and support including accessing external resources proved valuable. The most helpful factor for the youth was an attitude of tolerance toward short-term rental payment difficulties. For the transition house management, youth stability in housing was a greater concern than financial payment. An eviction policy that did evict for safety or inability to follow the rules, and yet allowed reapplication to the housing at a future date, without penalty was identified by the program manager as important (Uturn Transition Housing Project Manager, personal communication, November 2007).

Downsides identified by the youth included the rules when experienced in a *Tasting and Testing* process and the diversity of youth (with substance abuse issues and justice system involvement).

The youth who had not experienced transition housing were also positive about the idea. The youth suggested that it could be a place for living skills to be practiced.

There's a woman's transition centre that's...like a foster home, but...you live there with other people and the workers help you there, like they help you live. That's good. It's good to have a place like that.

Increased Support for Independent Living

The youth indicated that experiential learning in conjunction with theory tended to be better for them than theory alone. Therefore, preparation for independent living needed to be practical in nature. Having the opportunity to learn skills in an independent living environment with tangible support was seen as positive. Issues such as money management and budgeting meant little in the pre-independent living classroom but during the reality of living month to month, became a critical factor. Having the support of a worker during that period was helpful in problem solving.

Transition Workers and Mentors

I like that idea a lot [a transition worker]...to this day I'd still be, you know, happy to have that if I was...18, just coming out of care, I would take that choice, because I know now, being a year...and a half later, I'd still be using it.

The youth did indicate that not everyone would necessarily embrace having a transition worker assigned to support them in the process of ageing out of care. Negative in-care experience and unsupportive adult attitudes rubbing against "out of care" freedom at 18 was given as the explanation for this view.

However, the youth commented on how supportive independent living workers had been and could see the benefits of extending this service to practical living support post-care. The ability for workers to assess situations and provide mentoring in the living context was seen as important.

When I was into independent living we had a worker come out and check on us a couple of times to see how everybody was, and that was good...if you need help, they can go down and assess the situation visually and say..."Okay, this guy's hurting. He needs a bed" ...So instead of the person coming down to the office, they come down, you know, and they actually see the person, how they live and stuff like that. They can get a better feel of the person and how the situation actually is.

Transition workers may or may not be mentors. Mentors were seen, by the youth, as people who were closer in age to themselves than to CFS workers and who have lived the experience of ageing out of care. Mentors have a real life practical understanding of the issues. Mentors have learnt from their own experience of transitioning from care and are able to communicate that learning to other youth. Mentors were seen as people to whom the youth could relate.

People who have lived in the system, people who have...lived in CFS, in group homes, in all that kind of stuff, and that have grown and...been out on the streets and stuff with nowhere to go after they were 18, or been without any money or food or...shelter or warm clothes...because just coming from some person...that...doesn't know any different...you're thinking like, okay, well this person...doesn't know me...doesn't know how it is or whatever. But...coming from someone that's lived through it, it's a lot different.

The youth wanted a coaching relationship to help them prepare for independence prior to leaving care and during the transition from care. Coaching was seen as a protective factor. The youth indicated that mentoring could be provided in a resource centre environment which could provide other services. Another suggestion was to have mentors visiting youth in independent locations.

...it's just it's hard to identify with somebody who's at least 20 years your senior. Some of the things they say they've gone through and you just know they haven't [laughter]. Well, if they had resource centres where there was, you know, people who have just gotten out of this part of their lives and been on their own, then you can go there and talk to that person... so you don't make the same mistakes they did getting to where they are today.

Two youth described the power of mentorship through experiences they had had in the community. The ability to connect and share their experience with others and problem solve together was seen as powerful support. This same view was expressed by one mother participating in a young mothers group. Some youth, those who had moved into a *Moving Forward* process, were energized by considering the possibility that they too could become mentors in the future. The opportunity to share their experience and provide support to other youth in similar circumstances appeared to validate their own experience. For example, one participant responded to the suggestion of being part of a mentoring program:

Definitely! I definitely haven't been there, done all that, but I've lived through some pretty bad experiences, and it's changed me for the better, I believe and if there was somebody out there that went through the same things I did, I know how nice it would have been (pause) to have somebody to talk to about those things, who would have known exactly what you'd gone through and it wasn't that long ago...

Planning Earlier

Given the current arrangements in which youth age out at the age of majority (18 years), the provincial standards suggest planning begin at 16 years of age (Family Services and Housing, 2005). Citing the lack of preparation for independence and the current structure, some youth felt that planning needed to be a three year process, beginning at 15. The youth indicated that foster parents may need further training to update them as to the situation faced by youth ageing out at 18 years of age.

Extensions of Care

...but they're 18 and they want the freedom to do what they want to do though, and that's like keeping someone hostage in a cage, and they're not going to go with that.

The youth were asked what they thought of extending care until a youth reached 25 years of age. The youth were ambivalent about extending care for this length of time. The ambivalence was due to the tension some youth felt between wanting freedom (from constraints of the system), and wanting some kind of continued support. The youth ran the gambit from wondering if anyone at 18 would want to stay in care, to recognising that it may suit some youth and not others.

Wow, 24? Well, that depends on what the person is doing with their life. If they're going through school, then that kind of support would be a blessing but with some kids they need to get out sometime earlier before that.

Some youth thought that 21 was a good age for the extension of care. However, they indicated that the time to do the kind of preparation necessary for ageing out was between 15 and 18 years of age under the present system. The youth indicated that any extension of care beyond age of majority required a re-negotiation of the relationship with CFS, toward one of collaboration. The youth indicated that, within a more collaborative framework, flexible options could be provided which maintained support and yet met the youth where they were at in their lives.

The Manitoba Child Welfare Context and Youth Findings

The youth reported findings that related to the Manitoba child welfare context. The impact of a protection-oriented climate and the effect on parents has already been identified. Two aspects of service delivery were discussed by participants: workload and communication.

Workload

High workload is the reality for front line workers. Workload is exacerbated by inadequate prevention resources in both community and direct services. In an under-funded system, crises driven work is the norm (Hardy et al., 2006). In the process of planning, preparing, and transitioning from care, some youth reported that workers were noticeable by their absence. The youth identified the impact of worker workload through the ageing out process, as

feeling unsupported due to a lack of practical support (such as moving into new accommodation). As identified earlier, the youth who had a poor relationship with their CFS worker also reported poor support at transition.

Communication

The youth experience of communication with their CFS workers mirrored the relationship experience of field workers and the Department of Family Services and Housing (Hardy et al., 2006). The youth reported top-down communication as a feature of their ageing out experience with front line workers. Youth in transitioning to adulthood are themselves undertaking a period of significant change. Youth want effective preparation based on good communication between themselves and CFS. Youth in this study reported wanting more involvement in the decision-making process.

DISCUSSION

The Outcomes for Youth Ageing Out of Care in Manitoba

It appears that the experiences of youth ageing out of care in Manitoba match those from other jurisdictions. The majority of youth in this study reported not completing high school by the time they aged out of care; struggling with issues of poverty related to employment, underemployment, or income assistance usage; experienced high rates of housing instability and transience; becoming parents at a young age; and having lower than average health. This is consistent with similar research that has found negative outcomes for youth ageing out of care (Courtney et al., 2005; Leslie & Hare, 2000; Rutman et al., 2007; Schibler & McEwan-Morris, 2006; Sullivan & Dudding, 2002; Twedde, 2005).

The youth's experiences of feeling supported were mixed. While emotional support was available, and all youth could identify someone to whom they could turn to in a crisis, only some youth reported the mix of emotional and practical support that I characterized as unconditional caring. Similar to Rutman et al. (2007), most youth could only identify involvement in community programs related to issues of poverty and pregnancy rather than recreation. Similar to Rutman et al.'s (2007) findings, a number of youth (8), especially those who had aged out of care within the last three years, reported being victims of crime.

The picture that emerges of youth ageing out of care is one in which youth struggle with the poverty that becomes their reality and without the kinds of supports they need to successfully move themselves forward out of poverty.

These youth do so in a manner atypical of most Canadian youth transitioning from their family homes (Schibler & MacEwan-Morris, 2006), namely they are younger, without the necessary support of caring adults (Kufeldt, 2003), and with no fallback position if they should need to regroup (Collins, 2001). Almost universally, the youth in this study identified their experience as “hard” and concluded they were “not ready” for the transition reality.

Four Themes

Transitioning into Poverty

As articulated in the findings, the degree of difficulty encountered by moving into poverty was both unanticipated and significant for the youth transitioning out of care. It coloured every aspect of the youth’s experience and was a considerable stressor. The context of poverty drives the issues facing these youth. The finding that poverty is a significant factor for transitioning youth is congruent with the literature (Courtney & Dworsky, 2005; Schibler & McEwan-Morris, 2006; Tweddle, 2005). Further, Kufeldt (2003) suggested that meaningful employment and financial independence are difficult for previously in-care adults to attain (leaving them struggling with meeting basic food, shelter, and clothing requirements). Rutman et al. (2007) noted “deep poverty and financial instability have critical ramifications for all aspects of life, including safe housing and the prevention of victimization, the achievement of educational goals, and the capacity to provide adequately for children’s developmental needs” (p. 42).

That poverty is a major factor that youth from care deal with should come as no surprise either to youth or to their caregivers. However, youth were

shocked by the reality of poverty post care. The explanation offered by the youth as to why this was the case was a lack of preparation for the realities of living on their own. There were indications that both social workers and foster caregivers had some indication of the difficulties that the youth ageing out of care faced; however, this did not reflect on the preparation that the youth received for ageing out of the system. Perhaps the explanation for this is that youth become invisible to the CFS system that has been tasked to formally care for them up until the age of majority. Informally, however, a number of social workers (6) are maintaining ongoing contact with youth from care (found in this study and corroborated by Schibler & McEwan-Morris, 2006). These youth are not invisible to other government departments but with no ability to track the outcomes for these youth their plight and its relationship to being in care is not known. With no feedback mechanism the kinds of preparation prior to leaving care that are required and the supports afterwards are not effectively evaluated. I suggest it is time for government to provide evaluative feedback mechanisms for services provided to youth leaving care.

The findings demonstrate that poverty intersects with a number of other factors affecting youth transition such as sustainable employment and the ability to complete education or upgrading, housing stability and transience, and the health and well-being of youth. Racism impacted the youth in seeking employment, while youth identified ageism as a barrier to accessing reasonable housing.

Housing Stability and Transience

While transience was an acknowledged reality for most of the youth, there were incidences of extraordinary levels of movement and difficulty. One youth moved on average once every two months in his first 18 months post care. Another youth reported spending a week under three blankets and a tarp at the onset of a Manitoba winter before finding suitable shelter. High transience rates and housing instability identified by the youth in this study is congruent with other research (Rutman et al., 2007; Serge et al., 2002). The youth identified access to safe and affordable housing as critical to them, as further evidenced by their enthusiastic endorsement of transition housing. Stable housing provides a platform for further education, seeking and maintaining employment, and raising children as identified by Rutman et al. (2007).

Sustainable housing is a critical but complex issue for transitioning youth. Barriers exist for young people renting safe housing in Manitoba. Even well employed and above poverty line income earners reported requiring co-signers for the apartment lease. Although it may be unreasonable for landlords to refuse to rent to youth, ageism is a barrier for renting safe and reasonable accommodation. At present, child and family services agencies do not co-sign for youth ageing out of care; therefore, without connection to a willing family member or foster caregiver, youth are forced into renting "slummy" and unsafe accommodation where co-signers are not required.

Housing stability is affected by the development processes that youth are going through. Therefore, for youth in a *Tasting and Testing* period, eviction is to

be expected within a short period after leaving care. Eviction is also a consequence of losing employment before regaining employment. Eviction brings with it heavy penalties for youth ageing out of care, namely the loss of valuable belongings which cannot be moved or stored, the potential loss of a damage deposit, and no future reference. Eviction is a reality for youth ageing out of care at a young age and must be factored into any housing strategy. A housing strategy for transitioning youth is a critical necessity. The strategy needs to take into account shifting employment status and *Tasting and Testing* behaviours while providing stable, safe, and affordable housing. Housing needs to anticipate the need to consequence for eviction while not penalizing youth in the long-term through one strike eviction policies.

Gender Differences in Securing Resources

Although Martin (1998) found gendered transition pathways to adulthood (for females, pregnancy, and males, justice system involvement), in this study there is a suggestion that this may be more related to gendered pathways to acquiring resources in a poverty environment. For females, I suggest, it is not so much pregnancy that is the focus but rather the use of sexuality and/or sex for securing resources which may result in pregnancy. Further, it is suggested that support is secured for females through this method (either use of sexuality/sex or pregnancy), whereas males' gendered response is to secure resources through crime. Due to the small sample some caution is noted regarding this response. It is not known if these gendered views are widely held nor how gay and lesbian youth ageing out of care respond to securing resources as no youth identified

themselves as being gay or lesbian during the research. This is an area in which more research would be of interest.

Adapting and Developing

Striking is the amount of adaptation that the youth had to undertake in transitioning from care and within a short timeframe: changes in housing, changes in living arrangements (such as living alone or with others organized by the youth), changes in connection and interaction with significant adults, and changes in having to rely on employment (or employment and income assistance) as the source of financial support for housing and food.

There is strong indication that the biggest adaptive change required is to the circumstance of having no fallback position. The majority of youth found themselves in this situation. No fallback position implies a shift from a supportive to a non-supportive learning environment. At the intersection of poverty and a non-supportive learning environment, the ability to learn from one's mistakes (in a positive adaptive process) is severely compromised. Consequences for youth in this study included hunger, eviction, transience, poor partnering/social support choices, crime and pregnancy. Some youth, those identifying themselves as ADHD/ADD, noted needing additional learning supports particularly around problem solving. For these youth the shift to a non-supportive learning environment was particularly hard with reported high incidence of transience and inconsistent employment.

Rutman et al. (2007) indicated that "having several 'supportive relationships' was not the same as being well supported" (p. 44). The youth in

this study could relate to this statement. In this study support was differentiated between emotional or practical support. The inclusion of practical support appeared, for some, to be the deciding factor in whether or not a youth experienced being supported. If the degree of practical support was such that "it felt like having a fallback position", then a youth may claim feeling well supported. Given the poverty context, it is not surprising that practical support in the form of financial aid, storage of belongings, and a place to stay after eviction is valued as support precisely because it is in critical moments such as loss of employment or eviction that support is required. The message from the youth might be summarized as "Don't tell me that you care, show me!"

A relationship between positive youth outcomes and strong social support has been identified by a number of authors (Leslie & Hare, 2000; Kufeldt, 2003; Tweddle, 2005) and healthy youth development is correlated with attachment to a supportive adult (Public Health Agency of Canada, 1999). It is not surprising that some youth reported a quality of support from adult caregivers that combined both emotional and practical support and which I characterized as "unconditional caring". This kind of support provided a sense of confidence in a youth's ability to transition, regroup if need be, and move forward again. These youth experienced a supportive learning environment that allowed them to take risks.

If a fallback position and a supportive adult relationship are critical features of a supportive learning environment, then it should be possible to understand what supports are required from the government parent to aid youth

transition. Further, assessment can be made to establish the elements of support available to the youth before transitioning from care and respond with resources accordingly. Elements of a fallback position could be the provision of stable housing, more than poverty employment and income assistance; support while completing grade 12 education, higher education and/or employment training; and the assistance of supportive mentoring adults (all elements identified by youth in this study). Primarily, it might be the experience that youth are not “off the books” as far as the system is concerned. As Rutman et al. (2007) noted “being truly supported...means having confidence in knowing there are a *range* of supports, resources, and people available to actively provide help and guidance through the crucial years of establishing oneself as an emerging adult” (p. 47).

Arnett (2007) articulated emerging adulthood as a developmental process between adolescence and adulthood. In this research I identify two developmental processes described by youth and akin to that articulated by Arnett (2007): *Tasting and Testing*, and *Moving Forward*. *Tasting and Testing* might be the bridge experience between adolescence and emerging adulthood defined as a process of learning in which youth are experimenting with a new found freedom, potentially pushing societal norms and boundaries. *Moving Forward* is defined as a process of moving toward a new goal or aspiration. The youth’s perception shifts and a new motivation arises to make changes in the youth’s life. Change happens when motivation is coupled with work. *Moving Forward* might be the bridge experience between emerging adulthood and adult.

Instability has been identified as a normal part of emerging adulthood (Arnett, 2007). *Tasting and Testing* incorporates that instability; some youth describe exploring their new found freedom through partying and frequent employment changes. Not all youth report this, indeed the youngest youth, pregnant and five months out of care was adamant that this was a stereotype. This process may be associated with the negative aspects of adolescence (Youniss & Ruth, 2002) and potentially generates frustration among adults. This developmental process is what is noticed by the system and caregivers; it is present at the time in which preparation to leave care is taking place. I suggest it coincides with a time when consistency and stability of support is most required. While a period of instability may be difficult for mainstream youth, the consequences of instability for this group of transitioning youth are more likely severe.

Due to the relatively diverse sample (which included seven youth within three years of ageing out, a further three youth within six years of ageing out, and two youth eight years after ageing out), it was possible to see the gradual shift toward more stability. *Moving Forward* was reported by older youth and those who were parents. It was expressed as a move toward more education and/or training and more stable employment. Unfortunately, the system does not see the growing maturity. When youth are ready for additional support, in terms of upgrading education and employment, it is no longer available.

Becoming a parent was reported as bringing a renewed emphasis on stability (*Moving Forward*): improved health, stable housing, education and

improved employment opportunities. However, some surprising results emerged in speaking to parents about their experience of parenthood and transitioning. While the average age is increasing at which Canadian women become pregnant (Health Canada, 1997), this is not the case with from-care youth who have higher rates of pregnancy/parenting at an earlier age than mainstream adolescents (Courtney & Dworsky, 2005; Rutman et al., 2007). Similar to Rutman et al. (2007), over half the youth reported being parents. Female participants reported being pregnant just prior to, or soon after, reaching the age of majority. Mothers reported a rallying of support from people such as previous caregivers, and ex-social workers. Significantly, pregnancy appeared to win back the practical support that was lost at ageing out of care. Interestingly, extending care may delay pregnancy into early adulthood (Courtney et al., 2007, reported reduced instances of pregnancy between 17 and 19 years by 38% when care is extended). However, no youth in this study were in extended care.

Being pregnant adds an additional dimension of challenges to the ageing out process. While youth in this study did not directly report issues of mental health (depression/anxiety) related to parenting, Rutman et al. (2007) found "the majority of participants who were parents also reported mental health concerns...similarly, the majority of participants who had mental health issues were parents" (p. vi). This is concerning. Further, it may be partly linked to the "internalized CFS experience" reported in this study. The experience of being apprehended as children brought with it anxiety, once youth had their own children. These parents reported concern that they would be able to parent

sufficiently well enough to not have their own children apprehended. Any involvement with CFS as a parent heightened this stress even if the interaction was positive.

The impact of an “internalized CFS experience” within Manitoba’s CFS protection-oriented climate (Hardy et al., 2006) potentially makes it less likely that youth parents will access preventative services or support in the future for fear that any sign of inadequate parenting would result in apprehension. This finding is concerning and bears further investigation to establish what supports are required for young parents exiting the child welfare system to mitigate this anxiety. Further, it would be helpful to establish the extent of the relationship between parenting, foster care experience, and mental health, and its impact on parenting.

Eager and Not Ready

Eager and Not Ready summarizes the experiences reported by youth in this study. Much of the youth’s experience of not being ready has already been identified in this discussion. Not being ready relates to youth’s experience with the hardship of poverty and the lack of preparation for that reality. It also relates to the speed and finality (no fallback position) of the transition.

Eagerness is multifaceted. It is described by youth as the desire to be free of the constraints of house rules and CFS decision-making involvement combined with a desire to have more autonomy and control in their lives. This is consistent with Arnett’s (2007) understanding of emerging adulthood as a normative process and the process of *Tasting and Testing* reported in this study.

A congruent theme of youth in and from care is wanting more involvement in the decision-making process (Leeson, 2007; National Child Welfare Resource Centre for Youth Development, 2006; Raychaba, 1989). The eagerness reported by the youth to be free of CFS control may well be linked to the level of involvement that the youth have experienced in issues affecting their lives. Perhaps congruent with a youth's in-care experience, the act of transitioning at age of majority is the ultimate "non-involvement in the decision-making process".

Similar with other studies (Rutman et al., 2007), eagerness was mixed with feelings of anxiety and fear. Eagerness did not imply that youth wished to be unsupported post-care, rather that the relationship and supports be re-negotiated to better reflect the developmental processes that youth are going through. Eagerness is future-oriented, reflecting a thought process about timing to move out into independent living before age of majority or exiting care. Eagerness does not necessarily reflect a realistic appreciation of the experience of being unsupported post-care or of the living reality of poverty. Basing a decision to move out upon eagerness alone is not helpful. At issue is the ability of CFS to aid youth in making appropriate decisions through better assessment. Providing youth assessment tools to aid in decision-making and preparation has been identified (Salas, 2004). Providing youth mentors to aid in assessment and preparation could also be helpful.

What Youth Say They Need

Both appropriate and relentless (Leeson, 2007; National Child Welfare Resource Centre for Youth Development, 2006; National Youth In Care Network, 2005; Strega, 2000; Raychaba, 1989) is the call for increased participation in the process of decision-making by youth for youth. Again, youth in this study wanted increased access to decisions that affected their lives. Clearly, a mechanism for incorporating youth experience and views in policy and practice decisions is required. A culture of youth involvement in decision-making needs to be incorporated at all levels of government and service provision. It is encouraging to see that one child welfare authority in Manitoba has identified a youth engagement strategy and is in the process of implementing it.

The youth identified guidelines for systemic changes within the system. Namely, they suggested that service needs to recognise the diversity of experience and needs presented by youth in transition. Service enhancements could be made with better assessment and tailoring of resources to individual youth's situations. Service flexibility could provide a range of resources. The youth also identified the need for seamless service related to a focus on the consistent entity (the youth) accessing resources across government departmental boundaries. Testing future service provision against these principles is likely to enhance service.

Transition Housing

As already discussed, housing stability is a key issue for youth transitioning from care (Rutman et al., 2007, Serge et al., 2002). Without a stable,

affordable, and safe place to live, youth are unable to engage in securing and maintaining employment, pursue further education/training, or parent effectively. The youth enthusiastically endorsed transition housing which provided both housing stability and access to supportive people and programs. Transition housing policies need to take into account developmental stages and offer a supportive learning environment. Key issues for transition housing to address is affordability based upon income (taking into account the possibility of changing employment situations temporarily affecting rent payments) and non-punitive eviction policies (allowing re-entry at a later date once conditions have been met by the youth). Youth should also be involved in the decision-making processes within units.

Mentors

The positive benefits of mentoring, such as reduced stress for transitioning youth, have been identified in the literature (Munson & McMillen, 2008). Not only did the youth in this study identify mentorship for transitioning youth by other youth from care as being positive but some identified wanting the opportunity to undertake that role. These youth communicated that helping others validated their own transitioning experience. Mentoring fits well with our understanding of youth development and involvement in decision-making processes. It fits well with the style of communication that youth in this study reported preferring (coaching). As both age (closer in age to transitioning youth) and knowledge (have experienced transitioning) are factors which youth noted

assessing in working with others, effective mentors may have a relatively short employment in that role before new mentors need to be sourced.

If mentorship is to be organized by service providers it will be important to be cognizant of the differences between a natural mentorship and a programmatic mentorship emphasis (Greeson & Bowen, 2008). As Hamilton, Hamilton, Hirsch, Hughes, King and Maron (2006) note that mentoring relationships form gradually and appear to have greater endurance when they are mutually consensive rather than when they are based upon assignment. Mentorship may be better handled by a body such as VOICES (The Manitoba Youth in Care Network) with an advocacy focus than by the child welfare system as a program because it is likely to be closer to a natural mentorship arrangement. CFS resources could be used to support VOICES in encouraging mentorship.

Extensions of Care

Extensions of Care have become the focus of service provision change in the transition literature (Courtney & Dworsky, 2005; Rutman et al., 2007; Schibler & McEwan-Morris, 2006). Empirical findings have shown that extending care “strongly promotes the pursuit of higher education...and more qualified evidence that [it] may increase earnings and delay pregnancy” (Courtney et al., 2007, p. 2). While those advocating for transitioning youth (including the author) view this finding as encouraging, youth were ambivalent toward extending care. Ambivalence appeared related to the premise that extending care meant “business as usual”; implying a lengthening of the negative aspects of youth’s in-

care experiences (non-involvement in decision-making and restrictive rules dependent upon placements scenarios). Clearly, youth appreciated the signalling of more autonomy by reaching the age of majority and want a re-negotiation of conditions based on their development into emerging adulthood. Another factor indicated is that the youth found it difficult to envision extending care scenarios which were not closely related to their own experience of transitioning from care. Considering the wisdom displayed by youth in commentary on their other experience, I find this surprising. In summary, if extensions of care are available some youth would access that opportunity and others would not. Interestingly, Courtney et al. (2007) noted that in spite of anecdotal evidence that youth were unlikely to remain in care, they found that given the opportunity, two thirds of their research sample were still in care after their twentieth birthday.

Despite the ambivalence expressed by the youth in this study, extending care still provides a funding framework that encourages the gradual supported transition from care and a declaration of responsibility. Service provision within an extended care framework could provide various options of support. For example: continuing in foster care, moving into independent living, accessing supported transition housing, or a variation on all these options. The emphasis needs to be on moving youth toward greater health and well-being over the long-term.

A Case for Health and Well-being

The quantitative and qualitative experience of youth ageing out of care has been identified in the transition literature (Courtney et al., 2005; Rutman et

al., 2007) and the support needs for these youth described by researchers and professionals (Courtney et al., 2007; Schibler & MacEwan-Morris, 2006; Tweddle, 2005). The concept of linkage between a number of experiences, such as homelessness, has been noted (Serge et al, 2002). However, a conceptual framework for thinking about youth development and its relationship to transitioning youth from care has not been articulated.

A conceptual framework needs to take into account both the individual characteristics, development, and preparation of a transitional youth in relationship with the community and societal context that impact a youth's transition. The conceptual framework should offer a balance between individual attributes and actions, and societal contribution. Propp et al. (2003) indicated this balance in the discussion of interdependent living rather than independent living, suggesting both an emphasis on societal contribution to a successful transition and linkages to others within the community.

There is evidence in this study that preparation for leaving care has focused on the individual actions of youth without a fuller appreciation of the ageing out of care context. For example, youth reported preparation concerning life skills and budgeting (and in some cases identification of food bank usage and use of employment and income assistance as a possible necessity). However, preparation did not take into account the psychological and physical realities that are the reality of living in poverty nor address the specific community contexts in which youth found they were living.

In this study it has become apparent that context in terms of employment opportunities and wage rates, housing costs and availability, and government assistance are interconnected with individual attributes and actions, and as Collins (2001) identified, affect successful transition. The context of the community in which a youth proposes to live is dictated by where the youth ages out of care. The community choices for housing are dictated by poverty. However, the community context is a major factor in assessing the kind of support required for a youth to age out within a particular community. Illustrative is the reported difficulty finding appropriate accommodation in Brandon as opposed to Winnipeg.

The context of provision of government services in the community also impinges upon the ability of ageing out youth to access services. In Manitoba, a protection versus prevention child welfare climate (Hardy et al., 2006) may prevent ageing out of care parents accessing support. Further, the state of integration of government services (child and family services and employment and income assistance for example), reported as an issue by youth in this study, is another contextual factor that needs to be assessed in providing support. A better way to describe the complexity and interconnectedness of individual youth traits, stage of development, available support, and the context within which transitioning youth live is needed. A shift in focus from individual attributes and actions to include community and contextual factors is likely to better aid in the appropriate assessment and support for youth ageing out of care. Further, it encompasses the responsibility of government to work across

sectors of departmental responsibility and with the community towards ensuring a successful transition.

Noticeable in this study is that youth health and well-being are likely affected by the experiences of ageing out of care (congruent with the first three of four waves of interviews in Rutman et al.'s 2007 study). The indicators of this in the study were the low self reported health indicators and access to community organizations related to issues of poverty rather than recreational opportunity. If the goal of service, which brings youth into care, is not only to provide protection (a mandated requirement) but also an improvement in a child's health and well-being, then ongoing assessment and support of health and wellbeing throughout the life course of this youth through in-care and post-care experience is warranted. Needs based services are determined by assessing the individual attributes and capacities, developmental abilities and processes in interaction with the community and societal context toward the goal of improved health and wellbeing. Therefore, we may ask, are the decisions being taken with this youth regarding development and transition likely to maintain and/or improve the youth's health and well-being and what support is required to do so either through policies, resources, or operational support?

Implications for Policy and Practice

Most striking is the need for government to adopt an integrated approach to supporting youth through a gradual process of transitioning from care. This requires a multi-sectoral approach to address issues of education and training, employment, and housing over the long-term. While extensions of care provide

both a statement of responsibility and a funding formula for future care by Child and Family Services, it does not provide for the assessment of need based on youth development in interaction with the transitional environmental context. Manitoba's Office of the Children's Advocate recommended extensions of care until 25 years of age (Schibler & McEwan-Morris, 2006). In line with Rutman et al. (2007), I recommend extending care to the age of 30. This seems reasonable in order to provide an opportunity for youth preparation to move from marginalization toward a long-term sustainable position. Extensions of care are a first step in developing an integrated approach to address successful transition. An integrated approach led by Family Services and Housing; Education, Citizenship and Youth; and Healthy Living to address transition issues is called for. Adoption of a health and well-being model for assessing programs for transitioning youth is recommended.

The guidelines identified by youth for service provision should be adopted. These reflect the diversity of need and the flexibility of response to that need. Seamless service moves the focus away from departmental silos toward integration. Identifying and implementing youth engagement in the decision-making process at all levels of service provision is supported. Organizations, such as VOICES (The Manitoba Youth in Care Network), appropriately resourced, can provide government with a collective youth voice. Child and Family Services policies and practice can integrate youth decision-making into their culture.

As poverty is such a significant issue, both community and government initiatives that address poverty such as increasing the minimum wage rates and employment income assistance rates need to be supported.

Reflections on the Research Process

Overall, I am satisfied with both the numbers and the diversity of participants in this study. The inclusion of some youth six and eight years out of care, while at first concerning in that they had been removed from the transition experience by that time period, became a strength. It demonstrates that youth need all of this time and potentially more to make the gradual transition from care, and support is still required to improve outcomes through further education and employment opportunities.

Having one youth ageing out on long-term medical disability within a family setting provided a helpful baseline of what growing up and remaining with a family in mainstream society can be like. In a strong family setting with high degrees of attachment, system involvement (such as a child and family services worker) is virtually unnoticed.

The sample had limitations. It would have been preferred to have a balance of male and female youth. Unfortunately, no youth identified as being gay or lesbian and considering the unique challenges these youth face in care (Dame, 2004) it would have been helpful to have their experience of ageing out of care.

This study did not have any representation from youth with higher needs such as Fetal Alcohol Syndrome. It is also concerning that certain ageing out of

care populations, such as those incarcerated, or those with mental health issues, may be even more invisible than most youth ageing out of care. An attempt was made to speak with one youth with significant justice system involvement. He contacted me from incarceration, and while I visited him, it was jointly decided it was likely not in his best interest to conduct an interview given his present circumstances.

One of the biggest limitations is that this was a Southern Manitoba experience. Although one of the youth was from Northern Manitoba, the youth had travelled south upon ageing out of care. Ageing out in the North may have some distinct challenges for youth, particularly if they are Aboriginal youth from reserve and have been fostered out of community. Unfortunately, the resources to collect data from Northern Manitoba were not available.

Finding youth who have aged out of care was not easy. And as the findings demonstrate, with high transience, following up with them would have been considerably more difficult. The best source of potential participants were those youth who still had some connection with foster caregivers or transition housing staff. The majority of participants came through these connections. Worth noting is that some of these youth were connected but were not well supported. Finding youth without these connections was more difficult but contacting community organizations providing support services provided some participants.

This research was noticeably broad in gathering experiences of youth. It would have been helpful to have conducted follow-up interviews after further

analysis to gather more in-depth responses to certain areas such as gendered responses to securing resources and parenting with an "internalized CFS experience".

Future Research

Two areas of future research have been identified in the discussion. First, the gendered response to securing resources for transitioning youth is of interest and could be expanded to include sexual orientation. It would be helpful to understand the choices youth perceive they have in securing resources and their relationship with the context that requires resources to be sought.

Second, the experience of parenting for youth ageing out of care is of particular interest. Identifying that youth who have been apprehended appear to carry an "internalized CFS experience" that may affect the way in which they parent, it would be helpful to understand the range and depth of this experience.

Understanding the relationship between parenting, the "internalized CFS experience", and mental health and its impact upon parenting within a protection oriented climate would be helpful.

I believe it is important to conduct a prospective longitudinal study of youth ageing out of foster care in Manitoba. This research identifies areas of interest but a more comprehensive study could examine in both quantitative and qualitative terms the experience of youth ageing out of care. For this study to be of use the Northern Manitoba ageing out of care experience for youth on and off reserve needs to be included.

Due to the diversity of youth experience it would be helpful to identify transition pathways and the protective factors that mitigate transition risks. For example, in this study “unconditional caring” quality of support appeared to make a difference in youth outcomes. For example, one pathway was for those youth with an unconditional quality of support which continued post care. Another pathway was acquiring this support post care. Identifying the kinds of pathways from care could help in identifying protective factors and the kinds of resources required by different groups of youth. Further, as extensions of care become a more widely used funding formula, the impact of this intervention and other developed support resources could be assessed.

The context within which youth age out is critical. Therefore, it would be useful to use a public health approach analysis that takes into account individual and contextual factors in transition from care.

Conclusion

The experience of youth ageing out of care in this study is consistent with other jurisdictions. Poverty is a significant factor in youth’s ability to transition successfully. Youth may be eager to leave based on their stage of development but they are certainly not ready to at the age of majority and they realise it. This study found the reality of living in poverty is hard and brings with it risks to health and well-being. Youth’s most expressed needs relate to the immediate and practical needs related to poverty. Housing stability is one of the most significant.

Youth ageing out of care need to do so in a gradual and supported manner, as do mainstream youth. Youth from care require the confidence of knowing they have a fallback position which allows them the ability to transition in a supported learning environment. While extensions of care provide a funding framework for a gradual supported transition, there is still the need to appreciate both the youth's development and the context in which youth are ageing out. Using a health and well-being model may be helpful in improving youth outcomes and analysing the supports required for successful transition.

Youth have knowledge and ideas which can be useful for understanding what is needed for a successful transition. Indeed, youth welcome the opportunity to share their knowledge as mentors to others. Youth identify that system support needs to be relevant, flexible, and seamless. Above all, it is time that youth are fully engaged in the process of decision-making that affects their lives.

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Appendix

Appendix A: Selected Research Findings on Youth Ageing Out of Care

Research	Education (Did not complete High School)	Employment/Unemployment	Pregnant	Experienced Homelessness	Gravely Ill/Injured/Disabled	Involvement with Criminal Justice System	Health Problems or Disabilities	Substance Abuse	Comments
Canadian benchmark for general population	10% with no Grade 12 (aged 18-20) Shaienks, Eisl-Culkin, & Bussiere (2006)	32% Full time 41% Part time 25% No job 18-20 year olds Bowby & McMullen (2002)	7.5% Pregnancy under 20 as % of all pregnancies Statistics Canada (2003)	No Canadian Source found	5% Est. # of people on welfare as % of the popn. in 2005 National Council of Welfare (2006)	18% of youth referred to court before 22 nd birthday Matarazzo (2006)	9.6% 15-24 year olds least likely to report/most likely to experience Statistics Canada (2002)	3% dependency in past 12 months Statistics Canada (2002)	Benchmarks have been calculated based on source indicators.
Reilly (2003) Transition from Care U.S.A.	31% not completed high school	63% employed 60% earning less than \$10,000 26% no steady employment 24% supported themselves by dealing drugs 11% had sexual intercourse for money		36% reported a time when no place to live 19% reported living on the streets		43% had trouble with the law after leaving care 41% had spent time in jail 26% had formal charges pending 7% were incarcerated	30% had a serious health problem since leaving care 32% needed health care and could not obtain it		100 youth out of care for at least 6 months. 55% female, 45% male. 18-25 years old.

<p>Courtney & Dworsky (2005)</p> <p>Midwest Evaluation WAVE TWO U.S.A.</p>	<p>36% had not completed high school or received GED</p>	<p>53% were unemployed at time of interview. 72% worked during last 12 months. Of these, nearly 75% earned less than US \$ 5,000</p>	<p>22.5% had children (32% of females and 13%males)</p>	<p>14% had been homeless since discharge</p>	<p>39% received government assistance since first interview. 25% were currently in receipt of assistance.</p>	<p>33% arrested since first interview</p>			<p>Study looked at 602, (282 still in care and 321 out of care), 19 year old foster youths.</p>
<p>Martin (1998) ON Canada</p>	<p>0% had educational certification</p> <p>Compared to 45% of cohort</p>	<p>41% had worked less than 1 week in past 12 months.</p> <p>Compared to 7% of cohort</p>	<p>53% of females were pregnant.</p> <p>Compared to 4% of cohort</p>	<p>90% had moved in the previous year.</p> <p>Compared to 18% for cohort</p>	<p>38% were accessing welfare (mostly female)</p>	<p>Over 50% had been in jail since leaving care.</p> <p>At time of interview 7% were in jail.</p>			<p>Study of 29 former Toronto CAS youth ageing out of care at 18</p> <p>Compared to cohort of same age</p>
<p>Kufeldt (2003) Canada</p> <p>Research from 1997</p>	<p>72% had completed high school on leaving care.</p> <p>Less higher education reported (trade certificates, University), then general population (gp).</p>	<p>46% did not have jobs.</p> <p>22% worked part time.</p> <p>Those with jobs less well paid by comparison to gp.</p> <p>8% over \$ 31,000 compared to 27% of gp.</p>	<p>60% were parents</p>						<p>Study of 87 youth previously in care in 3 cohorts (1987-1995)</p> <p>Picture could be much worse if all those leaving care had participated</p>

<p>Rutman et al. (2005) Baseline Findings Time 1. BC Canada</p>	<p>32% had grade 12 or higher</p> <p>51% had grade 10/11</p> <p>16% had left school at grade 8/9</p> <p>38% were still in school</p>	<p>22% working part time</p> <p>14% working full time</p> <p>(25% declined to answer income level question)</p> <p>33% of those earning were living on \$9,600 per annum and 66% on less.</p>			<p>21% on income assistance at Time 1</p>	<p>68% reported having been arrested once for a criminal offence</p>	<p>65% rated health as good or excellent (compared to 86% for mainstream youth)</p> <p>28% reported physical health concerns.</p>	<p>24% reported quitting drinking alcohol in past 6-12 months</p> <p>Reported wanting to quit use of drugs/alcohol 3%</p>	<p>Prospective study over 2.5 years examining youth leaving care outcomes.</p> <p>37 youth ageing out of care (78% female)</p>
<p>Rutman et al. (2006) Time 2 findings. BC Canada</p>		<p>27% working part time</p> <p>18% working full time</p>	<p>30% of youth were parents</p> <p>60% of parents had Ministry involvement.</p>	<p>30% of youth had moved 4 times or more within 18 months of ageing out of care</p> <p>45% had experienced homelessness at some point in their life</p>	<p>36% on income assistance</p> <p>Compared to 2.5% of BC youth 19-24</p>		<p>55% rated health as good or excellent</p> <p>48% reported experiencing depression.</p> <p>48% reported physical health concerns</p>	<p>9% reported quitting drinking alcohol in past 6-12 months</p> <p>Reported wanting to quit use of drugs/alcohol 36%</p>	<p>33 youth participating in study 6-9 months out from baseline</p> <p>Financial hardship most difficult thing on leaving care followed by loss of supportive people.</p>

Appendix B: Poster: Ageing Out of Care in Manitoba Research Project

Printed on University of Manitoba letterhead

Manitoba Youth Perspectives on Ageing Out of Care

Research Project

Can you answer **yes** to these 3 questions?

Have you been in the care of a Manitoba Child Welfare Agency within the last 6 years?

Are you 18 years of age or older?

Are you willing to talk about your experiences after leaving care?

Purpose of the Research

The purpose of this research is to better understand the experiences of youth after leaving care in Manitoba. In particular, I would like to understand (a) what have been your successes and difficulties after leaving care, (b) what things (for example: people, information, preparation, finances etc.), have helped you to leave care, and (c) what things could help other youth leave care?

This is important information. Your experience and opinion could help those responsible for making decisions regarding youth ageing out of care become better informed as to what resources are required for a successful transition out of care. Participants will be given \$20 for participating in this research. If you would like to help:

Phone **James Turk** at **XXX-XXXX** to find out more!

Contact Information

Manitoba Youth Perspectives on Ageing Out of Care Research Project

James Turk, Researcher (Phone: 204-XXX-XXXX)

Dr. Diane Hiebert-Murphy, Supervisor (Phone: 204-XXX-XXXX)

Faculty of Social Work, University of Manitoba

Appendix C: Outline of Process and Participation.

Printed on University of Manitoba letterhead

Manitoba Youth Perspectives on Ageing Out of Care Research Project

Description of the Research

Purpose of the Research

The purpose of the research is to better understand the experiences of youth having left care in Manitoba. In particular, I would like to understand (a) what have been your successes and difficulties in leaving care, (b) what things (for example: people, information, preparation, finances etc.), have helped you to leave care, and (c) what things could help other youth leave care?

This research is being conducted to better understand the experiences of youth who have left care in Manitoba. However, this is important information for other reasons. Your experience and opinion could help those responsible for making decisions regarding youth ageing out of care become better informed as to what resources are required for a successful transition out of care. The results of this study will be shared with the Office of the Children's Advocate (Manitoba), and VOICES (The Manitoba Youth in Care Network). This research is being done as part of James Turk's (the researcher), M.S.W. degree.

How do I know if I can participate?

You are able to participate in this study if you have (a) been in the care of a Manitoba Child Welfare Agency within the last 6 years, (b) are 18 years of age or older, (c) are willing to talk about your experiences of ageing out of care.

How do I become involved?

If you are interested in participating all you have to do is contact the researcher James Turk at phone number 799-3029. When you speak to James he will outline the research to you and explain what is involved. This is a good time to have your questions about the research answered.

What will I be asked to do if I agree to participate?

If you agree to participate then James will arrange for you to meet at a convenient location and time. You will be asked to review the consent form and sign it. An interview will then take place followed by a brief chat. The details are described below.

Consent Form: Once you have read (or have read to you), the consent form, asked the questions you have about the research, and have been satisfied with the responses, you will be asked if you want to participate. You will be free to choose to participate or not. If you wish to participate you will be asked to sign the consent form giving permission for me (James Turk), to interview you and for that information to be used in the research.

Interview: You will be asked to participate in an interview process lasting approximately one and a half (1 ½) hours. During that time you will be asked to answer some questions about yourself from a questionnaire. These are questions such as: How old are you? How long were you in care? How long have you been out of care? There are approximately 36 questions in this questionnaire. I will ask the questions and write down your answers. This is to help me, and anyone else who reads the research, understand more about who you are. After completing the questionnaire, there will be a one (1) hour audio taped interview. At the end of the interview we will switch off the audio tape recorder and chat about how answering the questions was for you.

During the interview process you will be asked about personal issues such as your experience of leaving care, and potentially sensitive issues such as drug usage, or involvement in criminal activity. This information is gathered to gain an appreciation of issues facing youth ageing out of care. You have the right to choose not to answer any questions in the interview that you do not want to answer. If during the course of the interview you disclose information about a child being harmed or at risk of being harmed, I am required by law to report this information to police and/or child welfare authorities.

Summary of the Findings: If you would like a summary of the research (2-3 pages) one can be mailed to you after the research has been completed. If you would like to look at the complete research thesis you can contact me (James Turk), and I will arrange for you to see a copy. Copies will also be available at the Children's Advocate Office and VOICES.

Are there any risks to me participating?

There is minimal risk in participating in this study. You will be asked about your experiences leaving care and about how your life has been since leaving care. At anytime during the interview you can choose not to answer the question asked of you. Your interview will not be identified by your name but by a code word. At the end of the interview we will chat about how it was for you answering the questions. You will also be provided with a Community Resources Phone List for advocacy and counselling if you have further questions or concerns regarding ageing out of care. The list will also contain the address and phone number for VOICES an advocacy group run by youth (12-30 years of age), who have been in care. At anytime you may withdraw from the study.

How will the confidentiality of information be maintained?

The confidentiality of your information is important to me. I will be the only person who knows who you are. I will have your name, phone number, and a contact address to contact you about the research only. This information will be kept separately from your profile and interview information. In the profile questions and interview your name will not be used or it will be deleted from the audio tape. Parts of your interview may be quoted in the final results to better illustrate a point made in the research. You will not be identified in the quote. A professional transcriber will be used to transcribe your interview onto paper. The professional transcriber will hear the interview but will be unable to identify you. The professional transcriber will be required to sign a confidentiality form to keep anything she hears confidential. Members of my Thesis Advisory Committee may also listen to the interview. Your contact information and the interviews will be stored separately. The contact information will be destroyed once the research is complete (approximately July 2008). The questionnaire and interview data will be kept for seven years after the final report is produced and then destroyed (approximately July 2015). A summary of the research findings will be available by June 2008.

Remuneration

Sometimes there are expenses involved in participating in the research (transportation costs etc.). A cash amount of \$20 will be paid to you on completion of the interview to help cover these expenses. Acceptance of this money does not stop you from withdrawing from the research at any time.

Interview Locations/Times

Interviews will be conducted at the University of Manitoba's Inner City Social Work Program offices at 485 Selkirk Avenue, Winnipeg. Interview times are available Monday to Friday from 9:00 A.M. to 8:00 P.M.

Contact Information

Manitoba Youth Perspectives on Ageing Out of Care Research Project

James Turk, Researcher (Phone: 204-XXX-XXXX)

Dr. Diane Hiebert-Murphy, Supervisor (Phone: 204-XXX-XXXX)

Faculty of Social Work, University of Manitoba

Appendix D: Consent Form.

Printed on University of Manitoba Letterhead

Consent Form

Manitoba Youth Perspectives on Ageing Out of Care Research Project

James Turk, Researcher (Phone: 204-XXX-XXXX)

Dr. Diane Hiebert-Murphy, Supervisor (Phone: 204-XXX-XXXX)

Faculty of Social Work, University of Manitoba

Introduction

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of the Research

The primary purpose of the research is to better understand the experiences of youth who have left care in Manitoba. In particular, I would like to understand (a) what have been your successes and difficulties in leaving care, (b) what things (for example: people, information, preparation, finances etc.), have helped you to leave care, and (c) what things could help other youth leaving care? The research is being done as part of my M.S.W. degree.

This is important information. Your experience and opinion could help those responsible for making decisions regarding youth ageing out of care become better informed as to what resources are required for a successful transition out of care. The results of this study will be shared with the Office of the Children's Advocate (Manitoba), and VOICES (The Manitoba Youth in Care Network).

What you will be asked to do if you agree to participate

Consent Form: Once you have read (or have read to you), the consent form, asked the questions you have about the research, and have been satisfied with the responses, you will be asked if you want to participate. You will be free to choose to participate or not. If you wish to participate, you will be asked to sign the consent form giving permission for James Turk to interview you and for that information to be used in the research.

Interview: You will be asked to participate in an interview process lasting approximately one and a half (1 ½) hours. During that time you will be asked to answer a questionnaire. These are questions such as: How old are you? How long were you in care? How long have you been out of care? There are approximately 30 questions in this questionnaire. I will ask the questions and write down your answers. This is to help me, and anyone else who reads the research, understand more about who you are. After gathering this information, there will be a one (1) hour audio taped interview. At the end of the interview we will switch off the audio tape recorder and chat about how asking the questions was for you.

During the interview process you will be asked about personal issues such as your experience of leaving care, and potentially sensitive issues such as drug usage, or involvement in criminal activity. This information is gathered to gain an appreciation of issues facing youth ageing out of care. You have the right to choose not to answer any questions in the interview that you do not want to answer. If during the course of the interview you disclose information about a child being harmed or at risk of being harmed, I am required by law to report this information to police and/or child welfare authorities.

Summary of the Findings: After all the research has been done I can provide you with a 2-3 page summary of what the research found, if you would like. This will be mailed to you. If you would like to read a complete copy of the research thesis it will be available at the University of Manitoba, the Children's Advocate Office, and VOICES.

Are there any risks to me participating?

There is minimal risk in participating in this study. You will be asked about your experiences leaving care and about how your life has been since leaving care. At anytime during the interview you can choose not to answer the question asked of you. Your interview will not be identified by your name but by a code word. At the end of the interview we will chat about how it was for you answering the questions. You will also be provided with a Community Resources Phone List for advocacy and counselling if you have further questions or concerns regarding ageing out of care. The list will also contain the address and phone number for VOICES an advocacy group run by youth (12-30 years of age), who have been in care. At anytime you may withdraw from the study.

How will the confidentiality of information be maintained?

The confidentiality of your information is important to me. I will be the only person who knows who you are. I will have your name, phone number, and a contact address to contact you about the research only. This information will be kept separately from your profile and interview information. In the profile questions and interview your name will not be used or it will be deleted from the audio tape. Parts of your interview may be quoted in the final results to better illustrate a point made in the research. You will not be identified in the quote. A professional transcriber will be used to transcribe your interview onto paper. The professional

transcriber will hear the interview but will be unable to identify you. The professional transcriber will be required to sign a confidentiality form to keep anything she hears confidential. Members of my Thesis Advisory Committee may also listen to the interview. Your contact information and the interviews will be stored separately. The contact information will be destroyed once the research is complete (approximately July 2008). The questionnaire and interview data will be kept for seven years after the final report is produced and then destroyed (approximately July 2015). A summary of the research findings will be available by June 2008.

Remuneration

I understand that there are some expenses involved in participating in the research. A cash amount of \$20 will be paid to you on completion of the interview to help cover any of these expenses. Acceptance of this money does not stop you from withdrawing from the research at any time.

Signature

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this study at any time, and/or from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

James Turk, Principal Researcher (Phone: 204-XXX-XXXX)

Dr. Diane Hiebert-Murphy, Supervisor (204-XXX-XXXX)

Faculty of Social Work, University of Manitoba

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122, or email margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

I agree to participate in this study.

Participant's Signature Date

Researcher's Signature Date

I understand that a summary of the research findings will be available by June 2008. I would like a summary of the research mailed to me at the following address (if you do not want a summary you do not need to provide this information):

Appendix E: Semi-Structured Interviews.

Semi-Structured Interview Guide

While in care

1. Briefly what was your experience like of living in care?
2. What preparation was done to prepare you for leaving care?

Probes

- Employment (training, practical experience of, how many jobs, how long in those jobs, resume preparation, interview experience)?
 - Education (grade attained)?
 - Food management (Can you grocery shop for a week's supply of food, cook a meal following a recipe)?
 - Daily living tasks (keep space clean, mend cloths, do laundry, change a fuse)?
 - Money management (open a bank account, save money, follow a budget, prepare taxes)?
 - Health care (have a regular doctor and dentist, make appointments, know where to go to ask for help)?
 - Self care (have good hygiene, do healthy things to relieve stress)?
 - Community Resources (Get information about welfare, get legal advice, access foodbank)?
 - Housing (Look for a place to live, know how to rent a place, know how to find out about tenant rights, know the procedures for renting, damage deposits, and termination of rental agreements)?
 - Transportation (Read a bus schedule and use the buses, apply for a driver's licence)?
3. Did you receive any independent living training?
 4. Did you feel ready to leave?
 5. Was there anything about leaving care that you found difficult?
 6. Who did you get support from as you were leaving care?
- Probes**
- a) Your social worker
 - b) Your foster parent
 - c) Group/shelter staff
 - d) Family
 - e) Friends
 - f) Others
7. Was there anything about leaving care that you found you were looking forward to?
 8. Is there anything else about your in care experience that you would like to share?
 9. Is there a word, or phrase, or image, or sound, or animal that sums up how living in care was for you?

Having left care

10. What has been your experience of having left care?

11. How long have you been out of care?
12. Do you experience being supported now that you have left care?
 - who supports you?
 - in what way do they support you?

13. What are your living circumstances like?

Probes

 - Housing(including transience)
 - Employment
 - Financial
 - Recreation
 - Social needs
 - Community involvement
14. What people have helped you age out of care?
15. Was there anything that helped/didn't help when you left care?
16. What community resources do you use?
17. What community resources would you like to see which are not available to you?
18. If you are a parent what has that been like since you left care?
19. If there have been difficulties in leaving care and making your way in the world, what are they?
20. Have there been successes, things that you are proud of, or pleased with, in leaving care?
21. As a (woman/man/aboriginal/person with disability/gay/lesbian), person how do you think your experience of transitioning from care has been different...if it has?
22. Since you left care, do you have anyone you can go to if you need
 - money, food,
 - a shoulder to cry on,
 - getting a ride to the grocery store?
23. Is there anything else that you would like to share about your experience of having left care?
24. Is there a word, or phrase, or image, or sound, or animal that sums up how leaving care has been for you?

Additional resources to support you in ageing out of care

25. What kinds of things/people would have made it easier for you to transition out of care? **Probes**
 - People
 - Training
 - Housing
 - Finances
 - Emotional
 - Physical
 - Spiritual

- Mental
26. If you had a young person about to leave care sitting with you right now, what advice/feedback would you give her/him from your own experience?
 27. If you could wave a magic wand and change one thing about your experience of leaving care what would that be?
 28. Some people have suggested things to improve the experience of leaving care, what are your thoughts on these suggestions?
 - Increasing the age at which you can stay in care until 24
 - Have the ability to remain in foster care until 24 with the foster parents being supported as they were before you left care
 - Staying in care until certain standards have been met ie...consistent employment experience...proper housing...Grade 12 education
 - Providing transition housing
 - Start planning earlier for leaving care
 - Have a transition worker assigned (who is not a child welfare worker), that helps plan your transition, helps you access resources and checks in with you every 6 months until 24
 - Have easier access to health care and health care insurance until 24
 - Have the opportunity to access non repayable loans for future school and/or training until you are 24
 - Make living and leaving care more like youth who have not been in care

Your future plans

29. What things in your life make you happy right now?
30. What things in your life would you like to change?
31. What do you hope to be doing in the next 3 years with regard to:
 - a) Your family life
 - b) Social relationships
 - c) Your living arrangements
 - d) Your health
 - e) Education
 - f) Employment

Semi-structured interview questions adapted from Rutman, D., Hubberstey, C., Barlow, A., & Brown, E. (2003). Time 1 interview guide: Promoting positive outcomes for youth from care project. (Available from School of Social Work, University of Victoria, P.O.Box 1700 Victoria, British Columbia, V8V 2Y2).

Appendix F: Profile Question Summary.

Profile Questions

Questionnaire

Identifying Code _____

Demographics

1. What is your date of birth (day/month/year)? Age of youth: 18 and 6 months/18 and 9 months/19 and 5 months/19 and 7 months/19 and 9 months/20 and 7 months/20 and 7 months /22/22/24/26/26.
2. What is your gender?
 - a) Female: 8
 - b) Male: 4

How would you describe your ethnic or cultural background? Aboriginal (1), Aboriginal Treaty Status(2), Aboriginal/Caucasian (1), Caucasian/Aboriginal (1), Métis (2), Caucasian/Métis (1), and four youth responded Caucasian.

3. Do you have a disability? No: 7 Yes: 5 Explain: ADHD/ODD, ADHD, ADD, Bipolar, Long term medical

Current Living Arrangements

4. Where are you living now?
 - a) In an apartment, basement suite: 5
 - b) At a friend's:1
 - c) In a parent's home _____
 - d) In a foster parent's home:1
 - e) In other family member's home:1
 - f) Youth housing: 1
 - g) Low income housing _____
 - h) Other: Renting House: 3
5. Do you live with anyone else? Yes: 10 No: 2
If you do live with someone else who is that?
 - a) Family: 4 Own family (2), Sister (1) Younger Sister (1) Younger Brother (1)
 - b) Foster family: 1
 - c) Roommate: 1
 - d) Friend or family friend: 2
 - e) Boyfriend/girlfriend _____
 - f) Other: 1 Transition house parents
6. How many times have you moved since you left care? Ordered by age of participant from youngest to oldest: 0/3/3/9/6/4/14/1/6/5/10/0

7. Have you ever spent a one night or more with no place to stay since leaving care?

- a) Yes: 4
- b) No: 8

In Care Experience

8. Why did you come into care?: Negative behaviour/Parent Conflict (4) /Sexual Abuse/Physical Abuse (2) /Substance Abuse/Substance and Physical Abuse/Given up by birth parents/Committed sexual assault

9. How long were you in care for?

- a) Less than 12 months_____
- b) 1-3 years: 3
- c) 4-10 years: 5
- d) 10+ years: 4
- e) Not sure_____

10. What was your status while in care?

- a) Permanent Ward: 8
- b) Temporary Ward: 3
- c) Voluntary Placement Agreement_____
- d) Do not know what your status was: 1

11. During the last year in care where were you living?

- a) Foster home: 8
- b) Group home/shelter: 1
- c) Independent living home: 2
- d) Hotel_____
- e) Apartment_____
- f) Other: Transition House (1)

12. How long have you been out of care?

- a) Less than 6 months: 1
- b) 6 months to 1 year: 1
- c) 1 to 2 years: 3
- d) 2 to 3 years: 2
- e) 3 to 6 years: 3
- f) More than 6 years: 2

13. How old were you when you left care? All were 18.

14. Did you participate in any pre-independent living training before leaving care?

- a) Pre-independent living evening classes: 3
- b) Pre-independent living residential program: 1
- c) Other_____
- d) None: 8

Parenting

15. Do you have any children?
 a) Yes: 7 (1 youth pregnant)
 b) No: 5

16. If answered yes to having children?

Child's initial	Month/year born	Custody Status
	Under 1 (1)/ aged 2 (2)/aged 5 (2)/aged 7 (2)/unstated (2)	No Children were in care

General Health

17. Overall, how do you rate your health?
 a) Excellent _____
 b) Good: 7
 c) Fair: 5
 d) Poor _____
18. Do you have a regular doctor?
 a) Yes: 7
 b) No: 5
19. If you don't have a regular doctor, where do you go for health services?
 a) Drop in medical clinic: 4
 b) Don't access services _____
 c) Not sure: 1
20. When was your last check up with a doctor?
 a) Within the last 12 months: 9
 b) 1-2 years ago: 0
 c) More than 2 years ago: 3

Nicotene, Alcohol, and Drug Use

21. Do you smoke cigarettes?
 a) Yes, less than a pack a day: 3
 b) Yes, more than a pack a day: 4
 c) No, I have quit smoking: 2
 d) No, I never started: 3
22. Do you drink alcohol?
 a) Yes, daily _____
 b) Yes, over 10/drinks per week _____
 c) Yes, about 3-9 drinks per week: 1

- d) Yes, about 1-2 drinks per week: 1
- e) Yes, about 1-2 drinks per month: 6
- f) No, I quit drinking alcohol: 1 (pregnant)
- g) No, I never started drinking alcohol: 3

23. Do you use street drugs?

	Yes, daily	Yes, several times a week	Yes, once or twice a week	Yes, a few times a month	No, I quit	No, I never started
Marijuana	2		2	2	2	4
Crystal meth						4
Ecstasy					2	4
Cocaine				1	2	4
Heroin						4
Mushrooms						4
Other						

Education, and Training

24. What is the level of education you have completed?

- a) Elementary school (Grades 1-7). ____
- b) Grade 8 or 9: 3
- c) Grade 10 or 11: 5
- d) Grade 12 through high school: 3
- e) Grade 12 through adult education: 1
- f) College/ University education ____
- g) Training course (specify): 2 (Truck Driving/ESL Certificate)

25. Are you currently attending school? Yes: 2 No: 10

26. If not, do you plan to return to school in the next year? Yes: 5 and one maybe No: 6

27. If you quit high school before graduating, what were the main reasons why you left?
 Can't sit still, Needed job/Suspended/Pointless, getting nowhere/Rebel,
 boyfriend/Being trouble at school, school work difficult/Stress, boring.

Employment/Sources of Income

28. What are your sources of income (tick all that apply)?

- a) Employed: Full time: 5 Part time: 1
- b) Self employed ____
- c) Income assistance: 2
- d) Family/boyfriend/girlfriend ____
- e) Panhandling:
- f) Other: Student Aid (1)/ Disability (1) /Casual (2)

29. How much money do you earn/receive from all sources each month?
- a) Less than \$500: 4
 - b) \$500-\$749: 3
 - c) \$750-\$999: 1
 - d) \$1000-\$1499: 1
 - e) More than \$1500: 3

Social Support and Community Involvement

30. Do you have someone who you can count on to be there for you when you need practical help day to day, or help in a crises? Yes: 11 No: 1

31. If yes, who (tick all that apply)?

- a) Friend: 4
- b) Family member: 4
- c) Boyfriend/Girlfriend: 2
- d) Partner: 1
- e) Foster parent: 2
- f) Parent: 1
- g) Worker: 1

32. Do you maintain contact with any of the following?

- a) Previous worker from care: 7
- b) Foster parent: 7
- c) Group home/shelter staff: 4

33. Are you connected/involved with any groups, or organizations within the community, or internet groups (including chat rooms)? Yes : 5 No: 7 If yes what groups are they: VOICES (1), Family Centre (3), Transition House (1), Resource Centre (1), Church (1).

Crime and Victimization Experience

34. Have you had any involvement with the Criminal Justice System since leaving care, as an offender?: 9 youth responded No.

As an offender	Arrested	Charged
Drug possession/trafficking		
Impaired driving		
B & E		1
Automobile theft		
Theft under \$5,000	1	1
Assault		
Other (please specify)		On Probation 1

35. Have you had any involvement with the Criminal Justice System since leaving care, as a victim?

What happened?	Outcome?
----------------	----------

B & E	2 Not reported
Automobile Theft	2 Not indicated. 1 Not reported
Assault	1 Convicted, 1 Charged, 1 Statement taken
Theft of personal property	1 (Not known)
Other (please specify)	1 Abuse/Restraining order for family member, 1 Threatened (No charges brought)

The profile questions used in this questionnaire have been adapted from Rutman, D., Hubberstey, C., Barlow, A., & Brown, E. (2003). Time 1 interview guide: Promoting positive outcomes for youth from care project. (Available from School of Social Work, University of Victoria, P.O.Box 1700 Victoria, British Columbia, V8V 2Y2).

Appendix G: Transcription Service Confidentiality Form.

Transcription Service Confidentiality Form

The information recorded on tape and presented to you for transcription is confidential. Your signature confirms your agreement not to discuss this information with anyone other than in the performance of your transcription service duties.

Date

Transcription Service Provider

Witness

Appendix H: Community Advocacy and Support Phone List.

Community Resource Phone List for Participants

Advocacy

V.O.I.C.E.S. The Manitoba Youth In Care Network (929 Main Street, Winnipeg).

Phone: 982-4956

Counselling

Klinic Community Health Centre (870 Portage Avenue, Winnipeg).

Crises Counselling (24 hours) Phone: 786-8686

Appointments Phone: 784-4059

Mamawiwichiitata Centre Inc (318 Anderson Avenue, Winnipeg)

Phone: 925-0300

The Family Centre (393 Portage Avenue, Winnipeg)

Phone: 947-1401

Appendix I: Codebook Categories.

Codebook Categories

EXPERIENCE OF BEING IN CARE

1. Good and Bad: The mixed experience of being in foster care with both good and bad experiences.
2. Part of: The person experienced themselves as a family member and did not see themselves as a foster kid.
3. Weird: Connected to being a part of the family is the sense of strangeness in having a social worker visiting which is different than the experience of friends.
4. Medical: The experience of coming into care with a major medical focus as the reason for care.
5. Hard coming: The expression that coming into care was a hard experience.
6. Belief Confusion: The belief confusion that arises as a result of living in multiple families.
7. SYS Defines Me: Being 'in care' or having been 'in-care' defines my life.
8. Traumatized: Experience of having something large happen to the person that has ongoing effects.
9. Age: Age a particular event happened.
10. Aftermath E: There is a continuing emotional aftermath (fallout) related to living in care or leaving care.
11. CFS Kids Harder: Youth who have lived in care have had a harder living experience than youth that have not been in care.
12. Diff CFSKH: Youth who have been in care are different from other youth.
13. Institution: Young people can experience being institutionalized by being in care (wards of CFS).
14. Image IC: Image of being in care (symbolic of how it was).
15. Image PC: Image post care (symbolic of how it was).
16. FH not work: A situation has occurred in a foster home which leads to it not working out as a place to live.
17. I: A bundle of image related explanation which better defines the image.

18. Fun: Coming into care was fun due to having more freedoms (different rules than in FOO).
19. No Voices: Did not know about Voices
20. No CA: Did not know about the Children's Advocate
21. Yes Voices: Did know about Voices
22. Yes CA: Did know about the Children's Advocate.
23. No Abuse: No abuse was present in foster care unlike FOO situation.
24. No Outsider: The person does not feel like an outsider in relation to their friends or the foster family.
25. Multiple moves: The person describes a number of moves while in care, including the outcomes from multiple moves.
26. Not home: experience of not feeling at home. May describe not feeling comfortable.
27. Relationship CFS or CFS Relationship: The relationship to the system and experiences while in care are described. Including the experiences with CFS post care either through CFS involvement or more likely with siblings Relationship CFS: Build a better relationship with all aspects of the system, worker, FP, and support worker. Work together through mutual understanding. Exit Care SW: The experience of final contact and support from the SW as the person was exiting care. In particular what did the worker do, did they have an exit interview, or follow up with the youth later on?
28. Used too: The experience of getting used to living in care
29. IC Family: Description of the in care family...or living situation experienced by the person.
30. Charges: Issues and experiences related to being charged with a crime...either while in care or after.

READINESS TO LEAVE CARE/PREPARATION TO LEAVE

31. No Prep: Examples of how preparation for leaving care was not done. May include how life could have been if the person was prepared for *outside*
32. Prep Ex: An example of a preparation to leave care event or activity. This may include attending classes and the content/subject of those classes.
33. Pos. Ex.: A recognition that something positive was done to prepare the youth.
34. Not leaving: No consideration is given to leaving or transitioning out because the person is part of the family and on medical disability.

35. Seamless trans: The experience of moving seamlessly from foster care to adult services.
36. Adult services: The experience of adult services post 18.
37. Health care: A regular Doctor and/or dentist is established.
38. Licence: Vehicle licence preparation wanted includes the job need for it...reason for not getting it may have been not being in school.
39. Early IL: Independent living is granted early in the opinion of adults in the system. The person may feel ready.
40. Want SYS involvement: The person wants the system to be involved in the process of them becoming ready to live independently.
41. Not Ready: Young person does not feel ready to leave...may speak to not ready emotionally (Not Ready E), or not ready preparation wise (Not Ready P). However, cannot tell if this is an emotional or physical response. May also describe thinking they were ready and finding out they were not due to a situation. *(Not Ready E: Not ready to leave from an emotional sense...also used for an expression of high anxiety, or feelings of fear, or feelings of terror about leaving care). (Not Ready P: Not ready physically could be a sense that sufficient knowledge has not been acquired or physical resources have not been secured). Not ready to leave FH for IL but willing to go on IL because it was difficult with punishments, felt ready but no where near(practical)*
42. Ready: The person feels ready to leave.
43. Opportunity: The experience of being ready to leave for an opportunity (Positive reason to leave)
44. Lost for DS: A feeling of being lost for direction (what am I going to do), or a feeling of lost for support (who is going to be there for me).
45. On Own: The experience of being on one's own, functioning in an independent way both emotionally and with the day to day routine.
46. Want ind: Wanting to be in an independent living situation. Implied is there is some support in the way of provision of resources to support while in care.
47. Assess ready: The person has assessed they are ready for independent living.
48. Ind Liv Trg: Independent living training is described and areas of improvement noted.
49. Practice RTL Ind: Practicing independent living with one's own place would have helped readiness to leave. *Practice RTL Fin: Practicing independent living with one's own budget would have helped readiness to leave*
50. RTL: A bundle of ideas, examples of, what readiness to leave home looks like...leading to a definition of readiness to leave.

51. Stay RTL: Kids will only leave the family home when they are ready to do so. Implied is that there are criteria for them to do so. (*SR Par/RTL: The system, acting as a parent for in care youth, has a responsibility to parent until the youth is ready to leave the family home*).
52. Criteria RTL: There are criteria for leaving care. Including: *RTL Age: Age does not define readiness to leave care. RTL Job: The youth is ready to leave when they have sufficient income to support themselves through a job or other income without having to rely on the parent for money. Implied is a consistency of income. RTL Fin: The youth is ready to leave when they have a good sense of how to budget and manage money over time. RTL Edc: Youth are ready to leave when they have received Grade 12 education or are working on a higher level of education. RTL Comp: Youth are ready to leave when they have a place to live which includes companionship of others (could be boyfriend, friend, or other relationship organizational structure) RTL YR: The youth has to feel ready to leave. Implied is the youth has an active part to play in the process of deciding to leave. RTL VIS: The youth is ready to leave when they have a clear vision of how they wish to live and goals to aim for. RTL Ind: The youth is ready to leave when they have a sense of independence. What living in one's own place and taking care of oneself is like. RTL WO: The youth is ready to leave when they have a good sense of how the world operates. Implied is that they have some wisdom about relationships, how to access resources and support, the difficulties that can be encountered, and the trials endured. RTL Stuff: Stuff is required to be ready to leave care and would have been helpful. Stuff implies all the necessary items to run a home*
53. RTL Time: indication that it takes time to mature to a point at which one experiences being able to cope and live well on one's own (in the first case 8 years).
54. WO Not: On leaving care the person did not have an idea how the world operated and that there were consequences due to that not knowing. *Cons WO: The consequence of not knowing how the world operates are hard lessons. Implied is that it would have been better to avoid these lessons/experiences.*
55. Fig Out: examples of things that have to be figured out after leaving care including the timing. Examples include Welfare/Education/Writing Letters/Paying Bills *Time FO: the timing of when the examples have to be figured out.*
56. Mentality IL: Living independently requires a mentality or state of thinking.

LEAVING CARE

57. Hard LC: The experience that leaving care is harder, implied 'than living in-care', but it may also imply compared to how the person thought it was going to be, or that leaving without support was hard. It also applies to the aspects of having left care that are difficult. *A. Response HLC: The response to the experience that it is hard leaving care*
58. Not normal: Leaving care and the family at 18 is expressed as a not normal transition.
59. HLC: A bundle of experiences and examples of how leaving care is hard.

60. Forced G: As a result of it being hard after leaving care, the person was forced to grow up and be responsible. Implied is that leaving care was before time...or leaving care should happen in a more natural way.
61. Services Term: Services that were provided in care terminate at 18. Implied that this is a major problem.
62. Finality LC: Expression of the end of care at 18.
63. Independence: The more normal process of wanting some independence and transitioning out of a family.
64. No Mistakes: In an unsupported environment, no mistakes are permissible without significant consequences (implied unlike living in-care or in a supportive post-care environment).
65. On Guard: The sense that the young person cannot let their guard down because they will be taken advantage of.
66. Consequences: The consequences of leaving care without support are described.
67. Moving to town: The experience of moving into an unfamiliar environment of town from the rural area.
68. Learn Hard: The reflection that the person did it the hard way...saw no other alternative for learning. Implies have learnt a different way since then.
69. Dignity: The person wishes to retain a sense of dignity.
70. HLC Welfare: The difficulty of interacting with welfare post-care.
71. Used Welfare: Applied and used social assistance.
72. MB House: The experience of using Manitoba Housing.
73. Survived: The sense of having been a survivor of the hard experience of leaving care.
74. LC Feel: The feelings attached to leaving care.
75. Looking Forward: An experience of looking forward to leaving care. A number of different reasons may apply.

PRESENT LIVING EXPERIENCE

76. Income: Source of income identified.
77. Cell Comm: Cell communications used or described
78. Struggle: Life is experienced as a struggle.

79. Drug: Experiences around using drugs
80. Budget: Budget expenditures are discussed including how the paycheque is spent.
81. Initiative: Example of how young person has shown initiative or resourcefulness.
82. All need: Everything that is needed to live comfortably.
83. CFS involve: Involvement with CFS has been had with present children/family, or concern/fear expressed that they will be because they were in CFS. Includes the feelings associated with this. A. *Paranoia CFS: Fear expressed that the person will lose their children to CFS because it happened that they were apprehended by CFS. Describes the results of and issues with. Fear lose kids: Fear is expressed that the kids may be lost. Grip PCFS: Fear of CFS intervention results in tight control of own children. No Reason Fear: The fear of CFS intervention is not mitigated by having no reason for that to occur*
84. Cause: Describes the root causes of a situation affecting families.
85. No pov. The experience of not living in poverty.
86. Exp Pov: The experience of growing up with poverty.
87. Poverty: The experiences related to living in poverty at present.
88. FeelGd LD: Feeling good about investing effort and money in to living differently than previous experience.
89. Liv mo : Living in the moment is implied by not saving for the future. If resources are available now, they are used now.
90. Matters: The experience of things that are important to the person
91. Rental: The experience of finding a place to rent.
92. Homeless: Experience of being homeless or noting that was the outcome if intervention had not happened.
93. Neighbourhood: Experience of the neighbourhood around affordable places to rent.
94. Evicted: The experience of being evicted. Including the feelings, immediate aftermath and finding a new place
95. Living comp: Example of the experience of having living companions/s. Possibly including the reasons for needing a living companion
96. Time PC: The amount of time that the person has lived PC.
97. Job: The experiences related to working at a job which can include positive and negative experiences.

98. Community: The experience of being connected to community or not. This may include examples of organizations that the person is involved in. May also include how connected.
99. Family focus: focus is on the family rather than friends.
100. Friends: The experiences related to friends.
101. Rec: The experiences related to recreation.
102. Food bank: The experience of and reasons why the person is accessing a food bank.
103. Finances: Experiences around finances and level of income.
104. Want Better: Wanting a better life. May indicate the reasons why it has not happened. Better: The person experiences an improvement in their situation or they will do it better when they have the opportunity. Wanting more: Wanting a better life than has been experienced including material things

CHANGES PERSON

105. Hardship: The person has experienced a lot of hardship in their life.

CHANGES SYSTEM

106. Advice Foster Kids: Advice for other youth in care based on person's experience.
107. Teens: A description of young teens.
108. Trans Work: Transition Worker assigned and views about their role.
109. Extend Care: Extending care is seen as a positive benefit. Age maybe a factor (24) or until education (Gr. 12 or higher) is completed, as well it may not be for everyone.
110. Meet youth: Youth are different and therefore require that the system post care (also applies in care), match their responses to where the youth is at. This requires a good assessment of the situation and appropriate response.
111. Seamless service: Describes that service to PC foster youth be seamless. Indeed, the example is the move from CFS to welfare...implied is that it is better service and more dignified.
112. Trans house: Describes transition housing for those that have experienced it or the response for those that have not.
113. Health care: Experiences and thoughts regarding present health care for these youth and future help.

114. Loans Edc: Non repayable loans for education are a good idea.
115. Concern Prog use: Expresses a concern that programs used inappropriately leading to dependability on system and reduced access for others.
116. Mentor: Person nearer in age to youth who has lived through the experiences of leaving care and can provide advice and feedback to recent graduates of FC. May include reasons why a person closer in age is better and suggestions as to how they are served (resource centre).
117. Improve RILT: Improvement needs to be made in IL training and preparation this implies an improvement in the planning for IL.
118. Elm Happy: Things that make the person happy with their life.
119. Elem Change: Elements that the person would like to change in their life. May include: School performance/Healthier lifestyle (exercise)/Quality time with kids/See siblings more/play with children.

SYSTEM RESPONSIBILITY

120. Sys Resp: (Global System Responsibility). The system is responsible for something as seen by the youth. This may include preparation, aware of context, education, understand the youth, assess the situation facing youth, acting like a parent, having expectations of the youth, planning with the youth, involving the youth. *(System Responsibility Preparation (SR Prep): The system is responsible for preparing youth to leave care). (System Responsibility Context (SR Context): The system has responsibility to be aware of the context facing a youth in care). (SR Edc (System Responsibility Education): The system is responsible to emphasize the importance of education, AND to put in place strategies to ensure that education is achieved). (System Responsibility Understand (SR Understand): The system is responsible for understanding the youth. Implied is that the youth is listened to, and their opinions and desires are actively considered). (System responsibility Assess (SR Assess). The system has a responsibility to reasonably assess the situation). (SR Parents: The system has a responsibility to act 'like parents' in providing in care service) SR Expectations: The system (which is both Foster parents and Social worker), need to have expectations of the young person and to hold firm on those expectations...not 'give up' on the young person. Expectations of the youth may include: Attaining Gr 12/Acting responsibly/doing chores. FP Prepared: Foster parents need to be prepared to deliver their component of the plan. This may include teaching them how to prepare youth for independent living. (Weak SRE: Weak responses of expectation which are not helpful). (Sys Resp planning: The system has a responsibility to plan with the youth). (SR Involve: It is the systems responsibility to involve youth in decisions affecting their lives, for instance changes of home). (Disbelief SRC: Disbelief that the system did not understand the context of the young person's situation (in this case family of origin situation) (SR No Inst: It is the systems responsibility to not let kids feel institutionalized. This implies making the youth feel that they are kids like other kids growing up in a family). To prepare youth for the reality of world outside including a gr 12 and job skills. Not to throw to next system...to provide help (edc and employment)*

121. Sys Expect: The system has some expectations of the youth while in care or preparing to leave care including how the youth feels about those expectations.
122. SW Resp plan. The SW is ultimately responsible for the plan being prepared and involving the FP and youth in the plan. A. *FP Prepared: Foster parents need to be prepared to deliver their component of the plan. This may include teaching them how to prepare youth for independent living.* *FP Involved plan: FP's need to be involved with the plan.* *Age IL Start: The appropriate age to start preparing and teaching for IL is 15* *Early Plan: planning early is important at least 3 years before leaving care (15)*
123. Sys No Response: The system did not respond positively to requests from the person in the way of an option suggested by the young person. *(Reason SNR: an attributed reason for the system not responding).*
124. Standards: Implied is that standards for Aboriginal Agencies and non-Aboriginal agencies need to be similarly high regarding training.
125. Example plan element: An example of a plan element. Practice independent living/Education Gr. 12/
126. Involve youth: Youth need to be involved in the decisions that affect their lives. This implies consultation and a new kind of relationship which is not dictatorial.

SYSTEM NOT DOING ITS JOB

127. SYS Not do job: The system did not do its job properly as experienced by the person. May include the results of not doing its job, or resentment expressed that it did not do its job. *(Not doing job: Experience that the system is not doing its job of parenting).* *(Results NDJ: Possible results from the system not fulfilling its parenting job)* *(Resent SYS Involve: There is resentment that SYS was not involved in the process of them becoming ready to live independently).* *(Understand NDJ: Person wants to understand why the Agency did not do its' job properly. This is attributed to the workers being uneducated and/or poorly trained).* *(Not Right: Indication that a leaving care experience (either emotional or physical), is not appropriate. It does indicate that it should not happen, it may indicate that it could be avoided. Speaks to what is reasonable and responsible on the part of the system. Not forward to: Not looking forward to being on one's own after care.)*
128. SYS did job: System did its job.
129. Not taught IL: Youth need to be taught how to live on your own and the system does not teach this.
130. Set Up: The feeling that the system can set up a youth for failure (no real life). Implied if they do not have expectations and a plan.
131. Dependent Sys: The system creates dependency by youth which is the antithesis of independence and does not prepare them for living independently.

FOO/FAMILY/SYSTEM AS PARENT

132. FO Not Care: Family of Origin does not care about young person in the way in which they would want to be cared for.
133. FOO Relationship: The experience of the relationship with FOO may include how this relationship is changing overtime and PC.
134. Want Family: Wanting family to be present at important occasions...family includes Family of origin and in the case of being a parent, the baby's dad/mum. Family may also include previous social worker and previous foster parents. This also includes wanting support from FOO
135. Real parent: A real parent is one which holds firm to a vision for the child (an expectation of), and provides flexible support (boundaries), allowing 'mistakes' but supporting the youth back to the vision. *Ideal parent like: Support provided is 'ideal parent like'. That the person experiences support that does not give up on them. It hangs in with them regardless of how difficult the situation is.) (Parent Job Comp: A component of the parenting job/having expectations). (Expect S: There is an expectation of support in the way that an ideal family supports young people leaving home). Bought off: The experience of not really being cared for because one is bought off by the worker.*
136. Diff accept RP: Difficult accepting that the system or people can act like real parents. This way is unfamiliar.
137. PC Family: A sense that some kind of family relationship exists between person and previous system involvement (SW and FPs).
138. Not Part Of: The perception of not being a member of the foster family in the same way as other birth family members experience membership.
139. Good FPs: Perception that foster parent/s is/are caring.
140. Critical parent Skill: A critical parental skill required of the System is to treat kids as kid.
141. Family: Description of the present family.

EDUCATION

142. Edc Import: Education is important. Including the reasons why it is important and examples of. May include that education is a critical component of a future good life and prevents minimum wage living. May include that education is completed before anything else, like working. *(Result No edc: As a result of not having a good education (attaining Gr. 12), the person can only get minimum wage employment. Implied is that there is no hope of changing life for the better and the experience can lead to depression, drug and alcohol abuse). (Exam SR Edc: An example of what problems may be raised regarding school attendance and/or how the Sys could address problems. Don't like school/ Move school/Clothing/ Bus pass/teacher info exchange) Edc Before: Education needs*

to be a priority above minimum wage work experience. (*Opp Edc: Grade 12 provides opportunities for such things as further education*). (*Exp Edc: Person's experience of the road to education because it was not a priority while in care*). (*Edc Attain: Education (Gr 12) attained as a mature student*). *Goal FC: The goal of foster care is to support youth into adulthood so they can have a good life. A good life is partially defined as not being marginalized. Path Goal FC: The critical pathway to a good life (the goal of FC) is reached through the attainment of education (minimum Gr. 12). Standards: Leaving care is only appropriate once education is complete Stuck job: Experience of getting stuck in minimum wage job.*

143. Edc. Def: The definition of education is a place that teaches one to live life, help yourself, and help others
144. Trg: The person would have liked support with getting some training.

SUPPORT

145. No Support: Indicates no support for leaving care as support is understood by the youth. Including support from social worker, foster parent, family of origin, or friends. Speaks to the existing support network including those that have responsibility, and family of origin, and friends. Also speaks to the type of support emotional or practical. *No Prac Support: No practical support is available by anyone for issues such as food or money. Implied is no one is going to bail the person out in a practical crises.*
146. Different Support: There is a different level of support provided to some than others. Implied sense of not fair.
147. IC SYS Support: The system people who provide support while in care
148. IC Non SYS Support: Example of in care non system support (friends, family).
149. PC SYS Support: The system people (foster parents and workers) who still provide support in some form post care (plus examples of that support). *PC FP Support: Support experienced from a foster parent post care (support is not defined as either emotional or physical). (FP Involved: The ex-foster parents are still involved in the young person's life after care. SW Involved: The ex-social worker is still involved in the young person's life after care. PC SW Support: Support experienced from a social worker post care (support is not defined as emotional or physical). (PCSWFOO Support: Support received from FOO SW post care). Advice support: Receive advice about a problem which is supportive.*
150. PC Non.SYS Support: Other people that support the youth post care. *A.PC EB Support: Support experienced from an Ex-Boyfriend post care (support is not defined as either emotional or physical). HV Support: Support provided by a home visitor as a result of being a parent. Alternative Support: Support received from a source that is not from the system or FOO or considered a friend. HS Support: Home support worker is providing support in the form of advice regarding parenting skills or playing with kids.*

151. PC Family Support: The experience of being supported PC by family members. This may include establishing a new or different relationship with the FOO.
152. Diff Choice: The person would have made a different choice if support had been provided (for instance, independent living), in anticipation of a different result than experienced.
153. Diff Outcome: The sense that a different outcome (implied as more positive), would have resulted if support (in the practice of independent living), had been provided when asked for.
154. Diff Dec: A person may have made a different decision.
155. No S Feel: The person does not feel they get support. Implied is that support is both moral (emotional), and support is tangible (things, money, practical help). The person can feel they are not supported and yet get some form of support.
156. Rely OR: The experience of having to rely on one's own resources. Implied is that the person would have wanted support from family (FOO/SW/FP), but as none was available they did what was needed without it.
157. Emot Support: Implied is that emotional support is available in the way of advice, feedback regarding the day to day problems. (*Emot S: Emotional support is experienced by the person*).
158. Prev SW Change Rel: Major shift has occurred in the relationship between previous SW and person moving toward friendship. This is signalled by receiving the worker's home phone number (*Status SWCR: Status is accorded to the person for receiving the home number of the previous SW. Understood as "moving up"*). (*Empathy CFS Ph Prac: Empathy for the practice of workers in not providing a home phone number*). *Warm PC SW: Feelings of connection (love) expressed toward previous worker for new relationship*).
159. Critical Diff Support: There is a critical difference between mainstream youth and some CFS youth in comparison to this person's experience because they still have loving families which 'take care of' (support) them.
160. Mixed Support: The experience that support is mixed, both helpful and not helpful.
161. Friends: The experience of having and interacting with friends including how they support the person and vice versa. May include discussion about what they think of foster care.
162. Support Feel: How the person feels about being supported.

PARENTHOOD

163. Parenthood: The experience of potential (pregnant), or actual parenthood due to becoming a parent through pregnancy, or having given birth.
164. P: Represents all the changes and support that is received around the event of parenthood. This is a bundle of events.
165. Comm Parent Prog: Made a commitment to a parenthood program by attending regularly, may also apply to resourcing a program but not yet attending.
166. Par Hard: Parenting alone has been hard since leaving care.
167. Love: Feeling of love towards own children.
168. Par Diff: Determined to parent differently than the person has been parented. This may include not abandoning them/keeping them home until they are ready to leave.
169. Kids Prob Significant: Problems with children are experienced as the most significant.
170. Exam parenting role: An example of a parenting role
171. No Involved Part: No partner is involved in the parenting of the child. This may also describe what has happened to the relationship between the parents.

PROCESS INDICATORS/CHANGE

172. Change Event: An event that happens that leads to a change in perspective and/or motivation.
173. Change Perspective: As a result of a Change Event, one's perspective on life or ones position within it shifts and new insight or shift in focus results .
174. Change Motivation: As a result of a Change Event, one's motivation shifts toward taking more responsibility or improving one's circumstances. *Mot Pov: The experience of living with poverty has been the motivation to not repeat that experience. Both effort and money is employed toward making the person comfortable.*
175. Work H + WM: When the desire for better is matched with hard work then things change.
176. Critical Moment: The moment when a critical experience, decision or event leads to something more in the person's life. This would have been the moment to have provided support from CFS.
177. Learn Exper: Learning from one's experience.

178. Supportive learning: The process/experience of being supported in the learning process.
179. Stronger: The process of living on one's own has strengthened the person. May indicate as a result of it being hard to do so. The strength gained can be applied to new situations.

YOUTH RESPONSIBILITIES

180. Youth Resp: The youth is responsible for utilizing the education that the system has provided.

SELF ESTEEM

181. Low esteem: The feeling of having low self-esteem.
182. Example LSE: Examples of how low self esteem is manifested in the young person's life.

GRIEF

183. Grief Life: Grieving the losses in the person's life. *Grief SYS DM: Grieving that the system defines the person. Grief WF: Grieving the fact that 'wanted family' are not present for important occasions. Grief SRP: Grieving that the system acting as the responsible parent chose to terminate the parenting relationship because the person had reached the age of 18 but was not ready to leave. Grief PD: Grieving the losses in own life as a child and determination for one's own children to not have to experience the same. Grief Inst: Grief experienced by the loss of not being treated like a 'normal' kid due to feeling institutionalized by being in care.*

HOPE

184. Hope: Hope that the future will be better.
185. Recog Gen Change: A recognition that the next generation (child) can change for better in expression of love.

SUCCESS

186. Ex of succ: An example of success
187. Eff succ: It has taken time to become successful. Implied is that effort has been required.
188. Proud: Experience of taking pride in accomplishments that have required effort and time. B.
189. Recog: Wanting to be acknowledged for the accomplishments that have required effort and time.

TREATED DIFFERENTLY

190. Not Same: The feeling of not being treated the same as others
191. Same: feeling of being treated no differently than others
192. Want explan: The person wants an explanation of how come the situation was as it was or is presently. Explanation wanted from the system as parent. *Want Explan NS: Wanting an explanation of how come the person was treated differently. Want Explan Lis: Wanting an explanation of why they were not listened to.*
193. Want fair: Wanting fair and equal treatment.
194. Defn. EACFS: A definition of the function of an Aboriginal Agency towards Aboriginal Youth 'To help Aboriginal children to prosper and thrive'. (*Expect Abor. CFS: Indication of expecting better treatment as an Aboriginal person from an Aboriginal Agency.*)
195. Depreciation: Wondering if they have the right to express their opinion of the situation.
196. Ageism: the experience of being treated differently because of one's age.
197. Racism: Experience of being discriminated against because of race.

FUTURE GOALS

198. Future Goals: Expression of future goals.
199. In shoes: Some expression of empathy towards workers by knowing what it is like when you have to do the job.

FEAR/WORRY

200. Worry: A sense of anxiety has been present since childhood and anxiety is ongoing.
201. Reassure: Provide reassurance
202. Worry focus: The appropriate focus for worry
203. Work at: Working at doing things differently.
204. New info: New information is sought to attend to problems through reading and asking others. Implied is a reaching out for sources to problem solve.

RELATIONSHIP WITH WORKER

- 205. Involve more real: An example of the relationship between worker and youth that is more real or more engaged in a normalizing way.
- 206. Results Inst. The results of feeling institutionalized. May include: Not wanting to see worker/being snotty to worker/make demands for things such as clothing
- 207. Respect: Respectful presentation leads to a more receptive youth

OTHER

- 208. Location: Location of person, activity, or event.
- 209. MH Good: Mental health is good because of regular contact with mental health professional.
- 210. Better Practice: Belief that the person's experiences in care will lead to a better practice model
- 211. Relationship: Describes a relationship between partners.
- 212. Living life close: The experience of planning 1 to 2 days out...a deliberate policy.

Appendix J: Summary of the Research Findings

Participants

Twelve participants ranging in age from 18 ½ through to 26 years of age participated in this research study on youth ageing out of foster care. Eight women and four men were interviewed in three locations: Brandon, Winnipeg and a southern Manitoba rural community. The majority of participants indicated Aboriginal or Metis descent while the remainder of the participants were Caucasian. Seven participants were parents (two fathers and five mothers). The majority of participants interviewed had not completed high school on exiting care.

Research Findings

The study found that the majority of participants were transitioning out of care into poverty with minimum wage or inconsistent employment. The study found:

- Lack of money and trying to make that money stretch created anxiety/stress
- Participants wanted clean, safe and affordable housing but the cost of housing was high
- Renting apartments could be made more difficult because participants were young and did not have co-signers
- Eviction was experienced by many leading to multiple moves
- Upgrading education or doing training courses could be a way to a better job but difficulties existed in being able to afford training

The study noted that moving out of care was a big change and brought with it a shift in how people were being supported. The study found:

- That participants could identify someone to turn to in a crisis
- Some youth could identify supportive adults and yet reported not feeling supported
- The test of a supportive relationship was the practical support (help with moving or money) they received not just emotional support (a listening ear). This was like having a “fallback position”
- Those that had a “fallback position” found things easier and felt they could take some risks
- Those that did not have a “fallback position” emphasized the scariness of transitioning from care and noted that the consequences of mistakes were high

The study identified two developmental processes: *Tasting and Testing* and *Moving Forward*. *Tasting and Testing* was a phase of experimenting noted by those that were younger, or at the time before leaving care, or shortly after leaving care. *Moving Forward* was a move toward more stability reported by those who were older, later after leaving care, or after becoming parents.

An unexpected finding was that participants identified an “internalized CFS experience” as a result of being apprehended and negative in-care experiences. This impacted some parent participants who reported anxiety about parenting sufficiently well to not have their own children apprehended by child and family services.

Participants also identified their resilience, ability to survive and in many cases flourish in spite of the difficulties presented. Participants were proud of themselves and stated that they were stronger because of the journey. Most were looking forward to a brighter future and working toward it.

The study found that handling the realities of living after care was hard. Participants were *eager* to leave but found themselves *not ready*. The study found:

- Participants were eager to leave the negative issues of being in care (such as house rules and lack of involvement in decision making)
- Participants wanted to move forward to a new phase of their lives
- Eagerness was future oriented (looking toward what was not yet experienced)
- Participants identified the finality, speed, lack of preparation, and the realities of day to day living in poverty as leading to the conclusion that they were not ready

The study noted that youth had a number of ideas for improving things for others leaving care. The study found:

- It was very important for youth to be actively involved in the decision making process with child and family services
- Participants wanted post care government services to work with them to recognise their need and provide flexible options to support people leaving care

The study noted three suggestions for changes to the system during the interviews: Transition Housing, Mentorship and Extending Care. The study found:

- Participants were interested in increasing affordable housing options, including transition housing, for those leaving care
- Mentorship by those that had previously been in care and had learnt from their experience was welcomed in supporting the preparation to leave care and after care
- Participants had mixed feelings about extending care to 25 years of age

Conclusion

The study concluded that:

- Youth ageing out of care needed to do so in a gradual and supported manner, as do other young people in Canada.
- Youth from care require the confidence of knowing they have a fallback position which continues to support them when needed after leaving care.
- It is time that youth are fully engaged in the process of decision making that affects their lives.