

Hearing Their Voices:
A Qualitative Study of the Housing Experiences of Youth Who Have Transitioned Out of Care
Through an Independent Living Program in Winnipeg
by
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Abstract

This study used the conceptual framework of emerging adulthood to explore the following question: “What are the post-care housing experiences of youths who have transitioned from care through the Independent Living with Supports (ILS) program offered by MacDonald Youth Services (MYS)?” In order to answer the research question, semi-structured interviews were conducted with ten youths who had aged out of care through the ILS program. Six service providers who worked with youth in and from care in various capacities and from various agencies were also interviewed. Content analysis was used to analyze the interview data.

The youths’ housing experiences were characterized by multiple moves post-care, including homelessness in the case of seven youth participants. These findings mirror the literature. In addition, none of the youth participants indicated they were successfully connected to formal supports prior to leaving care. Many of the youths lacked the healthy informal networks of support to make up the difference. This lack of support left several of the youth participants feeling alone and yearning to belong somewhere.

Strikingly, most of the youth participants did not hold the child welfare system responsible for their present circumstances, which suggested that the system instills values surrounding accountability and independence in the youths while they are in care. This finding was a paradoxical one, however, as both the youths and service providers noted that the child welfare system could at times impede the growth of youth in care for various reasons. The youth participants noted that there was not enough opportunity while in care to practice life skills, noting that the rules were too restrictive. The service providers pointed out that liability and safety concerns, as well as a lack of emphasis on doing *with* instead of *for* by the staff members, impeded the youths’ development.

As emphasized by the framework of emerging adulthood, society no longer expects youths to leave the family home at the end of their teenage years, never to return. Most of the youth participants indicated they wished they could return to care at some point post discharge, which supports the recommendations found in the literature. The option to return to care would better match the familial support enjoyed by youths in the general population.

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Dedication

This project is dedicated to my husband, Nathan and my daughter, Joséphine. Nathan, without you, I would not have made it to the end. You encouraged me when I didn't believe in myself, and you listened with thoughtfulness and patience every step of the way. Merci mille fois. And to my daughter Joséphine, thank you for bringing a very special kind of joy to my life. I love you both!

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CHAPTER I

Introduction

My study seeks to answer one central question: “What are the post-care housing experiences of youths who have transitioned from care through the Independent Living with Supports (ILS) program offered by MacDonald Youth Services (MYS)?” In order to achieve an in-depth understanding of the post-care housing experiences of youths who have transitioned from care through the ILS program, semi-structured interviews were conducted with ten youths as well as six service providers.

Homelessness has repeatedly been identified as a problem affecting youths who have transitioned out of the child welfare system (Berzin, Rhodes, & Curtis, 2011; Brandford & English, 2004; Burt, Aaron, & Lee, 2001; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Festinger, 1983; Park, Metraux, Brodbar, & Culhane, 2004). The rates of homelessness for transitioned youths far surpass that of their peers in the general population. *Raising the Roof*, a Canadian study found that 68% of all homeless youths had been involved in child protection services during their lives (*Raising the Roof*, 2009). Other Canadian research has also found similarly high rates of homelessness among youths who were once in care (Clarke & Cooper 2000; Gaetz, 2009; Leslie & Hare, 2000; McCarthy, 1995). Studies in the United States and internationally have found correspondingly high rates of child welfare involvement among homeless youths (Bonnice, 2002; Mallon, 1998, Lindsey & Ahmed, 1999).

In their American study, Berzin et al. (2011) compared housing outcomes for foster youths to a matched sample of youths who shared similar risk factors. These researchers found that youths who were formally in care “struggled more in the transition to independent living in comparison, showing higher rates of homelessness, less housing stability, poorer neighbourhood

quality, and more reliance on public housing assistance” (p. 2119). This research suggests that being a youth from the child welfare system is a risk factor in and of itself for homelessness.

Research supports the importance of stable housing in the lives of children, families and individuals as the foundation of further positive outcomes (Crowley, 2003; Nunez, 2000). When stable, safe, affordable housing is not available or accessible, it can be difficult for youths who have transitioned from care to become stable in other areas of their lives such as education, employment, mental, emotional and physical health and otherwise (Kushel, Gupta, Gee, & Haas, 2005; Phinney, Danziger, Pollack, & Seefeldt, 2007; Reid, Vittinghoff, & Kushel, 2008).

As youths in the general population move through the transition from adolescence into an adult role, they face all the challenges commonly associated with this shift such as moving away from caregivers and finding secure housing. It is not uncommon to see youth moving in and out of the family home, with varying degrees of dependence and independence (Arnett, 2000; Cherlin, Scabini, & Rossi, 1997; Goldscheider & Goldscheider, 1999, 1994; Schoeni & Ross, 2005; Settersten, Furstenberg, & Rumbaut, 2005). This transition is much more difficult for former foster youths (Brown & Wilderson, 2010) as they do not have the safety net of their family of origin and are not offered the option of multiple transitions from being cared for and having to care for themselves. For example, it is common for youths in the general population to return to live at home multiple times throughout early adulthood (Jones, 2002). In contrast once a youth has left the care of the child welfare system in Manitoba, the youth is not permitted to return.

One way of looking at this transition from adolescence to adulthood is through the conceptual framework of emerging adulthood. Arnett (2004) describes five main features of emerging adulthood: identity exploration, instability, self-focus, feeling in-between and the age

of possibilities that define emerging adulthood. These elements set emerging adulthood apart from adolescence and early adulthood, which bookend this life stage. This framework is helpful in understanding the shift in the way people transition to adulthood in recent years. The transition has been extended as a result of multiple societal changes including delaying marriage and child rearing and a greater focus on post-secondary education. This more gradual shift from adolescence to adulthood is also made possible by continued familial support through this life stage. In addition, this gradual transition to adulthood allows for variations in developmental maturity among emerging adults. If a young person is not developmentally ready to live on his or her own at 18 years of age, he or she has the option of continuing to live with their parental supports until they are.

The age at which youths typically leave care does not necessarily reflect the age at which youths are developmentally ready to live on their own. The inflexibility of the child welfare system to take into account the variation in the developmental age of youths as opposed to their chronological age is one of the reasons for the poor housing outcomes for youths aging out of care (Macdonald, 2011; Schibler, 2006). Emerging adulthood allows for these variations in developmental maturity, since youths in the general population experience a gradual move into adult roles and responsibilities.

Some youths in care in Manitoba are granted extensions in care past their 18th birthday. An *extension in care* is an agreement between a Child and Family Services (CFS) agency and a youth, granting the youth additional time in care past his or her 18th birthday to a maximum of 21 years of age. The extension in care allows youths a little more time to transition from adolescence to adulthood, while still being supported. These youths are sometimes connected to programs that are aimed at developing independent living and life skills. Manitoba Family

Services, the provincial government department that is responsible for child welfare, is responsible for a variety of social services and programs. These services and program are either delivered through the Department or by other community-based partner organizations. The Department is organized into four divisions. They are Administration and Finance, Community Engagement, Corporate Services and Child and Family Services (CFS). As outlined on the government of Manitoba website (“About Family Services,” n.d.), CFS performs the following functions:

CFS works with and provides funding to the four CFS Authorities, the CFS agencies, and many community-based agencies to: work with communities to provide early intervention and prevention services for children and families, assist at-risk families, and keep children safe and protected. CFS also focuses on implementing new initiatives, policy and program development, budgeting, building organizational capacity, setting standards, monitoring, quality assurance, evaluation and training.

Some community-based agencies provide independent living services, which cater to youths transitioning from care, some examples are: B & L Resources for Children, Youth and Families’ Supported Independent Living, Marymounds’ Independent Options Program and SATH/S.T.A.G.E.S. Specialized Adolescent Treatment Homes. Additionally, some of the various CFS agencies offer their own independent living programs.

MYS is a Manitoban, community-based, non-profit agency, which provides independent living services to youths in care. MYS supports youths in the care of Child and Family Services in a variety of capacities in either placement or support services. One avenue of support is through the transition services they provide to youths 16 to 21 years of age. The transition program was once called the ILS program, however, as of 2014, the ILS program was blended

into a new department with the title of Transition Services. Prior to this program restructuring, the ILS program was the primary MYS program that offered preparation services for youth for life post-care through life skills training. The ILS program staff would assist youth entering the program from either group homes or foster homes in securing their own apartment. Once secured, the youth would live independently with the assistance of a staff of youth care practitioners who would assist them in acquiring the skills necessary for life after discharge from care such as budgeting, cooking, cleaning, securing employment and maintaining healthy relationships. The youths also had access to educational assistance, a work program, cultural as well as recreational activities and a therapist. Youths would enter the program between 16 and 18 years of age, and most youths were granted extensions in care in order to remain in the program past their 18th birthday.

I drew my sample of youth participants from MYS's ILS program because of my personal connection to the program. I worked for MYS for four years and thus developed good relationships within the agency. I proposed my study to members of the clinical team, who then brought the proposal to the Executive Director who agreed to support my research project (Appendix A).

The objectives of this study are twofold: (a) to capture first-hand the voices and experiences of youths who have lived under this system of Child and Family Services, which will shed light on the strengths and weaknesses of the system and suggest what can be done to improve it, and (b) to provide additional evidence for policy makers, politicians and other public servants that demonstrates the need for change. It is only through changes to present policy and legislation that fewer youth who have formerly been in care will fall victim to life on the street.

This thesis is organized into five chapters. This chapter is an introduction to the study. Background information on youth in care in Manitoba, an examination of the literature related to transitioning from care and outcomes post-care, the conceptual framework of emerging adulthood and the rental situation in Winnipeg facing youths post-care are provided in Chapter 2. In Chapter 3, the methods used to examine the research question are outlined. The results, organized into the six themes that emerged from the data: *Unstable Housing and Homelessness Post-Care, Lack of Formal Supports Post-Care, I Want to Do it On My Own, I Wish I Could Return to Care, Am I Ready for Life Post-Care? and I Take Responsibility for Where I am Now* are presented in Chapter 4. The results are discussed through the lens of the literature as well as the conceptual framework of emerging adulthood in Chapter 5. Finally, recommendations as well as limitations to the study are also explored in Chapter 5.

CHAPTER II

Literature Review

Background Information: Youth in Care in Manitoba

A youth *in care* refers to a child who is a ward of the state (Schibler, 2012). In the 2014-2015 fiscal year, there were 10,295 children in care in Manitoba, 3,191 of whom were youths between the ages of 13–17 years of age (Manitoba Family Services Annual Report, 2014-2015).

Approximately 500 youths age out of care each year in Manitoba (Schibler, 2006). The term *age out of care* referrs to a young person who is no longer supported financially or otherwise by Child and Family Services (CFS) because he or she has reached the age of majority, which is 18 years of age in Manitoba. As mentioned earlier, an *extension in care* is an agreement between a CFS agency and a youth, granting the youth additional time in care. Extensions in care are granted on a case-by-case basis, but are typically given to a young person who is in the midst of schooling and who requires extra time in care to complete the program. These extensions in care are usually given in three or six month intervals and are reviewed prior to the approval of an additional extension. Additionally, these extensions may be revoked at any time, often leaving the young person with a deep sense of insecurity (Schibler, 2006). According to the 2014-2015 Manitoba Family Services Annual Report, 168 youths were granted an extension in care in the 2014-2015 fiscal year, 20 more than the previous year but far less than years prior. For example, there were 435 extensions granted in 2012-2013 (Manitoba Family Services Annual Report, 2012-2013), and 405 in 2010 (Schibler, 2012). The 2014-2015 report did not include the number of youths on extensions in care in the total number of youths in care in Manitoba. If it had, the total number of children in the child welfare system in Manitoba

would total 10,403 (10,295 youths in care as reported by Manitoba Family Services plus 168 youths on extensions).

Part of the difficulty in transitioning from care is that youths leaving care may lose relationships that were established while in care. Typically, once a youth has reached the age of majority, he or she is required to move out of the current placement (e.g., foster home, group home, independent living program or shelter) and find his or her own housing accommodations and a means by which to support himself or herself. Ideally, there would be a plan in place long before the youth has approached this age. Unfortunately, often this is not the case. All too frequently, a young person is cut off once he or she turns 18, with nowhere to go. These young people will often turn to their biological family where little to no relationship exists after many years of separation (Schibler, 2006).

Youth in the care of Child and Family Services have one of three distinctions: (a) Voluntary Placement Agreement (VPA) status, (b) Permanent Ward (PW) status, or (c) Temporary Ward (TW) status. Voluntary Placement Agreement status indicates that the legal guardian is not CFS; however, the responsibility of care falls to CFS. The legal guardian (often the parent) can terminate the VPA agreement at any time. Permanent Ward status indicates that a child is in care by way of a permanent order granted through the court or by a voluntary surrender of guardianship by the legal guardian. In this case, the youth is permanently in the care of CFS and CFS acts as the legal guardian of the child, assuming all responsibilities associated with this role. Lastly, Temporary Ward status indicates that the legal guardian may or may not be CFS, depending on the situation. These three distinctions are important, as their application results in a difference in the services available to the respective youths in care. Increasingly, CFS agencies are making family reunification a priority. More youths in care are under

Voluntary Placement Agreement or Temporary Ward status as opposed to Permanent Ward status because CFS is making family reunification a priority. Only young people who have Permanent Ward status are eligible for extensions in care, even though many youths with Voluntary Placement Agreement status have had their agreements renewed for many years and have limited relationships with their families of origin (Schibler, 2006). Extensions in care being denied to youths with Voluntary Placement Agreement status is of great importance, as there were 618 youths in the 2014-2015 fiscal year who will not have access to this option (Manitoba Family Services Annual Report, 2014-2015).

Youths in and from care are an especially vulnerable population. The United Way of Calgary and Area issued a report in April 2011 entitled *Towards Resiliency for Vulnerable Youth*, which defined vulnerable youth as:

Youth who face significant barriers to achieving or maintaining well-being. Drivers of such vulnerability often relate to underlying issues of poverty, exclusion, family breakdown and violence. Literature on the topic recognizes that certain groups are consistently over-represented amongst youth who experience vulnerability and thus define vulnerability according to such risk-factors. While the presence of a risk factor does not guarantee vulnerability, it does increase the likelihood of such vulnerability and related risks of negative developmental outcomes and unsuccessful transitions into adulthood. High-risk groups include, but are not limited to: youth with addictions, youth in government care, street-involved youth, homeless youth or youth at risk of homelessness, Aboriginal youth, immigrant and racialized youth, youth involved in the criminal justice system, youth with mental illnesses, youth with mental or physical

disabilities, youth living on low income and youth who have experienced physical, emotional or sexual violence or abuse.

Because the youth participants shared many of the characteristics of a vulnerable population as defined above, I felt this definition was suitable to guide my work.

Aboriginal Youths in Care

Aboriginal youths are over-represented among youth in care. According to Statistics Canada's 2011 National Household Survey (2013a) 48% of 30,000 children and youth in foster care across Canada are Aboriginal although Aboriginal people only make up 4.3% of the Canadian population. In Manitoba, the numbers are even more concerning as 23% of the child population is Aboriginal, and about 87% of the children in care are Aboriginal. Aboriginal children and youths are clearly overrepresented in the child welfare system. In fact, by 2003, more Aboriginal children found themselves in care than there ever were in residential schools (Gough, Trocme, Brown, Knoke, & Blackstock, 2005).

The reasons for this overrepresentation are as complex as they are unclear. What is certain, however, is a root of this issue can be found within the historical context of colonization and government policies surrounding Aboriginal assimilation such as the residential school system and the Sixties Scoop (Gough et al., 2005). I cannot discuss youths in care without also addressing this heartbreaking over-representation, and it is important to keep this over-representation in mind when looking at any issue facing Canadian youths in care.

Youths in Care are Expected to Transition to Adulthood Sooner Without the Benefit of a Familial Safety Net

According to Arnett (2004), adolescents now experience a gradual shift from teen to adult, as opposed to the abrupt shift common to generations past. This gradual transition to

adulthood is facilitated by a familial safety net, which allows youths the opportunity to return home when they meet with life struggles, as well as continued financial and emotional support.

Turning 18 years old does not automatically turn an adolescent into an adult, capable of managing adult responsibilities. Moreover, The Office of Children's Advocate notes "although youth mature at different rates, the majority of youth in care are younger mentally than their chronological ages" (Schibler, 2006, p. 62). It is during emerging adulthood that a youth continues to develop cognitively, psychologically, physically and socially.

Typically, youths continue to have access to familial support and resources beyond the age of 18, which assist in this transitional phase of emerging adulthood (Collins, 2001; Goldscheider, 1997; Maughan & Champion, 1990). There has been a considerable increase in youths still living at home beyond the age at which their parents anticipated them leaving. According to Beaupré, Turcotte & Milan (2006) "the largest growth has occurred among young adults in their late 20s or early 30s: between 1981 and 2001, the proportions doubled from 12% to 24% for those aged 25 to 29." This is the age range labeled by Arnett (2000) as emerging adulthood. In 2011, 42.3% of Canadian youths between the ages of 20 and 29 were still living in their parents' home (Statistics Canada, 2013b). In addition, parental financial assistance during emerging adulthood totals 23 per cent of the total amount provided during childhood (Beaupré et al., 2006).

Clark and Davis (2005) note that youth in the general U.S. population leave their parental home on average at age 23. They will often return home after initial attempts at independence, and many do not leave home for good until the age of 28. According to Schoeni & Ross (2005) young people in the US also rely heavily on their parents for financial and emotional support while they transition to adulthood and independence. Parents provide roughly \$38,000

for food, education and housing, or direct cash assistance to their adult children between the ages of 18 and 34 (Schoeni & Ross, 2005).

The phenomenon of parental support for their emerging adult children is in stark contrast to the approximate 500 youths who age out of care each year in Manitoba largely without the option of living with supportive family (Schibler, 2006). The child welfare system could better replicate a biological family by allowing youths in care the option to remain in care longer. The Report from the Youth Leaving Care Hearings (2012) held in Ontario, recommends that youths in care have the opportunity to return to care after withdrawing, just as youths in families may leave home and return several times before attaining successful independence.

Homelessness and Housing Instability

According to *Raising the Roof*, Canadian estimates show that 68% of homeless youth were once in the care of the child welfare system (*Raising the Roof*, 2009). On the night of October 25, 2015 the authors of the Winnipeg Street Census sought to count how many people were experiencing homelessness in Winnipeg, and also to learn why they were homeless. The authors, Nino and Godoy (2016), found that about 27% of people surveyed without shelter were between 17 and 30 years old, and just over 49% of the 1,400 people surveyed reported time in the child welfare system. The number of homeless respondents reporting past child welfare involvement is an increase from the 43% reported in 2011 by the Winnipeg Street Health Report in a convenience sample of 300 people who reported homelessness (Gessler, Maes, & Skelton, 2011).

A major challenge faced by youths post-care is locating and securing safe, stable housing. Prior research on youths who have aged out of care suggests that most youths are unable to secure housing, and that homelessness is all too common (Barth, 1990; Berzin et al., 2011;

Brandford & English, 2004; Cook, Fleishman, & Grimes 1991; Collins & Curtis, 2011; Courtney et al., 2001; Dworsky & Courtney, 2009; Festinger, 1983; Osgood, Foster, Flanagan, & Ruth, 2005; Pecora, et al., 2003; Pecora, et al., 2005; Reilly, 2001; Rutman, Hubberstey, Feduniw, & Brown, 2006). In their U.S. study using data from a longitudinal study, Courtney and colleagues (2011) examined both the occurrence and predictors of homelessness among a sample of youths from three Midwestern states who had recently aged out care. Courtney et al. (2011) found that the youths had experienced multiple periods of homelessness, which demonstrates the pervasive nature of this problem. Wade and Dixon (2006) looked at the early housing and employment outcomes of youths leaving care and noted that housing assistance emerged as a key area of service required for these youths. Wade and Dixon (2006) also showed that having a positive housing situation was the factor most closely associated with positive mental well-being for the youths in their study. Here we see that positive housing outcomes are interconnected with positive outcomes in another life area. The opposite is also true as it is difficult to obtain positive outcomes in other life areas such as education, employment, and physical health without a stable housing situation (Collins & Curtis, 2011).

If youths are lucky enough to find housing, it's unlikely to be stable. Lack of housing stability is another challenge faced by youths post-care. Housing stability in the research refers to the frequency with which an individual has moved from one housing situation to another. The U.S. literature points to a lack of stability in housing for youths post-care, noting that many youth have moved many times since their discharge from care (Cook, 1994; Courtney, et al., 2014; Dworsky & Courtney, 2009; Reilly, 2003).

Youth Fare Better the Older They are at Discharge from Care

The literature makes a clear connection between outcomes for youths post-care and their age at discharge. *The Midwest Evaluation of the Adult Functioning of Former Foster Youth* study (Courtney et al., 2011) conducted in the Midwestern United States, found that youth fare better post-care when they are discharged at 18 as opposed to earlier. *The Pilot Study: The Child Welfare System and Homelessness among Canadian Youth* found similar results (Serge, Eberle, Goldberg, Sullivan, & Dudding, 2002). The age at which a youth left the child welfare system directly correlated with the likelihood of homelessness: the younger the youths at discharge, the more likely they were to become homeless.

The age at which youths typically leave care does not necessarily reflect the age at which youths are developmentally ready to live on their own. The inflexibility of the child welfare system to take into account the variation in the developmental age of youths as opposed to their chronological age is one of the reasons for the poor housing outcomes for youths aging out of care (Macdonald, 2011; Schibler, 2006). Emerging adulthood acknowledges these variations in developmental maturity, where youth in the general population experience a gradual move into adult roles and responsibilities. A system that took an emerging adulthood perspective might do more in supporting youths transition from care, such as assisting with housing supports for example.

There is a growing consensus among both service providers and the literature (Courtney et al., 2014; Jones, 2011a; Macdonald, 2011; Mann-Feder, 2007; *Raising the Roof*, 2009; Schibler, 2012; Wade & Dixon, 2006) that youths should have the opportunity to remain in care beyond the age of 18, possibly up to 24 or 25 years of age, given that the age at which youths move on from their family home has increased during the past two decades (Beaupré et al.,

2006). An increase in the age of eligibility to remain in care would be consistent with the conceptual framework of emerging adulthood (Arnett, 2004).

Acquiring Affordable Housing in Winnipeg, Manitoba

It is clear that youths who have been in care struggle when it comes to positive housing outcomes post-care. Accessing housing can be a particular challenge for youth living in Winnipeg, Manitoba because of the low rental vacancy rate, which stood at 2.9% in October 2015 (Rental Market Report, Manitoba Highlights, Fall 2015). The average cost of a bachelor suite in Winnipeg is \$613/month and \$813/month for a one-bedroom apartment.

The average eligible single individual would receive approximately \$677 a month through Employment and Income Assistance (Employment and Income Assistance for the General Assistance Category, 2015). In addition to this monthly amount, EIA recipients receive a Rent Assist Supplement of a maximum of \$511 a month for a possible maximum total of \$1,188 a month (B. McDonald, Community Service Delivery Division, Manitoba Family Services, personal communication, March 1, 2016). This total of \$1,188 must cover rent, food, utilities, clothing, hygiene items and transportation. For example, a monthly bus pass currently costs \$88.55 in Winnipeg (“Transit Fares,” 2016). A youth from care would likely receive approximately \$1,188 a month in total income. If we were to subtract \$813 from \$1,188 for rent on a one-bedroom apartment and \$88.55 for a bus pass, it would leave the youth with \$286.45 a month to cover all remaining monthly expenses.

Manitoba Housing units are an option for youths from care. When applying for this subsidized governmental housing, the youths are often faced with unreasonably long wait lists of up to several years, depending on the youth’s individual circumstance (Courtney et al., 2014). The long wait list discourages youth from applying for Manitoba Housing. Once an application

is submitted it must be renewed yearly in order for an applicant to remain on the list, and youths often feel it is not worth the trouble.

Gaps in Literature

Collins and Curtis (2011) note that clarification is needed in the research regarding the details of youth homelessness post-care. For example, what does homelessness mean for the youths? Would they consider themselves homeless if they slept on a friend's couch? Would spending the night on the street meet their definition of homeless? Understanding these details of the specific living conditions post-care from the youth's perspective is an important unexplored gap in the research. Collins and Curtis (2011) note that no study has provided an in-depth analysis of the living situations of youths post care (p. 391), and "thus, there is a need for greater understanding of nuance and perspective of the young person" (Collins & Curtis, 2011, p. 396). Collins and Curtis also point out that the housing needs of vulnerable populations do not get sufficient attention in the literature "despite substantial recognition that it is difficult to obtain other important outcomes (i.e., education, employment, good mental health and physical health) without a stable housing situation" (2011, p. 396).

When comparing other child and youth related public policy concerns such as childhood obesity, suicide, domestic violence and bullying, youth homelessness has received little attention from the public and from policy makers (Kidd & Davidson, 2009). There is limited qualitative Canadian research on the topic of youths transitioning from the child welfare system that asks the youths themselves about their experiences, although recently the body of research has been growing (e.g., Courtney et al., 2014; *Youth Engagement Strategy*, 2009; Higgit, Wingert, & Ristock, 2003; The Office of the Children's Advocate report entitled Youth Focus Group Series: Transitioning from Care [Youth Focus Group Series: Transitioning From Care], 2013; Gaetz,

O'Grady, Buccieri, Karabanow, & Marsolais, 2013). Homelessness is a pervasive problem facing youths from care, and homelessness leads to poor outcomes in other life areas; therefore, it is important to further our understanding of the housing experiences of youths post-care in order to better understand what can be done to begin to relieve this problem.

This study seeks to begin to fill the gaps in the research by capturing a detailed understanding of the youths' subjective experiences of life post-care, including details of their living arrangements and what homelessness means to them. I will begin to fill the gaps by seeking to answer one central question: "What are the post-care housing experiences of youth who have transitioned from care through the ILS program offered by MYS?"

Almost half (49.2%) of the homeless population in Winnipeg, Manitoba has experienced life as children in the care of the child welfare system (Nino & Godoy, 2016). My study will add to the present knowledge surrounding the housing experiences of youths post-care to assist in understanding more fully this pervasive problem in our city.

CHAPTER III

Methods

The methods that were used to examine the research question will be outlined in this chapter. This study seeks to answer one central question: “What are the post-care housing experiences of youth who have transitioned from care through the Independent Living with Supports (ILS) program offered by MacDonald Youth Services (MYS)?” As capturing the voices of the youth participants was of primary importance, it was most appropriate to use qualitative methods so as to best capture the essence of the youth’s lived experiences. Qualitative methods such as the in-depth interview, allow for a complex detailed understanding of the issue under investigation. “This detail can only be established by talking directly with people . . . and allowing them to tell their stories” (Creswell, 2007, p. 40).

Sampling

The target population for this study was two-fold. The first was youths between the ages of 18 and 29 who were once in the care of Child and Family Services (CFS) and transitioned from care through Macdonald Youth Services (MYS) Independent Living with Supports (ILS) program. The participants from this target population were no longer receiving financial support from Child and Family Services and had been out of care for a minimum of one year at the time of the interview. The second target population was service providers. I contacted staff working for agencies that serve youths who are in care, or who were once in care. These individuals worked in a professional capacity with youths in and from the child welfare system. Some examples of potential agencies and organizations the service provider sample may have been drawn from are Child and Family Services, Marymound, Resource Assistance for Youth (RaY), Ka Ni Kanichihk, the Addictions Foundation of Manitoba, B & L Resources for Children, Youth

and Families, SATH/S.T.A.G.E.S. Specialized Adolescent Treatment Homes, Voices, Building Futures and MYTEAM. All service provider participants met the following criteria: Were at least 18 years of age and had worked with youths who are or were in the care of the child welfare system. Accessing service providers and learning from their experiences working with this population allowed for additional perspectives on the research topic.

Since the target youth population was quite small, nonprobability sampling was appropriate (Singleton & Straits, 2005). The convenient cases type of nonprobability sampling method was used “which represents sites or individuals from which the researcher can access and easily collect data” (Creswell, 2007, p. 126). My relationship with the ILS Program Manager and MYS facilitated my access to the desired population. This study was supported by MYS (Appendix A) and ethics approval was given by the Joint-Faculty Research Ethics Board at the University of Manitoba (Appendix B).

Recruitment

Some youths continued to informally utilize services provided through MYS and the ILS post-care. Several of these youths also continued to have a relationship with the ILS Program Manager; consequently the ILS Program Manager assisted in recruiting participants. She informed two youths who were once in the ILS program about my study and provided them with the following information:

- verbal details of the study (Appendix C);
- there was a \$30 honorarium;
- there was no obligation to participate;
- the study was not an evaluation of MYS and not commissioned by MYS;
- the study was conducted solely by the researcher for her university studies;

- a written description of the study (Appendix D);
- the researcher's phone number and explained the process of connecting with the researcher if the youth chose to participate;
- an explanation that neither she (the program manager) nor any other MYS staff (with the exception of the researcher) would be made aware of the youth's decision whether or not to participate in the study;
- an explanation that the youth's decision whether or not to participate would in no way impact the youth's involvement with MYS;
- an explanation that participants could choose to withdraw from the study at any time should they agree to participate; and
- an explanation that the youth was in no way obligated to contact the researcher.

The program manager informed two youths of the study, these youths then contacted me by phone to participate. I reiterated the details of the study (Appendix C) and reviewed the same information as listed above. If the youth indicated an interest in participating, we arranged a time and safe place to meet. The remaining eight participants heard from their peers about the study, and connected with me. Unexpectedly, a snowball sampling method emerged.

To locate service provider participants, I contacted staff at youth serving agencies either by phone or email and provided a brief verbal summary of the study (Appendix C). Once staff members indicated they were interested in participating, I provided a written description of the study (Appendix D) and arranged a date, time and comfortable location to conduct the interview.

Ethical Considerations

I had a pre-existing relationship with the participants as I once worked as a Youth Care Worker in the Independent Living with Supports Program, and continued to work for the

program on a causal basis at the time of the interviews. This relationship may have influenced:

(a) the youths' decisions to participate in the study, as well as (b) the youths' interview responses. Because the youth participants were from an especially vulnerable population, special care was taken. I was aware of the power inherent in my role as a researcher and in my past working relationship with the youth. It was my goal to ensure I did no harm, and that any individuals who chose to participate in this study did so willingly, with full understanding of the purposes of this study and the use of the data collected. I was able to mitigate these inherent power challenges by: (a) providing all information surrounding the study to participants prior to signing any consent forms; (b) ensuring participants knew they were not obligated to participate; (c) ensuring participants knew that they could stop participating at any time without fear of penalty or repercussion (and that they would still receive the honorarium); and (d) using semi-structured interviews to allow participants some control over what was discussed during the interview process.

In the case of the service provider participants, again, I was aware of the power inherent to my role as a researcher. I followed the same procedures as outlined for the youth participants above to mitigate this power differential.

A detailed ethics protocol was submitted and approved by the Joint-Faculty Research Ethics Board (Appendix B). In all aspects of this study I adhered to the strict ethical guidelines outlined in the ethics protocol.

Informed Consent

All participants were fully informed about the purpose of the study and the tasks they were asked to perform. This included asking whether or not they would like to participate in member checking, after I outlined what the process would entail. I explained that member

checking would consist of a phone call after I had reviewed the interviews and analyzed the data. I would then ask the youths if I had correctly captured the information they provided through the interviews, and ask if there was anything they wished to change or add. The participants were asked to read the written description of the study (Appendix D) and consent form (Appendix E or F) and sign the form once they agreed to be interviewed for this study, which all the participants did. I read the information regarding the study (Appendix D) and consent form (Appendix E or F) out loud to the youth participants who struggled with literacy. I also provided several opportunities for the participants to ask questions regarding the information shared with them and made every effort to ensure their comprehension surrounding the details of the study and the consent form.

The informed consent form included the following information: study details, purpose of the study, procedures that would be used, risks and discomforts, potential benefits, details surrounding the honorarium, confidentiality, and the rights of participation and withdrawal. Though none of the participants did so, it also contained my contact information in the case where the participant wished to contact me with any questions regarding this study after the interview had been completed. The participants expressed consent verbally as well as in writing through signing the consent form. Two copies of the consent forms were signed, the participant took one copy and I retained a copy.

Confidentiality

Only my supervisor and I have access to the data. Identifying information was collected via consent form (Appendix E or F). I did not refer to participants by name during the interviews so as to ensure anonymity on the audio recordings. Pseudonyms were used in place of the participant names, and all identifying information was removed from the participants'

corresponding files. Additionally, no information containing identifiers was shared with third parties. All transcripts, audio recordings, code keys and files are stored on my password-protected computer, and in a locked filing cabinet in a secure location, protected by key. All identifying information will be destroyed immediately upon completion of the masters' thesis and all anonymized data will be kept securely.

Because of the nature of the study, it was possible that the abuse of children or people in care could be discovered in the course of the study. The consent form detailed the limitations to which confidentiality could be maintained, and noted that if, during the interview, information was shared regarding the past or present abuse of a child (person under the age of 18) or a person in care, I was required by law to report this abuse to either the person's guardian or the authorities. No abuse of children or persons in care of any kind was disclosed to me during the course of this study.

Risks and Benefits

There was the possibility of emotional stress for the youth participants, especially with the vulnerable participants in the group of youth participants. To mitigate this risk, I reminded the youth participants that they had the option of not answering the questions and that they would not be penalized for any unanswered questions. Because of the various ways a youth may be considered vulnerable, I provided a variety of measures to support the youth participants, the first of which was a list of counselling resources that was supplied to each participant. I provided specific instructions regarding how to access each resource, which included phone numbers and addresses. I also explained the services offered by the Mobile Crisis Team, the Crisis Stabilization Unit and the Crisis Response Centre, and explained that I was prepared to access those services and could facilitate access to those services for the youth if the individual chose,

which could include transportation as well as moral support. At the onset of interviews with the youths, I asked for an emergency contact person that the youths could identify in case they became distressed during the course of the research and needed assistance in accessing this support person. The youths could choose to identify an emergency contact or not as identified in a form provided to the youths before the consent form was explained (Appendix G). None of the youth participants became distressed during the interviews, asked to access any of the above-mentioned services, or chose to designate an emergency contact.

A potential benefit of this study for the youth participants is the opportunity to share their hard-earned personal experiences of their housing experiences post-care to possibly influence future policy and legislation. The experiences and expertise shared by the youth and service providers may be consulted to provide evidence for change to the child welfare system. Another potential benefit for the participants could be the feeling that they contributed to the literature by sharing their experiences for my study. All of the above mentioned possible risks and benefits were explained to the youth participants as prompted by the consent form (Appendix E or F).

Data Collection

I used two data collection tools during this research study. The first was the semi-structured interview schedule, which I used to direct the interview session (Appendix H or I). The interview schedule consisted of a series of open-ended and follow-up questions. The semi-structured interview schedule allowed me to ensure the same questions were asked of all participants, while allowing participants some control over the interview process by providing them with the opportunity to explore and discuss other points related to the topic as the participants saw fit. The second tool I used for data collection was the audio-recorder.

Interviews. Once the participants were identified, semi-structured interviews were conducted from August to October, 2014. Some of the benefits of the semi-structured interview include the interviewers' ability "to capitalize on the special knowledge, experience or insight of the respondents" (Singleton & Straits, 2005, p. 222), as well as the ability to rely on previously constructed interview questions to ensure the specific objectives were met. A carefully created interview guide was utilized to guide the interview, which also allowed for the flexibility of exploring additional information related to the research (Appendix H or I). The interview was conducted in a way that facilitated rapport building and comfort for the participant. All interviews took place at locations that felt safe and convenient for the research participants and also safe for the researcher. The interviews all took place in public locations such as coffee shops and restaurants. The interview itself was conducted over the course of one session, which was between 1 and 2.5 hours in length.

Debriefing. Following the semi-structured interview, I read the debriefing script (Appendix C) to the participants. Debriefing included a statement thanking the participants for their time and an opportunity for the participants to bring up any other points they felt would be pertinent to the study. Next, I asked if the participants had any questions, and answered these to the best of my ability. I informed the participants that should they have any other questions, they could contact me at any time. At this time I reminded participants of the local resources list (Appendix J). I reminded the participants that I would be contacting them during my data analysis as all the participants agreed to participate in member checking to make sure I had understood what they had said accurately.

Content Analysis

Rigorous and appropriate analysis of the data is exceptionally important to the quality of the findings (Krippendorff, 2004). I strived to accomplish rigorous and appropriate analysis by closely following the method outlined by Krippendorff (2004) who describes the manner in which to execute content analysis from providing the initial framework and determining units of analysis to coding and developing themes.

The unit of analysis was the transcribed interview. I took both a deductive and inductive approach in the application of the content analysis to the transcribed interviews (Krippendorff, 2004). Through the literature review, particular commonalities emerged, some of which were pertinent to my research question “What are the post-care housing experiences of youth who have transitioned from care through the ILS program offered by MYS?” I utilised the pre-existing findings as a framework in analyzing the interviews. I also took an inductive approach when conducting the open coding, allowing the data to speak for itself, and not forcing it into pre-determined categories found in the literature.

The interviews were then read and re-read several times to gain an understanding of the text and capture the essential meaning (Krippendorff, 2004). I also listened and re-listened to the interviews to ensure I had appropriately captured every element in the transcriptions, as well as to get to know the data as best as possible. The interview transcripts were reviewed line-by-line for important phrases and statements and labeled with open codes as they emerged. As suggested by Babbie and Benet-Martinez (2002), during the process of open coding, I allowed for all and any possibilities to emerge from the data (p. 382). Approximately 50 codes were identified; some examples are *instability*, *being unsafe* and *homelessness*. I utilized a numbered legend to capture the codes that surfaced. The numbered legend allowed me to easily search the transcripts for the

codes. Based on the intensity of the statements as well as the frequency of their appearance as indicated by the codes, categories began to emerge. I colour coded the codes as they fit into larger categories. Subsequently, patterns and contradictions were searched and the categories were compared across units of data (meaning segments of text) and sorted into preliminary themes. These themes were then compared to each other, and I determined if any themes needed to be collapsed or broken apart. The themes were then compared again to the data as suggested by Krippendorff (2004).

In order to substantiate the findings, I utilized three forms of triangulation. Firstly, the data generated through the youths and service providers were compared to each other. Secondly, I compared the findings of my study to the literature. Most of the findings in my study supported the literature. Lastly, I performed member checking with both the youth and service provider participants. Graneheim and Lundman (2004) explain that “participant recognition of the findings” (p.6) is an aspect of reaching validity in qualitative content analysis. I strived for validity through member checking, in which four of the service providers and nine of the youths participated. Creswell (2007) describes other manners in which validity can be reached in qualitative research. He views “validation as a distinct strength of qualitative research in that the account made through extensive time spent in the field, the detailed thick description, and the closeness of the researcher to participants in the study all add to the value or accuracy of a study” (p. 207). Creswell’s description fits well with my experience in conducting research and analysis for my research study. Having worked for MYS for four years, and having pre-existing relationships with the youth participants gave me a special closeness to the youths’ experiences. These personal experiences give me a unique opportunity to have an intimate understanding of the issue under investigation

CHAPTER IV

Results

Participants

Youth Participants

Ten youths were interviewed for this study, six of whom were women, and four of whom were men. Eight of the youth participants were Aboriginal. All ten exited care through the Independent Living with Supports (ILS) Program with MacDonald Youth Services (MYS) in Winnipeg, Manitoba. A break down of some basic information about each youth is given in Table 1.

Service Provider Participants

The six service providers ranged in age from 25 to 40 years of age and had approximately fifty years of combined experience working with youth in and from care. The service provider participants had experience working in a range of youth-serving capacities including working in independent living programs, shelters, child and family services agencies, and in providing advocacy, recreational services, support services, counselling and service navigation. Four of the service providers were women and two were men.

Results

The analysis of the interviews revealed six major themes: *Unstable Housing and Homelessness Post-Care, Lack of Formal Supports Post-Care, I Want to Do it On My Own, I Wish I Could Return to Care, Am I Ready for Life Post-Care? and I Take Responsibility for*

Table 1

Sociodemographic Characteristics of Youth Participants

	Shannon	Ashley	Josh	Jesse	Serina	Jasmine	Ryan	Angela	Dalton	Natalie
Age	21	21	22	25	22	22	23	22	22	22
Received Extension	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Left Before Extension Expired	Y	Y	N	N	Y	Y	N	Y	Y	N
Age @ Discharge	19	19	21	21	19	19	21	19	18	21
Number of Moves Post Care	6	4	9	18	7	8	10	9	7	4
Experienced Homelessness	N	N	Y	Y	Y	Y	Y	Y	Y	N
Schooling	Some college	College diploma, some university	High school, info re post secondary missing	Some high school	College diploma	High school diploma	High school diploma, some college	Info missing	High school	College diploma
No Access to Food at Some Point Since Discharge	Info missing	Info missing	Y	Y	Y	Info missing	Info missing	Y	Info missing	Info missing
Source of Income	Working 2 plus jobs & funding through Band	Working 2 plus jobs & funding through Band	Working full time	Works odd jobs, EIA at times	Working	Works odd jobs	Student loans / EIA	EIA, works odd jobs	EIA	Working part time
Use of Shelter Since Discharge	N	N	N	Y	N	Y	N	Y	Y	Y
Has Couch Surfed	N	N	Y	Y	Y	Y	Y	Y	Y	N
Lived in Rooming House	N	N	N	Y	N	N	N	N	N	N
Lived in Unsafe / Inadequate Housing Since Discharge	Y	N	Y	Y	N	Y	Y	Y	Y	Y
Present Living Arrangements	Apartment w/ roommate	Apartment w/ roommate	Apartment w/ roommate (girlfriend)	Living with friend	Community living	Living with friend	Apartment w/ roommate (girlfriend)	Bachelor apartment, living on own	Renting house with partner	Apartment w/ roommate
Legal Involvement	N	N	N	Y Time spent incarcerated	N	Y Time spent incarcerated	Y	N	Y Time spent incarcerated	N

Note: Y: Yes, N: No, EIA: Employment and Income Assistance

Where I am Now. Each of the first five themes support the literature; the sixth theme brings new information to the topic of youth exiting the child welfare system. Each main theme consists of a number of subthemes, which are described in detail below. In each theme the results were generated from the youth participant interviews, service provider interviews or both.

Capturing the voices of the youth participants is a central goal of this project as they are the experts on their own lived experiences. In order to accomplish this central goal, I have used quotations from the participants, which allow the reader the opportunity to experience the voices of the youths in a way that my interpretation of the data cannot provide on its own. In these excerpts from the interviews, all identifying characteristics or information of any kind that could jeopardize the confidentiality of the participants has been omitted or changed.

Theme 1: Unstable Housing and Homelessness Post-Care

I begin by describing the housing experiences of the youth participants post-care. The description includes whether they experienced homelessness, used a shelter or couch surfed, as well as the approximate number of times each youth reported moving since being discharged from care.

Unstable housing emerged as a theme characterized by multiple moves due to housing affordability, eviction, couch surfing, and unsafe living arrangements, as well as having to regenerate material belongings again and again. All the youth participants experienced housing instability post-care. Unstable housing resulted in a negative impact on school and employment, as well as the youths' ability to meet his or her basic needs.

Description of experiences of homelessness post-care. There was consensus among the youth participants regarding what they defined as homelessness. All the youth participants

agreed that not having a place to call their own is homelessness, which included living on the streets, utilizing shelter services and couch surfing.

Seven of the youth participants indicated that they had experienced homelessness since being discharged from care. Four of these youths had lived on the street. Angela found herself on the street while pregnant and again after her baby was born and taken into care. She described her situation this way: “There were times when I was one of the people in the bushes.” One youth, Josh, experienced a physical injury due to a car accident. After time in the hospital, he found himself needing to rebuild his life from finding shelter to employment:

After that, the car accident happened, I was on the street . . . So for me to get out of it, I had to use resources like friends’ computers and things like that and print out resumes and hand them out and hit the street every single day. If I wasn’t looking for a job, I was sleeping on a park bench.

Josh expressed feeling that he did everything right, and despite his best efforts he still ended up without a home.

Of the seven youth participants who experienced homelessness post-care, three indicated that they had used or had attempted to use shelter services. One youth, Ryan, reported that he was going to use a shelter but was turned away, and he did not try a second time. Angela stayed at a shelter when she was seven months pregnant but was required to leave one week after her baby was born. Jasmine shared that she stayed in a shelter “for a while” after being evicted from her apartment. Lastly, Dalton indicated that he stayed in a shelter for one night after the friend he was staying with was evicted.

All of these seven youths reported that they had couch surfed at some point after being discharged from care. Jesse had only couch surfed since being evicted from the rooming house

he lived in upon his discharge, which is reflected in the approximately 18 times he had moved since being discharged four years ago. Jasmine had also been couch surfing since she was evicted from the apartment she secured upon discharge from care. She had moved approximately eight times in the last three years since her discharge. Ryan began couch surfing immediately upon his discharge from care for about a year, until about one and a half years ago when he and his girlfriend moved in together. The other youths all experienced couch surfing in between other living arrangements, for varying amounts of time from once to approximately eight times. The youth participants had moved from four to 18 times since leaving the child welfare system.

These youths moved for various reasons such as being unable to afford the apartment or house they lived in, being evicted, living with a friend or family member who were themselves evicted or having been kicked out of a friend or family member's home, issues concerning safety, or a combination of these reasons. All of the youths interviewed moved at least once due to necessity, not by choice since leaving care. Each of the above scenarios will be explored in the following section.

Unable to afford rent. Five of the ten youth participants were renting apartments, and the lease was in their name. These five youths were required to move at least once because they could no longer afford the rent. The other five youth participants also had to move at least once because they could not afford to pay for their accommodations; however, these youths had not signed leases and were living with friends or family. As Natalie described, "I couldn't afford the rent. So I had to find another place." Shannon found herself in a similar situation. In her case a roommate decided to move out unexpectedly, leaving her to pay more than her expected share of the rent and associated bills, which impacted her ability to cover all her living expenses:

I was always like, on top of people [to pay their portion of the bills]. Like, and then we started, like, getting behind on bills because people weren't paying them. And then from there, it would just like – this is too much for me. And then one day, my one girlfriend was just like, you know what, I'm moving back to Alberta – Alberta. I was like, what? And she moved like literally within a week of her, like – telling me. So it was like, really bad. So basically, it went downhill for sure.

Another youth, Josh, was required to move out of his apartment because he could not pay the rent after one of his roommates stole money from him.

Serina had to make the decision to leave an apartment secured with the help of the ILS program, in favour of something more affordable approximately two years after discharge from care. “Then it started to go where the money situation was getting kind of hard. And so me and John [boyfriend] both agreed that we should move somewhere smaller and affordable.” The rental increases that accompanied resigning the lease each year were responsible for the increasingly unmanageable cost of the apartment. While occupying the apartment for three years, Serina reported the rent increasing from approximately \$675 to \$800.

Dalton had a similar experience. He was living with friends for a few months and was contributing to the bills, including rent. Eventually it all became too expensive:

So I lived with these guys for about four months. And then I realized the bills and everything are just too hard to take up, but I just found the bills were too much to take care of. I went back to live with my mom. I don't really want to be living off my mom.

None of the youths interviewed for this study reported having applied for Manitoba Housing. One youth found himself living in a Manitoba Housing unit with a family member for a

brief period of time. Other youths had thought about applying for Manitoba Housing, but felt it was not worth the effort as they thought that the odds of getting a unit were very small.

Eviction and being kicked out. Four of the youth participants experienced having to leave their living arrangements suddenly because of eviction or being kicked out. Jasmine reported having been evicted from the apartment she moved into after being discharged from care. She described the situation this way:

Well my man and at the time, we ended up getting locked up [incarcerated] for, like, the weekend. And when we were in there, he [the landlord] says that my sister, who was staying with me, pretty much, like got into a heated argument with him and she went in and damaged, like, my stuff. And he wanted me to pay for the damages that she – she did. And for that, she got me kicked out for that. And I lost my place and when I got out, my locks were changed.

Jasmine had given her sister a place to stay, which resulted in Jasmine's eviction. She was then forced to look to for emergency shelter.

Jesse had a similar experience as he described his friends being responsible for his eviction from the rooming house he lived in at his time of discharge from care:

I got evicted. My friend came over and decided to make a party out of my place . . . the tap it snapped off, so water poured all over my place. And they were sitting there getting high, doing nothing but like, smoking weed. I became homeless at that point.

Dalton was living with a friend when the friend was evicted. Dalton was then required to suddenly find alternative living arrangements. He moved into a friend's basement and contributed to the rent. Similarly, Ryan was asked to leave his friend's home. He described his

experience this way: “So I was there for, like, I don’t know. I’d say like four or five months or something. And they like kicked me out. They kicked my cats out.”

Issues concerning safety. Nine of the ten youths interviewed described experiencing unsafe living environments since being discharged from care. This lack of safety was described in terms of living in inadequate housing, living in what was described as unsafe neighbourhoods, experiencing violence or being exposed to criminal activity.

Dalton shared that he and his girlfriend are presently renting a house that has not been maintained, and is thus inadequate in terms of safety. He describes the condition of the house:

We fear the roof will cave in. There’s just the one heater in that one common area. And there’s a bedroom here and a bedroom there, and they don’t have heat. We had to put blankets of some sort on the baseboard areas because the baseboards areas – when you look at the baseboard area, it’s basically just a piece of wood sitting down supporting the wall. And the breeze comes underneath there and everything. And we’re afraid one day that he’s going to – the landlord’s going to come to the house and condemn it, because that’s how bad it is.

Josh described living in an abandoned house after he had to move out of an apartment because he could not afford the rent. He described the living conditions he found himself in with his girlfriend:

We were living in a house that was abandoned. No hot water. No - limited electricity. No stove. No washer, dryer. Conditions were just gross. We couldn’t afford cleaning supplies. We had cats. You could just imagine what it was like. We were sleeping on torn mattresses – that literally was a mattress on the floor with springs and it was torn. There was no furniture, no nothing. We survived.

Shannon and Ashley lived in what they described as very nice apartments but in unsafe neighbourhoods. They portrayed the buildings as being brand new, mostly comprised of condos with a few units designated as rentals. Shannon described the neighbourhood this way: “The area was bad, unsafe.” The condos described by Shannon and Ashley were converted apartment buildings in the downtown area of Winnipeg. Another youth, Angela, described the neighbourhood she presently lives in as “a bad area.” noting that she doesn’t like the area and would prefer to live somewhere where she feels secure, but she can’t afford the rent in safer neighbourhoods. Jasmine also shared that she has lived in and continues to live in what she described as unsafe neighbourhoods. Lastly, Natalie explained that she moved into an apartment in what she perceived to be an unsafe neighbourhood after being discharged from care. One indication that this neighbourhood was unsafe was the violence she experienced one day after exiting her apartment. She described it this way: “It [the neighbourhood] wasn’t safe. I got jumped once. They took what was in my bag. Not super safe.” She went on to describe moving from this neighbourhood on to several others that she also described as unsafe, noting that the cheapest housing is in the most dangerous parts of the city:

The places that we [brother and his girlfriend] were living in were unsafe. There was a lot of involvement with the police with our neighbours, so, and my brother’s girlfriend was pregnant so that wasn’t a safe environment for the baby or for her or for any of us. So we felt like we had to move.

Natalie then shared that she and her brother, his girlfriend and their child still do not feel safe in their present apartment, as the neighbours continue to have involvement with the police. They plan on looking for another place to live in the spring.

Shannon found herself living with a friend and her friend's family. Several members of the family struggled with addiction and this impacted Shannon's sense of security. She described it this way:

Her family's – how do I say this? Her family has like, a lot of bad addictions. So they were there a lot, and it was, like, not a good environment for me. Like her family is very, very complicated. I started, like, losing things. I was like, I've got to get out of here.

Another youth, Ryan, moved in with a friend into an unsafe environment where he was exposed to violence, substance abuse and other illegal activity:

It was crazy there for awhile. And then, like, I was scared, so, like, I – I had like this fucking pellet gun thing. And I like, stuck it under my pillow in case someone came in, I could like, hurt them at least and then, like, hit them with something. Jordan [friend] started dealing drugs, and I guess there was more.

Jesse moved into a rooming house just prior to his discharge from care, as this was his only affordable option. He described the rooming house this way:

It was bad – we had to share a bathroom. There was no kitchen. I think there was a kitchen, but I just never used it because it was all the way downstairs. Had to cross a big bunch of drugs and everything, and I didn't want to do that.

These youths described feeling unsafe for several reasons, which added to their experiences of unstable housing.

Regenerating belongings again and again. For seven of the youth participants, multiple moves also meant having to regenerate their material possessions. These possessions included furniture, household goods, clothing, hygiene items and personal identification. Having to regenerate belongings is an unexpected hardship faced by the youths as they are not in the

financial position to simply repurchase these items. Also, when applying for identification, presenting identification of some kind is typically required in the application process. When a youth has no identification, generating new identification can be a struggle.

After the end of an intimate relationship, Serina left her apartment with only what she could pack into her car. "I left all of my furniture. I left everything. I packed up my car, and I just packed up my clothes and things I could actually carry, right?"

Many of the youths had accumulated most of the items they needed to furnish and live in their apartments; the apartments they secured with the assistance of the ILS program. Unfortunately, these items were quickly depleted as the youths had to move from place to place. After Jasmine was evicted, she was not able to return to her apartment to retrieve her possessions:

I couldn't grab anything. And when I talked to him [the landlord] about it, he says that there was a – a tenant that already moved in there, and I found out it was his girlfriend but then I found out that my stuff was still in there. I didn't have any more money to, like, you know, continue. I, like, I have no ID's and nothing, like, so. You need an ID to get an ID, you know?

Jasmine is presently pursuing this matter and the landlord in court.

Other youths such as Jesse and Angela experienced couch surfing on many occasions. They noted that when couch surfing, they can only take with them what they can carry in a bag, which often meant having to leave items behind when moving on to the next place. Also, having their belongings stolen was reported as commonplace.

Negative impact on school, employment and meeting basic needs. Six youth reported that having unstable housing negatively impacted schooling and employment and their ability to

meet their basic needs. For example, in describing when she lived with a friend and the friend's family members who struggled with addiction, Shannon shared that she was in an evening class at the time. The stress of her living environment made the task of focusing on schoolwork even more difficult.

Ryan shared that he was attending college full-time when he was discharged from care. It was at this point that he moved in with a friend into an unstable living situation. He described the impact that the discharge from care and subsequent move had on his schooling: "I mean, living at Jordan's is not ideal. I mean, there was, like, drugs and all kinds of weird stuff going on there. And then, so, I kind of went into that, and then I dropped out of school." Ryan described how he became a part of his friend's chaotic world for a period of time, and that this temporarily pulled him away from his goal of completing college.

Serina was completing her last semester in college when she and her boyfriend moved out of their apartment in Winnipeg to his mother's home in Carmen because they could no longer afford the rent. For a few months, Serina needed to be given a ride to the city each morning where she would take a bus to school. She would then have to reverse this process in the evening. Taking this trip Monday through Friday was an added stress that she would not have had to deal with if she had not been forced out of her Winnipeg apartment. Despite these hurdles, Serina managed to finish her program. Serina has worked at least one job, but at times two or three since being discharged from care. She was transferred to different restaurant locations to accommodate her moves; however, the stress of moving, as well as being homeless for a period of time, took its toll. Serina eventually gave up two long-term jobs because of the commute. She did, however, quickly find herself alternative employment. Another youth, Dalton shared that he

“had to lose another job” after the friend he was staying with in Winnipeg was evicted and he was required to move back in with his mom on her reserve.

Jesse and Angela noted that trying to secure employment while homeless felt impossible. These youths shared that not having a mailing address or phone number to be reached at, clean clothes or ID were all barriers to securing a job. These youths worked causally in construction clean up and general janitorial work and were paid under the table. Working under the table allowed these youths to avoid some of the barriers present in working in the traditional sense. For example, the youths may not have the appropriate identification required for a job application or even have a social insurance card, which requires a mailing address. Working under the table would typically be for a company that may turn a blind eye or have more patience for the inconsistent attendance that might accompany the lifestyle of an individual who does not have stable housing, for example.

Of the seven youths who indicated that they had experienced homelessness, not all explicitly stated that they also struggled to meet their basic needs; however, I can confidently make this deduction. Six of the seven youths found themselves without anywhere to go at some point post discharge from care. It is safe to assume that, at times, they also struggled with meeting basic needs such as maintaining adequate nutrition and hygiene. If an individual is homeless, they are also likely to lack access to food and a place to bathe.

Two of the seven youths did, however, indicate directly that they struggled to feed themselves at some point during their time post-care. Josh, for example, shared the following situation:

We had an empty fridge. We were going to the food bank. I don't know how many times I've shown up to the food bank with my girlfriend, and we get a handful of stuff that's

not really enough. It really isn't. A food bank is not the answer. I remember that was our biggest challenge for the longest time was just having food. Something as basic as that was a challenge.

Serina, despite always having employment since her discharge from care also struggled with a basic need: food. At times she could not afford groceries. "I was struggling with not eating 'cause I had no food in the house, basically, and, like, yeah. Everything was overwhelming."

In summary, common to all but one youth participant was the theme of unstable housing post-care. Most of the youths experienced homelessness, eviction, being kicked out of the homes of friends and family and having to regenerate their belongings a number of times. Homelessness and housing instability resulted in negative impacts on the youths' ability to gain or maintain employment and attend school as well as meeting their basic needs. The impact of unstable housing is far reaching, as depicted by the experiences of these youths.

Theme 2: Lack of Formal Supports Post-Care

Formal supports are agencies and organizations that provide supportive services to individuals. Some examples of formal supports are counsellors, therapists, medical professionals, youth care practitioners, mentoring programs, income and employment assistance programs such as Employment and Income Assistance (EIA), and advocacy organization such as The Children's Advocate here in Manitoba. This form of support is typically performed by individuals who are paid to provide the service. I will categories foster families as both formal and informal support. For example, a foster family receives payment when caring for a youth, and their services are organized through an agency of some kind. Receiving payment, and having the service organized through an organization are both elements of formal support. On the other hand, the payment these families receive to care for a young person does not always cover the entire cost of caring

for the youth. Additionally, the foster youths in their care are often integrated into the fabric of the family. Therefore, foster families have elements of both formal and informal support. For the purpose of this discussion; however, I will include foster families as formal support while youths are in the care of the child welfare system, and as informal support once the youths have been discharged. The reason for this distinction is because the foster families have no obligation to continue to support the youths post discharge, nor are they receiving any financial support for the care some of these families continue to provide once youths are discharged from care.

I have chosen to categorize the staff members from the youth-serving agencies in the same way as foster families. While youths are in care, these staff members are paid to provide support services to these youths; they are thus formal support. Once the youths are discharged from care; however, these relationships can continue. The staff members are then performing similar supportive tasks for the youths, but it is on their own time, outside of the organizational structure. When this support is provided to the youths post-care, it is thus informal.

Informal support is provided through a person's personal social network. Some examples of informal support are friends, family, neighbours, a spiritual community and other community members. The supports that the youth participants accessed post-care were mostly informal. These informal supports included past staff and foster families as mentioned above, but also informal supports such as family and friends.

The theme of Lack of Formal Support Post-Care emerged in the analysis of both the youth and service provider interviews. All of the youths indicated that they received support post-care. The following section will outline this support. The following were the sources of support highlighted by the youths: family of origin (biological family), past foster families, staff members they had built relationships with while in care, friends (including roommates and

intimate partners), a spiritual community for one youth, their First Nation bands, EIA, shelters and food banks. The majority of support the youths received post-care was informal and was established after the youths had left the child welfare system, meaning the support was not set up while the youths were still in care. In terms of formal support, four of the youths indicated that they had received EIA, two of the youths shared that they had received financial support from their band, five youths indicated they had accessed a shelter post-care and one youth shared he had accessed a food bank. Five of the youth participants indicated that this lack of support led to feeling alone post-care.

The service providers noted that frequently youths leave care in the same way they enter: lacking support. This lack of support is both in terms of informal supports such as family and friends and the formal support system made up of programs and organizations.

Biological family. Five of the youth participants received no support from their biological families post-care and five of the youth did. The youths from the former group reported no relationship with their family of origin. As Josh noted:

And coming from the system – some people have family. Other people, like myself, I didn't. So you have no family, no support. Most people have large families, at that. Brothers, sisters, cousins, uncles, aunties, mother, father, you name it. For somebody like me, I had none of that.

Coming from the child welfare system inherently suggests that an individual has little familial support. If the youths had significant familial support, the youths likely would not be in the care of the child welfare system to begin with. Therefore, it is no surprise that half of the youth participants did not have support from their family of origin upon discharge from care.

Of the youths who did receive support from their family of origin, the type of support came in many different forms. For example, some youths moved in with family members, others received items such as food and others found emotional support. For example, Dalton moved into his mother's home on her reserve after leaving care prior to the expiration of his extension. He stayed with her for about a year, during which time she helped him enrol in high school. Dalton noted that he "didn't really want to be living off" his mom, and he experienced feelings of guilt. While he lived with her she provided him with the basic necessities of life such as food, shelter, hygiene items and clothing.

Dalton returned to live in Winnipeg, and moved in with a friend. Dalton was eventually evicted, and he found himself with nowhere to store the belongings he had accumulated. His auntie stepped in and helped him transport many of his items back to his mother's home. He in turn, returned to his mother's home until he was able to get back on his feet.

Jesse had a similar experience to Dalton; he returned to live with his biological mother on several occasions after being discharged from care. He would return to live with his mother after other living arrangements had fallen apart. His relationship with his mother was contentious, and thus living with her would not last more than a month or so before either Jesse would leave, or his mother would insist he leave. Eventually Jesse stopped connecting with her all together, feeling that the shelter she provided was not worth the eventual outcome of having to leave.

Ryan also returned to live with his biological mom and dad on several occasions. However, this environment was not stable as his parents often quarrelled and would move in and out of various apartments either together or apart. Ryan also lived with his brother on and off. At one point, Ryan found himself in a very unsafe living situation with friends. His brother physically moved Ryan and his belongings out of this environment and in with him. Unfortunately this

environment was not stable either, as his brother and his brother's girlfriend had their own struggles, including drug use.

Natalie initially lived on her own upon her discharge from care in an apartment. She had saved up her money while in care to cover the cost of rent for several months; however, when her savings ran out she was forced to look for alternative living arrangements. She turned to her brother for support. He was living with his girlfriend who was also a good friend of Natalie's. She then moved in with the two of them. Natalie reported feeling connected to these family members, which included her infant nephew. Together, they moved a total of three times and are looking to move again in the spring because of issues surrounding safety.

Natalie was also connected to her biological mother post-care. She shared that her mother would like to assist her financially but did not have the resources to do so. Her biological mother was a source of emotional support at times, though not consistently.

Jasmine reported very limited familial support. "You know, like family – I'm not really – they don't, like, they don't help me out. They just do their own thing and then, you know, let me, like, struggle alone." After being discharged from care, Jasmine discovered a brother she did not know she had. While in a shelter she reached out to him for help:

Until my brother – like, I – like, I actually, like found out that I had a brother, you know what, I always wanted an older brother to look after me. I called him and was crying my eyes out because, you know, like, I'm scared, and you know. I don't know what's going to happen next. And, you know, like, I'm like, asking him to give me advice, what to do, you know, like, if you can help me, you know, sort of thing. So he actually helped me out with, yeah, like getting me out of that shelter, and like, having a family. He connected me to an old family friend who gave me a place to stay until I can, like, start up again.

Jasmine now lives with her nieces and their father and assists with their care. Her sister, who is the mother of the children, is not in the lives of the children:

So, you know, like – she [her sister] gave up on that responsibility, and, you know, like I couldn't see those kids growing up in foster care like I've done. So I took the responsibility from her. It still hurts me, you know, to be, like, known as their – their mother figure.

Although it saddens Jasmine that her sister is not in the lives of her children, she does find a sense of purpose, belonging and connection through caring for her nieces.

Two youth participants, Shannon and Ashley, had a sibling they relied heavily on for support. In both cases the sibling was also in care. I did not include these two youths in the total number of youth participants who received support from their family of origin, since these two youths only received support from their sibling and no other family post-care. In both cases, these youths noted that they were very grateful to share their experiences pre- and post-care with their sibling and emphasized that this support made their lives easier in many ways.

The support from biological family received by five of the youth participants post-care varied significantly. Some youths lived with their parent, parents or siblings; other youths received emotional support from their family members in times of need and another found a sense of belonging and connectedness. All of the youths interviewed had a desire to connect with biological family, though only some were able to do so.

Two of the six service providers shared their views on youths returning to their biological families post-care. Both James and Rachel agreed that in their experience the reconnection can be positive, but unfortunately, “Most of the time, it's out of necessity instead of out of actual, you know, returning to a loving home. It's a strained sort of reconnection,” as James put it. He

continued stating “finally going back to their biological parents, it's often leading right back to that same abuse and exploitation” that brought them into care in the first place.

Past foster family, staff members and Child and Family Services staff. Five of the youths received varying types of support from past foster placements. Natalie remained connected to a past foster mother, though she feels less close with her now than in the past. Natalie did feel, however, that she could continue to reach out to her for support if needed.

Angela found herself living on the street. She did not know where to go, or who to ask for help. It was at this point that she reconnected with a past foster mother. “I was back on the streets again. Then about a month later, so January, I moved in with my foster mom. And then she helped me get the apartment I’m in now.” If not for the assistance of this past foster mother, Angela may have remained homeless.

The following three youths described feeling supported in every aspect by their past foster families. For Serina, Shannon and Ashley the support they continue to receive from their foster families mirrors what one could expect from a typical biological family.

Serina found herself living with her past foster parents for a couple of months after an intimate relationship came to an end. She refers to them as simply “my parents” as opposed to including “foster,” noting that this is her *family*. Shannon and Ashley also described their past foster placement as simply *family*. They both expressed feeling completely connected to these families, noting that they call their “mother” whenever they need support of any kind. Dalton also reported receiving continued support from a past foster father who gave him a job, as well as a pay advance on one occasion to pay rent.

Four of the youths interviewed reported that staff members they had built relationships with while in care remained a part of their life post-care and provided varying degrees of support.

Josh shared the following: "I know Sarah helped me out. Last October when – right around Thanksgiving. Sarah helped us out that Thanksgiving, with a bit of money, and we were able to get ourselves a nice Thanksgiving dinner." Angela and Jasmine reported continued support through employment given by an agency that provided care in the past. Jesse shared that he remained in close contact with a past staff member who would provide him with food, money for bus tickets, clothing and emotional support as well as assist him in accessing resources. He also shared that when he was released from jail the staff member picked him up from the bus depot and assisted him with applying for EIA. Of the ten youths interviewed, none reported continued support from their social worker or CFS post discharge from care.

The service providers indicated that they have seen better outcomes for youths who have lived with the same stable foster family for most of their time in care as opposed to those who have had multiple placements. They also indicated that the youths who live with a long-term foster placement were more likely to receive continued support from these foster families once discharged from the child welfare system. Five of the youth participants, Natalie, Serina, Shannon, Ashley and Angela were all able to return to their past foster families for many different types of support post-care.

The continued support that these foster families provide appears to be purely out of the goodness of their hearts. They do not receive any incentive of any kind to provide support post-care. James described it this way:

A lot of young people are still in contact with their foster parents, and foster parents are a big part of it, and are, for the large part, very supportive of the youth in their care. It's not just a business for them. But unfortunately, the kids hit a certain age, and they can't be funded anymore."

Susan pointed out that for some foster families, whether the placements be long or short placements, the families are simply not interested in staying connected with the youths once they are no longer in their care. She described it this way: “You know, I’ve met a lot of foster parents that feel like when you move out, we’re done. We’re done being in your life. Even though I raised you for 14 years.” Unfortunately there is no consistency in what type of foster home children find themselves in and whether or not the foster family will continue to provide support once the youths are discharged from Child and Family Services.

Friends. All of the youths interviewed received support of some kind from the friends in their lives. For example, Ryan left the apartment secured for him by the ILS program and moved in with a friend post-care. He was unable to contribute much financially and was living with this friend because he had no other options at the time. Regarding this experience, Ryan shared, “Living at Jordan’s was not ideal. I mean, there was, like drugs and all kinds of weird stuff going on there. And then, like, Jordan and Priscilla have this domestic, like, abusive relationship, basically, right?” Ryan went on to describe the nature of some of these relationships during this turbulent time post-care:

They brought all their chaos, like Lenny, he was shot. I mean, so – I mean, he was shot, so like, he’s, he moved in with Jordan actually, like when I was there. He moved in with all of us.

Ryan had to make some difficult decisions in order to live a different life free from the negative influence of his friends. Ryan ended his relationship with Jordon, someone he had relied on for survival, guidance, belonging and support:

I don’t talk to Jordan anymore. I don’t talk to Lenny anymore, or Sam, or – I don’t really talk to anybody. So it was hard, ‘cause I knew Jordan for, like, 8 years. Me and

Jordan, it was just – I think it was ‘cause, like – Jordan seemed like a really strong person to me, and someone I could kind of look up to him to an extent because he wasn’t scared of anything. You know, so. I kind of, like, looked at him as, like, a brother, right?

He went on to share that he has connected with new friends he met at school and that he is open to new friendships as long as the individuals do not drink or do drugs.

Dalton also spoke of the negative influence of friends:

Like with all my friends, you know, all these other friends always pull me to – let’s go out, let’s go do so-and-so, stay out all night, you know. Let’s go to parties and whatnot. No, it’s – it’s not my life anymore. I’ve turned around. I know what my priorities are now.

Six of the youth participants found themselves living with friends at some point during their life post-care. Jasmine for example shared that she stayed with friends whom she felt were impatient with her:

And then I couldn’t stay with my friend anymore, ‘cause they were getting mad, you know, like that we [she and her boyfriend] were sitting in the house. Meanwhile, we were trying to, like, figure stuff out. So you know, and like – people see different things, and I guess they seen that we were – it seemed that we were lazy. And we were just using them, but really, you know, like, we tried our hardest. You know, people have that – they’re impatient.

Jasmine continued talking about friends whom she grew to mistrust, and that they were negative influences:

You know, people use me and take advantage. And I’m not stupid to see that, you know? It’s like – like, I may be nice, but, you know, it’s like – it’s hard sometimes just being used

for that. That's when you start to, like, stop trusting certain people and, you know, like people you hang around. You know, like, yeah, I hung around with the wrong crowd.

As explained by the youths, friends can provide many forms of support but they can also be a source negative influence. Ryan summarized it best with this insightful comment: "I just kind of made a family of my own, I guess. And – and my family just turned out to be as dysfunctional as my real one." Ryan explained that he sought out a substitute family and ended up with what it was he was already familiar with, dysfunction. The youths indicated that friends were not a stable source of positive support.

Two of the service providers noted that the most common source of support they have seen in the lives of the youths they work with post-care are friends. Often youths will couch-surf, staying with one friend and then another. If it was not for this informal network, many of the youths would find themselves sleeping on the street. Unfortunately, as was pointed out by Ryan and Dalton, some of these friends do not provide safe lodging and the youths can find themselves surrounded by a negative lifestyle they may not have otherwise been exposed to.

Roommates. The cost of housing is often the heaviest financial burden for many youths. One option to lessen this burden is to share the cost with a roommate. Six of the youth participants chose to share the cost housing with a roommate. These youths either moved in with one or several roommates or with an intimate partner upon their discharge from care. Here I am considering an intimate partner as also acting as a roommate.

Three of the ten youths interviewed moved into living arrangements that included roommates immediately after their discharge from care in order to afford rent. The arrangements did not work out in the long term for any of the youths. Josh, for example, had a roommate he thought he could trust steal from him. "I had roommates to help me with my rent and my roommate screwed

me over. He stole money from me, and as a result, I wasn't able to afford rent. Things just went down the drain." For Shannon, living with roommates worked out well at first but after some time; however, it became necessary to seek out another roommate. Even with multiple roommates, the cost of rent was still not affordable. She then sought out another roommate to lessen the financial burden but this created instability in the living arrangements. There were more people living in the house than what it could comfortably accommodate, leading to an environment where people would come and go, and she could never be sure who would be in her home:

So we had, like, a basement, middle floor was, like, another bathroom, kitchen, living room. And then the top floor was three bedrooms and another bathroom. So we're just like, we could fit another roommate in here. And then we got another friend to move in. It was a guy friend. At that point, we started going through roommates. Basically, from there, it just started getting, like, too much. Like, it kind of turned into, like – like all our friends always came over. Like, there started to be too much people there all the time. There was like – it wasn't stable. Yeah. It wasn't a good environment to be in all the time. And then I just felt like it wasn't a stable environment.

These three above mentioned youths needed to move in with roommates post-care in order to afford rental costs. These roommates provided the financial support needed for the youths to secure housing. However, living with roommates opened the door to other problems such as feeling unsafe and insecure while in their own home.

Intimate partner. Dalton, Ryan and Josh moved in with a girlfriend after having been through several living arrangements post-care. These youths remain with these partners and describe the relationships as being positive and supportive both emotionally and financially.

Dalton moved in with his girlfriend about one and a half years ago. He describes this arrangement as working out well. Ryan has also found stability within an intimate partnership. He has been living with his girlfriend for approximately the past year. At first he moved in with her and her step-dad. More recently, they secured their own apartment together. Josh also found a place to call home with his girlfriend. He attributes his present well-being to her support, though at first they experienced housing instability together. “I was living on Magnus with my girlfriend. We had nothing. If it wasn’t for my girlfriend, it would have taken a hell of a lot longer to get back on my feet.”

Three of the youths moved in with an intimate partner immediately upon discharge from care. Serina remained in the apartment secured for her by the ILS program. She was able to afford the rent because her boyfriend moved into the apartment with her upon her discharge and contributed financially. This arrangement worked out for a time, until the annual rent increases forced them to find other accommodations.

Jasmine also moved out of the ILS program upon discharge from care with her boyfriend in order to afford the rent. However, after disagreements with her landlord over an increase in rent that was unexpected and not agreed to in their rental agreement, she and her boyfriend were required to move out.

Yet another youth, Angela, moved in with her boyfriend after leaving care prior to the expiration of her extension in care. The relationship deteriorated resulting in violence against her, which in turn required her to look for alternative living arrangements. Having to find new living arrangements put her in a very difficult position, as she could not afford rent on her own and had no other supports to turn to.

Angela, Shannon and Serina described rushing an intimate relationship due to financial need. These youths described moving in with a partner too quickly because they could not afford rent on their own, and had no other options. Angela continued to live with her then ex-boyfriend until she met another man with whom she started a relationship. This man also abused Angela. Faced with few options, she moved in with his mother in order to escape the violence.

After her siblings decided unexpectedly to move out of the apartment they shared, Shannon described having few options. “I guess the only other option that came to me, like, literally asking my boyfriend to move in, which I didn’t want to do at all. I was like, ah, that’s like, a big step, but, like, you’re [her sister] literally leaving me with this option.” Living with her boyfriend worked out for about a year, before Shannon broke up with her boyfriend and started looking for another place. She moved into a bachelor apartment on her own, but found that although the cost of \$600 a month was only slightly less than that of a one-bedroom apartment, the expense was still substantial. She then became involved in another relationship. She describes the process of her new boyfriend moving in with her:

He just kind of like eased into, like, living with me. It was kind of weird, but, I don’t know, it happened so fast. Basically, the reason he – he, like, eased in – I let him, like kind of move in because it was so much [referring to the rent]. It was iffy. Like, I don’t even now why I let it, like, kind of happen. I was, like still not even sure about us, like even being together. And then we’re just – like, that’s just how my financial situation was at the time.

Shannon also shared that prior to agreeing to have her boyfriend move in, she was living on her own. This was the first time she had ever lived by herself, and that she felt “really, like, kind of lonely.” Perhaps being lonely played a role in her decision to allow her boyfriend to move in at the fast pace at which he did.

Similar to Angela's situation, the relationship took an unexpected turn, and Shannon experienced abuse at the hands of her boyfriend. She quickly left the relationship and moved out. She was able to secure living arrangements with a friend.

Serina also experienced moving in with an intimate partner sooner than she would have liked for both financial and emotional reasons:

And then I met this – I met this guy, too, and then, like kind of rushed it all, like ‘cause I was seeking for support and, like I didn’t want to be alone, so I was like, know what, I can do it on my own, and then I kind of rushed it. It was kind of like, it was a struggle, because we moved too fast, right? So like when you move into someone’s house, it’s kind of – it gets disruptive because you don’t know that person for a long time. Like, you want to get to know them first and then do it.

The male youths appeared to have positive experiences when moving in with a partner. They found positive support, someone to share the financial burden of housing and a sense of connectedness. The female youths on the other hand rushed their relationships. Rushing their relationships included moving in with their partner before it was appropriate due to financial need, which appeared to contribute to dire consequences.

Susan shared that she had seen youths rushing intimate relationships due to financial need. She described it this way:

I think a lot of our kids that, you know, that don’t end up homeless definitely move into roommate situations or relationship situations. I question maybe how quickly people would, you know, move in with their boyfriend or girlfriend if they weren’t in a situation where they couldn’t afford it, right? So they’re rushing into relationships like that.

This service provider had seen the pattern described by three of the female participants.

Spiritual support. One youth participant, Serina, reported receiving support from a spiritual community she connected with post-care:

I went to church and people from church even helped me. I didn't explain to be like, oh, poor me, like I wasn't doing that, but I was just – it was support groups, right? And they just heard like, oh, where are you living? And it's like, well, actually – like my spot is kind of tough right now. And then they just reached out and helped.

Serina described finding the support she needed from this community. She depicted finding a feeling of belonging and encouragement. Serina also lived with a family from this community for a period of time.

Formal financial supports. Many of the youths shared that they received food, clothing, money here and there, and a place to stay from the varying supports mentioned above. Consistent financial support, however, only came from EIA or from a First Nations Band. Four of the ten participants reported receiving EIA, and two of the youths received funds for living expenses as well as tuition from their Band after discharge from care.

The information the youths shared fit with what one service provider indicated, that approximately half of the youths she encountered accessed EIA once discharged from care. Three of the service providers were quick to point out the barriers to accessing EIA for youths post-care. For example, youths cannot start the application process until after being discharged from care and no longer receiving financial support from CFS. Because of this barrier, many youths find themselves without a source of income for a period of time post-care, before being able to access EIA.

Another service provider, James, noted that at a minimum he would like to see the CFS system consistently show the youths how to access EIA step by step, which would include

physically showing them where they must go in order to start the application process. In his experience, many youths are discharged without any idea of how to access this resource.

Formal supports: Shelters, food banks and Manitoba housing. The youth participants were more likely to seek assistance from friends and family than to utilize shelters, Manitoba Housing and food banks. Four of the youth participants indicated they had ever used a shelter post-care, and one youth indicated that he had accessed a food bank, stating “We had an empty fridge. We were going to the food bank.” None of the youth participants indicated that they had applied for Manitoba Housing.

It is not uncommon for youths in care to be placed in youth shelters (Schibler, 2009). Once youths are discharged from care; however, it seems they do not wish to access adult shelter services. Returning to the youth shelter they may be familiar with is not an option, because as an adult they cannot be admitted due to licencing obligations on the part of the shelter.

Two of the service providers indicated that shelters are not youth friendly, and therefore, many youths do not see shelters as an option when they find themselves without a roof over their heads. Danielle described why shelters are not youth friendly:

I mean, there's also the rules that lots of the shelters have, right? Like substance-free in some situations, you have to be there by 8 o'clock to get in line for a bed, and if it's cold, you know, that's – the wait is – or the lineups.

Danielle detailed the stigma faced by the youths when confronted with the need to find a place to sleep:

It's only been one youth that I'm aware of in the five years who actually accessed services from [a shelter]. And it's – it was a stigma for a lot of kids, that they're like, I am not one of

those people who – who needs to utilize that. So they would rather kind of – with their pride, they'd rather spend the night in a bus shelter.

James agreed: “Not many youth that I know will go to shelters.” Susan suggested that stigma might also be the reason that youth are rarely applying for Manitoba Housing:

There's also the stigma associated with being in Manitoba Housing. Lots of our kids don't want to do that. They want to be, you know, financially independent and not have to rely on the supports of others.

Feeling alone and wanting to belong. Five of the youth participants indicated that they felt lonely at times post-care. Feeling alone sometimes led to poor choices regarding who the youth connected with, as in the cases of Shannon and Serina described above, and for others, this meant having nowhere to turn for support when they needed assistance. One youth, Josh, shared that he felt that he had no one to turn to when he needed assistance the most. As mentioned earlier, his roommate stole from him, and left him unable to pay rent. In referring to this situation, Josh shared:

And when that happened, there was nobody to run to. If you don't come up with the money, there's nobody there to do it for you. You have – like I know with my situation, it was – I was fine until something happened in my life that put me in a downward spiral. And then there was no way for me to know how to deal with these situations of experiences I'd never gone through, and there was nobody to turn to for advice. But when you leave the system, if you don't have family, and you don't have anyone to turn to, and you have no guidance, you're stuck to do it on your own.

Another youth, Ryan, noted that realizing he was alone was accompanied by an indescribable feeling. “The moment – you that instinct clicks that you’re alone, it’s – I mean, that’s a feeling I can’t really explain.”

Another youth, Serina, connected these feelings of being alone to the importance of having a sense of belonging. She pointed out that the yearning some youth have to connect to others can lead them to connect with people in a negative way, or with negative people in general. She stated:

A sense of belonging. When you’re in care, a lot of people struggle with a sense of belonging ‘cause there’s that big piece where you’re missing, like for me, like, I’m missing that. And a lot of things is – you can accept everyone, but when you accept anyone in your life, it could be destructive, too.

Lack of services. The service providers indicated that there are not enough formal supports available to youths once they are discharged from care. They no longer qualify for youth services because they are now adults, and they no longer have access to the resources they became familiar with while in care. Susan explained that most youths come into care because they lack supports and then leave care in the same situation:

A lot of times the kids come into care and – and they don't have any other family supports any longer, and then they're with us, and then they're discharged from care and we're gone. And now there's nobody. So, I mean, you know, there's people that help out in unofficial ways, but, you know, that doesn't go very far.

Qualifying for adult services. In order to qualify for some adult services, the youths must have been assessed as having low cognitive functioning while in care. Susan described this situation this way:

You have to be pretty low-functioning to, to, to qualify for adult supports. And I think you have to be a lot higher functioning than 2 points above, you know, the IQ standards. I think – I think there's a grey area for a lot of people. I think there's just so many of those kids that fall through the cracks and they don't – they don't qualify for adult services, but they certainly cannot function, and they've shown from, you know, their – their whole time with us anyway – that, you know, there's so many barriers and things that they're trying to overcome.

Few qualify for adult services because of the high standard of *low functioning* the youths are required to meet. The many youths who do not qualify for adult supportive programs often fall through the cracks, as James points out:

Well, and, I mean, there's – some youth are eligible for adult programs, but not a lot. And the ones that aren't, a lot of the time they just sort of – when they've left care, they're – they don't have any other contact. They don't know who to call.

Connecting youths to services prior to discharge. Several service providers highlighted the importance of connecting youths to the supports they could access once they are adults prior to being discharged from care. Rachel stated:

There's also services, you know, through RAY and Harvest and all those kind of things. But if the young person hasn't been introduced to that prior to, they're less likely to engage, 'cause they don't – that's been my experience, anyway – it's 'cause they don't know either one, how to do it, or two, somebody there that can help them kind of navigate. It's a scary process.

Rachel points out the importance of the youths making personal connections with the formal supports, and how this personal connection can increase the likelihood of the youths accessing a service post-care as it becomes less intimidating.

James pointed out that connecting youth to these supports prior to their discharge from care should be a priority. All too often the planning surrounding a youth's discharge occurs near the end of his or her time in care and is focused more on immediate need, rather than long-term well-being:

Being – having an understanding of programs that they're eligible for instead of – I mean, like a lot of the goals is – is, you know, when somebody's exiting care is whether they can make their first month rent.

Theme 3: I Want to Do it On My Own

Through the analysis of both the youth and service provider interviews, the theme of *I Want To Do It On My Own* emerged. This theme is characterized by the youth choosing to leave care prior to the expiration of the extension in care they received because of the oppressive nature of the child welfare system. Some of the youths expressed feeling controlled by the system. Some of the service provider participants shared that in their experiences, the child welfare system does not adequately allow for opportunities to practice independence.

All ten youth participants reported being granted an extension in care until their 21st birthday. Six of the youth participants chose to leave the care of the child welfare system before the expiration of their extension in care by two to three years. These youths decided that they could live without the safety net that an extension in care could provide. These youths experienced feelings of being controlled by the child welfare system and feeling as though there were too many rules and not enough opportunities to try out independence while still in care.

One youth, Jasmine, shared that she felt that she did not have a good experience in care over all, and was ready to make the choice for herself to put an end to it:

I felt like I was trapped, and you know, like, I didn't have, like my own – like being independently on my own, you know. They wanted to give me an extension until I turned 21, but I didn't – I didn't want to go through with it, 'cause I didn't want to be in care no more. You know, how I was raised and treated from some of the foster care, and, you know, like, it's just a lot of experiences that I went through and that I didn't really want to, like, go through no more, so.

Serina shared that she felt that she was ready to leave the child welfare system: "I decided, you know, okay, I could do it – I could do it; I could live on my own." These youths expressed wanting to make their own choices and ultimately have control of their own lives. As Ashley put it, "I could have [continued with the extension in care] but I just didn't want to. I just wanted to be on my own."

These youths shared that they felt controlled by the child welfare system, and were eager to be free of the rules that were present throughout their time in care. They wanted to make more choices for themselves. As expressed by Serina, Ashley, Shannon and Dalton:

'Cause it feels like you're controlling them and that you don't care and so you just want to be on someone – under their thumb. And that's another big key point. When you're – when you grow up in the system, in the gover—like, with the government, you're under someone's thumb.

(Serina)

Well, basically, I never had too much freedom. I guess that was one of the main reasons – I felt like I was being restricted a lot. I was being held down. Dealing with the workers

and all the rules and everything, and you know, I guess that wasn't really working for me, so that's what motivated me to get out more.

(Ashley)

Like, that's – that's how much rules there were. Like, that's – that was probably the hardest thing for me. I guess just the communication wise, like you're communicating with so many people, where it feels like they're almost like running your life, like, literally.

(Shannon)

I decided I didn't want to be in care anymore 'cause I didn't want to have people telling me all the time what I should do and what I shouldn't. Kind of wanting to be a big person at the time, and so I told myself, I'm done. I ran away from it and came back into the city and signed some papers at CFS, and I was done.

(Dalton)

One youth, Angela, left the child welfare system early so that she could live with her boyfriend. As a child in care, she was not allowed to move in with an intimate partner. Angela chose to leave care so that she could make decisions for herself.

Several of the service providers supported the youths' perspective, making note of the child welfare system being especially restrictive in terms of rules and regulations. These restrictions found in the child welfare system consequently hinder the youths' opportunities to practice independence. Susan shared her perspective as a staff member in an independent living program. She pointed out that wanting to experience life free of rules imposed by caregivers is a natural attitude to have:

Of course when you're 17, 18, 19, 20, of course you're like, I can do this on my own. I don't want to listen to you. None of us realize, you know, just because people tell us what's good doesn't mean that you can, you know, the reality hits until the reality hits, right?

Several of the service providers also noted that youths in care are given few opportunities to practice independence. They pointed out that the system is designed in such a way as to make safety the number one priority, which can impede normal adolescent development. Danielle elaborates:

If you go to, like, a group care situation, they're not provided the opportunity to experience lots of independence because of licensing and safety concerns and all that kind of stuff. And then all of a sudden, they're 18, they're not in care anymore, and they have to learn how to do that all on their own because it's been – it wouldn't be safe or there's a liability associated with letting them make those decisions on their own.

Medication management is a huge one. Like, in group care, right, it's a licensing standard that narcotics and all those kind of medications need to be administered by staff and need to be stored by staff. So how does a young person learn to take their medications independently and manage that without the opportunity? But you can't, because it's a licensing rule . . . safety is the primary concern, so you, like, clamp down on everything in order to keep them safe, but in doing that, you've also kind of created this bubble around them where they aren't given the opportunity to kind of put little feelers out, and test out the waters and see how they can manage on their own.

She also notes that it can be easier for the caregivers of these youths to do everything for them instead of giving them a chance to try out new skills with some guidance:

Well, and I think that there needs to be more of a focus on instead of doing for, helping with . . . And I think that's kind of – it's easier to just do for. It's quicker; it causes less stress. There's no, you know, confrontation; there's no conflict. But it doesn't teach anybody anything . . . And I think that giving people the opportunity to make choices, good or bad, allows them an opportunity to learn . . . And it helps them in the future.

Some behaviours that many adolescents exhibit are deemed unsafe by the adults in their lives, for example, experimenting with alcohol and other drugs and having or attending parties. In the general adolescent population, it seems that these behaviours are often seen as a natural part of maturing and getting older; however, among youths in care these behaviours can lead to violating policies and may result in incident reporting, which is a process of formally documenting and submitting to the child welfare authority anything deemed to be a negative incident. Danielle and Rachel elaborate:

I think also recognizing that they're kids. They're kids in care, but they're kids as well and not expecting that – or kind of – not criminalizing them, but – say for example, a person – an adult at 18 can consume alcohol. But in a – if you're in care, and if you're in some sort of program or even in a – you know, in a foster program, that's not allowed. And there's an incident report, and there's potential consequences for that. But, you know, recognizing this is an 18-year-old person who has the ability to make their own choices.

(Danielle)

Within an independent living program, the expectations of the program around not using, not partying, not having people at your house, are pretty high, and the kids can't follow through with them . . . And then if it's in an – it's the same scenario if they're in just a

private situation where they can't adhere to the rules. They have parties; they have people come over.

(Rachel)

Both the youth and service provider participants agreed that at times the regulations and expectations for youths in care can be unnecessarily oppressive. These youths are under far more scrutiny than youths in the general population. As a result, some youths then choose to leave care prior to the end of their extensions, not having the life experience to know that perhaps they are not adequately prepared for independence. And, unlike like typical youths in the general population who have grown up in a family setting, once the youths in care make the decision to leave the protection and guidance that the child welfare system provides, they do not have the option to return.

Theme 4: I Wish I Could Return to Care

Eight of the ten youth participants indicated they wished they could return to care after having left. This was the case whether they chose to leave prior to the expiration of their extension in care or not. These youths reported having a new perspective on the support they received while in the care of the child welfare system once they were on their own. After living independently for a period of time after being discharged, they came to realize that life without the emotional and financial support of the child welfare system was more challenging than they expected. The service provider participants indicated that allowing youths to return to care after a period of attempted independence would better match the experience of youths in the general population who typically enjoy the safety net of familial support and the ability to go home.

All six of the youths who left care prior to the expiration of their extension in care expressed remorse. These youths wished they had the option to return to care. Angela shared that

she contacted her social worker, who was her legal guardian while in care, and bluntly asked to return to the child welfare system. “I called, actually, my worker and told them I wanted to go back, and she told me no, just no. But if I knew what I know today, I probably wouldn’t have left.”

Other youths, who remained in care until the end of their extension, reported feeling the same way. They wished that returning to care or remaining in care longer were a possibility. Natalie, one of the youth who stayed until the end of her extension in care at 21 years of age, indicated her extension in care being granted until the maximum seemed arbitrary, and that given the option, she would have stayed in care longer.

Most of the youths agreed: They did not realize how difficult life would be post-care without the support they had been receiving. This point is emphasized by Dalton:

It's nothing any better after you're discharged. It's like, I always wanted to be discharged out of CFS and everything. And when I wanted to be discharged out of it, I always thought it was going to be okay, easy life, I could do whatever I want. But it's actually no easy life coming out of CFS after you're done. After being discharged. It's no easy task. If anything, it makes everything just a little bit harder because you have to take on responsibilities now. Some responsibilities you don't think that are big when you're younger, but yeah. I took the road of going out because you know, the past. I didn't really want to be a part of that life anymore, and now, I think about it; it probably would have been a big help if I stayed [in care].

Shannon noted that she would have benefitted from staying in care and in the ILS program longer: “I could have stuck it out. Like, there really, like – I never say that I regret going to ILS because I learned so much. I probably could have stuck it out, like, a lot longer than I did.”

The fact that eight of the ten youths wanted to return to care after having been discharged – whether they chose to leave care or not – speaks to other, larger issues related to the circumstances surrounding a youths’ discharge from the child welfare system. Throughout the analysis of the service provider interviews, the following subthemes emerged: *the right to return to care after discharge, chronological versus developmental age, concerns surrounding the application of extensions, time in care can end abruptly, and struggling with mental health can impede qualifying for an extension*. The following sections will outline what the service providers had to say regarding each of the subthemes.

The right to return to care after discharge. Several service providers shared that they had encountered situations like those the youth participants indicated above. It was the service providers’ contention that youths should be granted the right to return to care after discharge. James shared that, in his experience, youths in care often face larger consequences as a result of poor choices than youths in the general population would. Youths in care experience larger consequences because youths in the general population typically have a family support system to fall back on, whereas youths in care do not. James shared the following:

I think a lot of the times, what I've seen is youth not wanting anything to do with CFS around their 18th birthday, and then realizing a couple of years later that they could use those resources, and unfortunately, they're – once you're out, you're out. Well, and, I mean, that would be something that I would like to see, is changes that when somebody has turned 18 and exited care, having the chance to, you know, reconnect just because they exited care a couple of months before doesn't mean they shouldn't be able to go back to access services. Yeah. I mean, I moved out and moved back in when I was younger. That's just something that was available to me. So – I think it's difficult to be a youth

coming out of care, because any mistakes that you – everyone makes mistakes when they're young. But with youth in care, those mistakes have much larger consequences.

When asked if she thought youth should be able to return to care, Danielle had this to say: “Absolutely. It's a safety net. You want somebody to be able to scoop you up when it's all done, dust you off, and help you.” She suggested that the child welfare system should do its best to duplicate what a biological family would provide, which in this case is the opportunity to return to a supportive caregiver when the going gets tough.

Danielle shared the following thoughts regarding her experiences with youths choosing to leave care, and the youths' CFS agency's response:

I've had some young people who have wanted to discharge themselves from care, and the agency takes them at their word and washes their hands of them. And then a couple weeks later, they come back, like, holy – I didn't really think this through. I should have, you know, been given some time. But unfortunately, once you're done, you're kind of done. Other agencies have been really good and say, you know what, let's try this out for a little bit. I'm not going to take you off my books. And give them the opportunity to come back. But those are few and far between. I think lots of times – and one young lady in particular – she has said that she made a rash decision, and it was. She needed, like, six months to kind of come to the realization that we weren't trying to tell her what to do to be mean or to be her boss, but that we were doing it from a place of concern, and we just wanted to support her. So I think, sometimes, you know, you don't know what you've got 'til it's gone. Kind of thing. And I wish there was an opportunity for kind of take-backs, you know what I mean? I mean, like, it's hard to make a really life-changing decision like

that without having all of the facts in front of you, and I'm not sure that that's presented that way.

The service providers all agreed that after gaining some life experience outside of the care of Child and Family Services, the youth encountered unanticipated challenges. The youths were required to face these challenges without the support of caregivers. Even in the case where youths were anxious to be discharged from care, they often came to realize that they needed the support that being in care brought, whether it was financial or emotional. The system is presently designed in a way that does not allow for youths to return to care after discharge, and this, the service providers agreed, needs to change. Susan eloquently sums up this point:

I think – I think every kid deserves – you know, every kid in care deserves the same that, you know, 80% of the rest of Canada have, where you leave home; it doesn't work out; you come back.

Chronological versus developmental age. In Manitoba most youths are discharged from the child welfare system once they turn 18 years old, often resulting in a youth moving out of his or her present placement on his or her 18th birthday. A youth is considered to be legally an adult at 18, thus the reason for discharge at this age. The youth is now an adult in the eyes of the law. However, as the following service providers indicate, 18 years old chronologically does not necessarily reflect the youth's developmental age. For a youth who struggles cognitively or has emotional challenges stemming from a history of trauma, 18 years old chronologically does not represent his or her maturity level.

These service providers argue that the youth's history, cognitive ability and maturity should be taken consistently into account when considering an extension in care:

I think chronological age doesn't always equal developmental age. And, you know, like I said: If you've been isolated your whole entire life, you need an opportunity to have a little bit of freedom, but, like you said, have that support. That net to kind of catch you.

(Danielle)

It's, again, that idea that, okay, you're 18, you're an adult now. You need to behave like an adult. Whereas developmentally, perhaps, or whatever else, socially, whatever else it is, where they're not at that level where they can make these long-term good decisions for themselves.

(Rachel)

The service providers unanimously agreed that discharging youths from care at 18 years old or even 21 years of age for the lucky few who receive the maximum extension in care, is too young. Susan explained that the longer supports are in place, the better the outcomes for the youths:

I think staying in care longer, staying with the supports longer – it – you gain more skills. You gain your maturity level... Having someone walking along beside you 'til you're 25, 'til you're 29 – That makes a – that's a huge difference at those ages than at 18, right? As you're growing and maturing, if you have those proper supports in place, you know, you're going to be able to one, make those choices that everyone's going to make. You have the safety net to fall back on. We can go through the process of picking it up with you again. And then after you go through that process, you know, hopefully, as many times as you need to go through, though, hopefully you're learning and gaining from the experience of the supports that are there. As opposed to no one, as opposed to being homeless or, you know, couch surfing or in, you know, domestic abuse relationships or

whatever, you know, whatever you have to do to survive . . . I think the older you are, the more you're just – you're just naturally, because of your wisdom, right? Now that you're matured.

James explained that from his perspective the child welfare system expects more from youth raised in care than from youths in the general population. These youths are expected to be able support themselves in every way at an earlier age:

Eighteen is not an – like it may be in a lot of legal senses, it's an adult, but, you know, all that really is, like – your 18th birthday basically means you can vote, drink, and go to war. I think maybe even before. I think it's unrealistic to think that – that this day and age that – I mean, people aren't finding careers at 18. People aren't finding careers with a high school education. Supporting youth coming out of the child welfare system – I – I think that when you have your average – your average Canadian living with their parents longer and longer and you – but we're taking a look at, you know, wards of the state and youth in provincial care and saying, okay, well, you're different than that. Because you don't have parents, you're – you know, you're out of care at 18 or at max, 21. I think that CFS is doing a great job of offering more extensions of care and supporting that more and more... I mean it's a – obviously not an easy task – but extending that age would be – I think it would reflect, you know, society.

All the service providers agreed that the age at which youths are discharged from the child welfare system should be extended beyond the present maximum of 21.

Concerns surrounding the application of extensions. As mentioned earlier, most youths in Manitoba are discharged from care at 18 years of age. However, more and more youths are receiving an extension in care until the age of 21. The service providers agreed that 21 years

of age is still too young for youths to be “on their own” but that most youths would benefit from being in care until they are at least 21. The service providers indicated that there are many flaws in the application of extensions, such as the manner in which the extensions can be cancelled with little notice, and the inconsistency of the application of extensions.

The service providers indicated that whether or not a youth receives an extension in care is as much dependent on the youth’s circumstances as the agency or social worker the youth is connected to. When discussing when a youth receives an extension in care, Rachel indicated that she has seen it depend on what kind of relationship the youth has with his or her social worker:

Depending on the agency, depending on the social workers, sometimes that’s an exception. But less and less. And then, so the ones I’m seeing who are extended in care have a good relationship with their social worker. Always, because the social worker, it seems, will not go to bat for them if they don’t have a good relationship. And then sometimes it’s the ones – yeah, see, that’s the thing, is – it’s – they’re not necessarily that much more adhering to their plan or being safer or in school or – because the majority of kids that I work with aren’t. I would say it’s the relationship with their social worker that is kind of the make or break. Pretty inconsistent [referring to the application of extensions].

The comments from Danielle and Susan provide information that supports Rachel’s perspective:

There’s different messages from different agencies about what qualifies as an extension of care and who should qualify. So some people are just, like, anybody who wants to continue in care, let’s support them and let’s get their goals going. And others have very strict – you need to be going to school; otherwise, there’s no extension. You need to be

doing this. If you have any slip-ups, you're out. And I think it's the kids that are doing the slip-ups that need us the most. And that need that safety net.

(Danielle)

I think extensions are completely, arbitrarily up to the worker. So if you have a worker that likes you and – or an agency that's really supportive – and honestly, I do think it has to do with the personal piece, too, because I definitely know some workers that have flat-out said, you know, I'm sick of this kid and this bullshit, right? Done. Well, but this bullshit means, I need help, right? So, right? And, you know, and we look at when – those kids that I, you know, that I have in mind, that that's happened to, have all ended up homeless and in jail, right? So, you know, and then you've got other kids and other agencies, on the flipside of the coin, where the kid ends up in jail and they're like, no problem, you know, yes, you're going to be there for a year or so but we're still, you know, and you're over 18, but we'll still, like, you're not going to be discharged from jail to have no one around you. So we're still in the picture until we can get you set up, right? But that doesn't happen very often, that's the exception for sure.

(Susan)

Time in care can end abruptly. Danielle shared that in her experience a youth can live in a constant state of unease knowing that their extension could end unexpectedly at any time based on the discretion of the youth's social worker:

And I think it's – also, the agency's ability to kind of pull that [the extension] at any time as well, without – not saying that they don't consider the ramifications of that, but there's definitely ramifications of pulling an extension of care with – just because a kid's not doing well or doing good. It kind of just perpetuates.

In some cases, the youths who may benefit most from an extension in care are those who exhibit the most challenging behaviors. Rachel indicated that in her experience those who get extensions are those who have a social worker who has gone out of this or her way to advocate for the particular youth. Typically it is the youths who are doing the best traditionally that are given the extensions, meaning youth who are working or going to school consistently:

So it's interesting. Sometimes, the profile of those kids are the high risk ones who are not doing great, who are using substances, who are not necessarily engaged in treatment programs, but the risk is so high that their worker will really go to bat with the agency and say, this kid needs support. Over the last two years, I would say, less and less those kids are being extended. So their workers are advocating, and they're just saying – what I keep hearing is, the agency will not support this extension based on their lack of participation in their program – in their plan.

Unfortunately it seems that it is the most vulnerable youths whose extensions are ended prematurely or who are not given extensions at all because they have made poor choices, and are not participating in programming. Susan shared that youths often communicate most loudly with their actions as opposed to their words, “When someone is communicating that I can't handle life, why are we walking away?”

Struggling with mental health can impede qualifying for an extension. James points out that if a youth is not making progress in the traditional sense of going to school or working but is working on his or her mental health, the youth does not qualify for an extension in care. He would like to see youths who are working on bettering their mental health be given extensions at the same rate as other youths working on other aspects of their lives:

Every youth I work with sort of falls into a grey area where, you know, sometimes they're – they're not eligible for funding for an extension in care for – for a number of reasons. If – if there's mental health concerns and somebody's in a – sort of working on their own mental health recovery, they are – they aren't really eligible for – I mean, depending on the office and depending on the social worker. But it – in a lot of cases, they're not going to be eligible – eligible for, you know, extensions in care and funding.

The service providers' perspectives supported the youths' experiences. The service providers agreed that much could be done to assist youths in transitioning from care and to put structures in place to enable youth the freedom to safely explore independence.

Theme 5: Am I Ready for Life Post-Care?

Of the ten youth participants, seven expressed feeling unprepared and three expressed feeling somewhat prepared for life post-care. Of the youths who left care prior to the expiration of their extension, most realized after the fact that they were unprepared for life post-care. The youths also expressed feeling a variety of ways about whether or not the child welfare system had adequately prepared them for this transition and, thus, life post-care.

One youth participant, Jasmine, expressed feeling that her caregivers throughout her time in care did not provide her with adequate opportunities to learn about what was necessary for independence:

So, you know, like 'cause when I was in care, I wasn't taught the right way, you know. Yeah, and, like supposed to, like, teach me, like, things, you know, along the way. But, you know, like – they didn't even – they didn't even care about my, you know, like, my independence when I'm older, you know.

Jesse shared that his caregivers did everything for him, thus denying him the opportunity to learn certain life skills for himself:

[The staff] kind of did it all for me. The way I see it they did it all – everything. [Being discharged from care] sucked. I was like, oh no. Where'd my silver spoon go? Let me manage some of my own shit instead of having it handed to me.

When addressing how he felt about being discharged from care and how prepared he felt, Jesse described feeling scared and very unprepared. He stayed in care until the end of his extension at 21 years old. He explained it this way:

I was frightened . . . I was like, oh no, what do I do now? I've been in care all my life, goddamn it. Since the moment I could remember until now, I've been in care. Now, it's like, what the hell? They didn't prepare me for this shit. Nobody told me I had to leave. No one told me I had to leave. I didn't know what to do. I, like, honestly, it was like, I don't even – so I still haven't got the gist, you know. I still don't know how to take care of my shit.

Ryan described feeling ill-equipped for life post-care, noting that he struggled with some basic life skills as he was not given the chance to learn these skills while in care. He also shared feeling rushed because he was acutely aware that he only had a finite amount of time to become prepared before his time in care would come to an end:

Yeah. You're on the clock. We're going to run out of funding. We can't really help you this much. We've got a lot of things we've got to work on with you. I mean, they see it as, like, this piece of consent paper, you know? These are the steps we've gotta take to make sure this guy isn't in jail when he's 19. That's kind of where I'm at. I mean, but also, like, being 18, 19 and having to deal with even transitioning into finding income, right?

Like – like I understand they'll help you look for a job. I understand they'll help you make resumes and all this stuff. But it – like, when they get income, how do you deal with it? Who do you call? I didn't know how to deal with MTS [Manitoba Telecom Services] when I was 18. You know? I didn't know how to pay my – my rent, even, 'cause you've got to put it on this card and that card. To put it on one card to pay this other fuckin' thing.

Ryan also shared that he felt he had competing experiences while in care. On the one hand, he needed to grow up quickly in order to manage life in foster care and group homes. On the other hand he found he was always being told what to do, and not given the chance to experience opportunities to learn independence. He described the child welfare system as hindering growth, as opposed to fostering it:

I think the child welfare system – I think the child welfare system as a whole suppresses growth. 'Cause being in care is – you're grown up. You're taught to grow up really fast, right? And I mean, so always being told what to do – like you've got to be prepared for when you get this age – [referring to his present age of twenty-three]. So, I mean, a lot of it's timing, right? Like it seems like you've got to grow up really fuckin' fast and have all this fixed by 18.

Jasmine felt that she was being pushed into adulthood when she was not ready: "It felt like I was being forced to be an adult, when really, you know, like, I felt like I was still a kid."

Dalton's experience is connected to the previous theme of *I Want to Do it On My Own*. Dalton decided to leave care and thus the ILS program prematurely. When reflecting on this experience, he thought that he should have stayed in the ILS program longer than he did, noting that he could have benefited further from life skills training:

I realized that after ILS, I just realized that maybe I should have stayed a little longer in ILS ‘cause, you know, like, slowly teaching me the ways of the bills, slowly teaching me the ways of living, they kind of helped me with everything, but that was like budgeting. And helping me, telling me, like showing me how things are done. How to clean up, how to do so and so. Kind of mentoring me until I’m out.

Three of the youth participants expressed feeling somewhat prepared to live outside of the care of the child welfare system. All three of these youth had lived in long-term foster placements prior to entering the ILS program. This is how Serina described leaving care and her level of readiness:

It worked out pretty good in the next two years, because of like, support from you guys [staff] still and family members. And I also had a boyfriend then, so that kind of helped too with the whole bills and everything. And then I went to school, too, so then – and that whole time frame when I left, like, I was pretty busy too. And afterwards, I think – those were the easiest times actually. Because I made the choice. I was like, okay, I think I could do it. And, and I did, and it was like two years, and then I was proud of everything I was doing, right?

Serina explained that there was only so much her foster parents and the ILS program could do to prepare her for independence, and it was up to her to make positive decisions moving forward:

I think, from my experiences, I think they did as much as they could. I think they did their job. ‘Cause there’s so much anyone could do until you make the choice. And then you go about either learning from it and taking from it and then using that and – or not and just be like, well, I’m just going to do what I want to do or not listen.

Ashley expressed feeling fairly prepared for her transition to life outside of the child welfare system:

Well, I was planning together with MYS for, like, probably like four or five months, like, before I actually did leave. And I just started, like, saving for my own place and buying more things, I guess, that I needed for when I were to leave. ...like basically having my own phone and being responsible, following certain rules. Yeah, I just had to learn how to be on my own and take care of my own place, and budgeting for groceries and all that stuff. It helped a lot.

Shannon had this to say about the assistance she received while in the ILS program, and how the program prepared her for life post-care:

Just – for sure, ILS – it helped us in a lot of ways, especially the whole, like budget thing. And, like, one of the biggest things that I felt that ILS helped us with is how to use our resources. So that's another thing, too. Like, and then I realized being in ILS – like, they helped me, like notice, like, when I'm in situations like that [referring to a negative situation], like, it's wrong, like, 'cause support services and stuff, like – I'm just like, what am I doing? Like, I questioned a lot. Like, but I knew myself enough to know, like, this is not me. Like, I'm not myself right now. That's something that I learned, like, being in ILS. They're like, okay, like, how to handle certain situations.

She did however, have the following criticism:

Like, a lot of people don't even, like – how do I say this? All they think about is being on their own, and they don't make them think, like, being in independent living is like a whole 'nother story. Like, it's not just being on your own and you get to, like, have friends over all the time. Like, that's a – that's what a lot of people only think. They don't

think, I have to think about money, I have to think about having maybe sometimes multiple jobs at a time to keep things. And if bills get over, like – if bills are, like, super high, I can, like, ruin my credit and stuff like that. So they didn't teach me, like, balance. Like, balancing everything. Like that's really important.

Having a secure, safe place to live is one aspect of being prepared for life post-care. A few youth participants described having a secure, safe place to live, but the majority unfortunately, found themselves in what they depicted as unsafe living arrangements as described in Theme 1, *Unstable Housing Post-Care*.

Natalie remained in care until the expiration of her extension at 21 years of age. She described the process of moving out of the apartment secured for her while in care and being discharged from care as hurried and the reason she went into debt. She did not feel prepared for this transition in many ways, which included financially:

I felt rushed. It was interesting trying to find it [the apartment] for the first time. It was stressful. Knowing that you're going on your own, and you don't know how much money you're going out with. And having to find a place and accommodate your bills and rent and your living life and your cell phone and all your other bills that you have to pay for. And I think because I left, like ILS and care, because I left care, I felt that that's why I went in debt. Because I didn't know how to pay for things. So I used my credit card. Because I wasn't making much and I needed help.

Seven of the youth participants indicated feeling unprepared for life post-care. These seven youths left care without the security of a familial safety net. Natalie's description of her feelings once discharged from care likely reflect a common experience: "I was scared shitless."

Theme 6: I Take Responsibility for Where I am Now

The sixth theme *I Take Responsibility For Where I am Now* emerged from the analysis of the youth interviews. This theme is unlike the previous five in that it adds new information to the literature surrounding the experiences of youths post-care. Unlike the service providers who all agreed that overall the child welfare system needs to be altered and enhanced in order to improve the outcomes for youths post-care, all the youth participants with the exception of one, did not place blame on the system for any of their struggles.

Five of the youth participants explicitly shared that they took responsibility for their present circumstances, whether these circumstances were good or not so good. These youths did not say “it’s because of the system that I ended up homeless.” They repeatedly pointed out that they had a choice of which path to take and decided for themselves whether to go right or left. A few of these youths point out that they often chose to learn lessons the hard way.

Jasmine explained that she had experienced difficulties while in care and post-care. She explained that she got involved with drugs, alcohol and the legal system. Despite her struggles, Jasmine explained that she did not hold anyone responsible for these circumstances other than herself:

I've learned things the hard way, and I am where I am because I put myself here. Not other people, I did. You know, it was my choice when I could've, like, turned the other way. You know. That's – like, I want to do something about it. I want to get out of this, like, lifestyle that I'm in that I created for myself, and, you know, like – like, I know I can get out of it.

Serina highlights the importance of self-determination through individual choice. For her, it is up to the individual to do things differently because personal circumstances can be overcome

through personal agency. She describes it this way: “choice is everything ‘cause there's only so much anyone could do until you make the choice. And then you go about either learning from it and taking from it and then using that.”

Dalton spoke of having made some poor choices when deciding whom to spend his time with. In talking about connecting with a negative peer group, Dalton noted that he took responsibility for having made these connections:

You know. But it's not CFS's fault, and I can't really say that CFS had anything to do with anything I wanted to do in my life, either. Like, CFS didn't go drop me in the North End and tell me to go hang out with friends and do so-and-so.

One could argue that Dalton would not have connected with negative peers if he were in a foster placement that was geographically far away from the influence of a bad neighbourhood, or that if he had been placed in a healthy long-term foster placement, he could have had the opportunity to grow and maintain positive relationships. Instead, Dalton was moved from placement to placement as a youth. Dalton, however, does not draw these conclusions. He points only to the role he played in making friends with peers whom he described as influencing him in a negative way.

Only one youth attributed his struggles to lack of support post-care. Josh lost his job, which had a domino effect as he lost his housing and had no money for food. He drew the connection between no support post-care and the swift decline in his life circumstances. He noted that most youths in the general population have families to fall back on when the going gets tough, and because he did not have this familial support, his life quickly unravelled. He explained that the child welfare system should create a safety net for kids from care, because if

he had some kind of continued support, his life would look different. In referring to the life he created for himself while in care, Josh shared:

Picture seeing everything you built while you had support, and then you lose it all. And it's like none of your hard work ever really happened. You're left with nothing. All that time, all that money, and all the – everything is gone. And nobody's there to pick you up.

All of the service providers agreed: The system sets youths up for failure. Certainly there is an element of responsibility on the part of the youths. As described by the service providers, the child welfare system provides opportunities for youths in care, and the youths do not always take advantage of these opportunities. However, it is unjust that any mistake a youth from care makes can have such dire consequences. The loss of a job can result in the youth's whole life deteriorating, as was the case for Josh.

It is the service providers' contention that many of the challenges youths from care face post-care could be negated with better supports and preparation, as well as extending the time a youth can remain in care. The system should also attempt to duplicate the safety net of a typical family by providing youths the option to return to care.

The interviews with the ten youth participants and six service provided participants provided an in-depth understanding of youths' housing experiences post-care. Though six separate themes emerged, which were: *Unstable Housing and Homelessness Post-Care, Lack of Formal Supports Post-Care, I Want to Do it On My Own, I Wish I Could Return to Care, Am I Ready for Life Post-Care?* and *I Take Responsibility for Where I am Now*, all the themes were interrelated. From the results we can see that the negative impacts of housing instability and homelessness among youths from care are far reaching. The interrelatedness of the themes, the

widespread impacts of housing instability and homelessness, and recommendations to begin to alleviate negative outcomes for youths post-care will be explored in the following section.

CHAPTER V

Discussion

The research question “What are the post-care housing experiences of youths who have transitioned from care through the ILS program?” is best understood by comparing the experiences of the youth participants against the current literature. In this chapter the findings of my study will be related to the pertinent literature. I will also discuss the service provider suggestions for improving outcomes for youths post-care. At the end of each section, I will present recommendations based on the findings of my study.

The discussion is organized around the six themes that emerged from my study. I combined the discussion of the following three themes: *I Wish I Could Return to Care, Am I Ready for Life Post-Care?* and *I Want to Do it On My*. The discussion surrounding the following three themes are then explored independently: *Lack of Formal Supports Post-Care, I Take Responsibility for Where I am Now* and *Unstable Housing and Homelessness Post-Care*.

The use of emerging adulthood is a helpful conceptual framework in understanding the housing experiences of the youth participants. As outlined in Arnett's 2004 book, *Emerging Adulthood: The Winding Road From the Late Teens Through the Twenties*, we have seen a shift in the way people transition to adulthood in recent years. The transition has been extended as a result of multiple societal changes including delaying marriage and child rearing and a greater focus on post-secondary education. This gradual transition to adulthood, for those youths who get to experience this life stage, allows for exploration in terms of career path, education, identity and relationships. This extended phase of exploration is possible because these youths enjoy continued familial supports, which include financial as well as emotional support. These youths may also return to the familial home in times of need. The core concept of a gradual transition to

adulthood with familial support put forward in Arnett's theory of emerging adulthood has been drawn upon in laying the foundation for the discussion.

I Wish I Could Return to Care, Am I Ready for Life Post-Care? *and I Want to Do it On My Own*

The literature supports the notion that youths should be allowed the option to return to care after discharge, which would better duplicate the familial safety net enjoyed by youths in the general population (Courtney et al., 2014; Schibler, 2006), a safety net that allows for a gradual progression towards adulthood as emphasized by emerging adulthood (Arnett, 2000). Eight of the ten youth participants wished they could have returned to care after having left. This was the case whether they chose to leave prior to the expiration of their extension in care or not. These youths reported having a new perspective on the support they received while in the care of the child welfare system once they were on their own. After living independently for a period of time after being discharged, they came to realize that life without the emotional and financial support of the child welfare system was more challenging than they expected. I did not find these results in the literature, suggesting this is a novel finding, and one that extends our understanding of youths' experiences post care. The youths identifying the desire to return to care, after realizing they were less prepared than they thought, supports the need for this option to exist for former youths in care.

The service provider participants also agreed that youths from care should be afforded the option to return, as Susan put it: "I think every kid deserves – you know, every kid in care deserves the same that, you know, 80% of the rest of Canada have, where you leave home; it doesn't work out; you come back." Dylan Cohen, founder of the Manitoban grassroots advocacy initiative *25not21*, agrees, as shared with CBC News Manitoba ("Youth in Care," 2015):

If I go broke in five months from now and I have nowhere to stay, I'm literally going to stay in a homeless shelter . . . whereas every single one of my friends who has their parents in the city will be able to crash somewhere . . . or borrow a few hundred dollars.

The age of 25 is a very good alternative. I think it would be the bare minimum.

Seven youth participants expressed feeling unprepared and three expressed feeling somewhat prepared for life post-care. The three youth who expressed feeling somewhat prepared had all lived with long-term foster families while in care, suggesting that long-term placements where relationships can be fostered lead to better preparation for life post-care. Of the youths who left care prior to the expiration of their extensions, most realized after the fact that they were unprepared for life post-care. The youths also expressed feeling a variety of ways about whether or not the child welfare system had adequately prepared them for this transition and, thus, life post-care. Six of the youths chose to leave care prior to the expiration of their extension in care because of the oppressive nature of the child welfare system. The following section will discuss the specifics surrounding their feelings of preparedness, which include feeling as though the child welfare system did not afford them adequate opportunity to practice life skills.

Several of the youths in The Office of the Children's Advocate report *Youth Focus Group Series: Transitioning From Care* (2013) indicated that they felt prepared for life post-care. The youths who participated in this study were still in the care of the child welfare system. Some of the youth participants in my study also indicated that while they were in care, they too thought they were ready for life post-care. It was only after discharge that they realized that they were not prepared for life on their own.

The results in my study also support the findings in the *Youth Engagement Strategy* (2009) conducted by the General Child and Family Authority, which asked youths in and from

care about their feelings and experiences surrounding their preparation for and transition from care. These youths also indicated feeling unprepared for life post-care and that they were not taught the appropriate life skills.

Recommendations. Both the youths and service provider participants support the recommendations put forward in the literature: Youths should be afforded the option to return to care post-discharge. These results suggest that changes ought to be made to the policies regulating the finality of leaving care. Emerging adulthood suggests that youths are now experiencing a more gradual transition to adulthood, which includes continued support from family. Allowing youths from care the option to return would better duplicate the experience of a youth from the general population who can return to live with caregivers when encountering a struggle, such as the sudden loss of employment, for example. A pilot project could be conducted where several youths are granted the option to return to care if they chose, no questions asked. The youths who chose to return to care after choosing to leave could then be followed in a longitudinal manner to determine if these youths had better outcomes. It is my contention, based on this study and the present literature, that youths would benefit from the option to return to care post discharge. There are certain states in the U.S. that provide this option for their youths from care (Berzin, Singer, & Hokanson, 2014), and we could look to these examples for evidentiary support to provide this option in Canada.

Additionally, the service providers indicated that youths should have the option to stay in care longer. The service providers suggested that youths should be able to stay in care beyond the maximum age of 21 years old, for the lucky few who get an extension in care. Extending the maximum age at which youths may remain in care, aligns with the recommendations found in

the literature that suggest that youths have better outcomes post-care the longer they remain in the care of the child welfare system (Courtney et al., 2011; Serge et al., 2002).

The service providers indicated that allowing the youths more responsibility while in care, and focusing more on building skills and less on concerns surrounding liability, would be beneficial in preparing the youths for life post-care. The service provider participants also suggested that more work should go into planning for a youth's discharge, and the planning should start earlier on the part of Child and Family Services. Section 1.1.7 of the Child and Family Services Standards Manual (2016) refers to Preparing Youth for Leaving Care: "The case manager is responsible for ensuring that all youths in care, regardless of legal status, at the age of 15, have a detailed transition plan with a view to them leaving care. The plan must involve the assessment and development of skills needed for adult living." There are clear directions outlining the preparatory actions that are to take place. In this case, the policy is there in black and white, the guidelines simply need to be followed.

It is possible that the guidelines are not being followed because of social worker caseload. Social workers have many children to care for, and often not enough time to ensure that all the standards are being met. The Phoenix Sinclair Enquiry (Hughes, 2013) discovered that many social workers have unmanageable caseloads. The Enquiry recommended a caseload ratio of one worker to 20 cases should be maintained.

The child welfare system aims to prepare youths for independence and self-sufficiency (Howard & Berzin, 2011). Of note, the literature supports a move away from this goal, to one of interdependence (Bussiere, 2006; Mendes & Moslehuddin, 2006; Propp, Ortega, & Newheart, 2003; Smith, 2011). Interdependence includes a more gradual transition from care, accompanied by an emphasis on building long-term supportive relationships, both formal and informal. This

shift in orientation would better mirror the experiences of youths in the general population and allow for youths from care to more fully experience the life stage of emerging adulthood.

Lack of Formal Supports Post-Care

Formal supports are agencies and organizations that provide supportive services to individuals. Some examples of formal supports are counsellors, therapists, medical professionals, youth care practitioners, mentoring programs and income and employment assistance programs. This form of support is typically performed by individuals who are paid to provide the service. Recall that foster families have been categorized as both formal and informal support in this thesis. I have included foster families as formal support while youths are in the care of the child welfare system and as informal support once the youths have been discharged. Staff members from the youth serving agencies have been categorized in the same way as foster families. Informal support is provided through a person's personal social network, which includes friends and family, for example. I found the supports the youth participants accessed post-care were almost entirely informal.

Qualitative research studies have demonstrated the need for supportive relationships prior to, during, and beyond foster youths' transition from care (Man-Feder, 2007; Scannapieco, Cornett-Carrick, & Painter, 2007; Schibler, 2006). While in care, the child welfare system provides youths with a variety of formal supports such as housing, financial, employment assistance and tuition in some cases. Berzin et al. (2014) suggest that likely more important than this support, however, may be the "critical relational support through child welfare professionals" (p. 631). These professionals include social workers, counsellors and mental health providers who "provide youth with emotional and appraisal support, in addition to

instrumental and informational support" (p. 631). Once youths are discharged from care, this support ends abruptly.

The results from my study support the literature that indicates that there is a lack of formal support post care for youths. None of the youth participants spoke of being successfully connected to formal supports prior to their discharge. The formal system of youth supports ended upon discharge from care for the youth participants.

The youth participants found themselves looking for connections and assistance, which often included looking back towards the relationships with formal supports they had built while in care. Five of the youth participants connected with past foster parents and four reached out to past staff members for various types of support post care. Of the five who received support post-care from foster families, three had been placed with these families for most of their lives while in care. These findings suggest that long-term foster placements can lead to long-term relationships from which youths can draw post-care. Because youths from care typically do not have the usual network of healthy supportive relationships youths in the general population enjoy, it becomes even more crucial that a formal system of supports that can follow the youths into adulthood is established prior to discharge from care.

Informal networks often provide emotional support, including advice, guidance and encouragement and financial support, which are vital resources in emerging adulthood (Schoeni & Ross, 2005). The literature indicates that most youths from care have relationships with biological family post-discharge (McMillen & Tucker, 1999; Wade, 2008), and between 17% and 54% live with family post-care (Collins, Paris, & Ward, 2008). The findings in my study support the literature on this topic, as half of the participants reached out to biological family for assistance at some point post-discharge.

I found two studies that looked at the support networks of youths post care. In his UK study, Wade (2008) looked at young people's early experiences of transition from care. Twenty-two percent of the youth respondents indicated that they were closest to a sibling post care, and 24% indicated being close to their birth mother. Just over half (53%) of the respondents indicated they had a "strong" connection to the family member they identified as seeing most often or being closest to post-care, referred to as a "key" family member in the study, and 36% indicated that the support they received from a key family member was "weak." My results do not support or refute these findings as the youth participants described various types of support from parents and siblings, support that was both good and bad.

The support the youth participants received from their biological family was described on a continuum from positive to negative. For example, one youth, Dalton, was able to connect with his mother who helped him register for school, and gave him a home in which to live. On the other end of the continuum, other youths were in constant conflict with family and were exposed to unhealthy environments. There was an approximate 50/50 split between the negative versus positive experiences the youth participants described having with familial support. When looking only at parental involvement post-care without including sibling support, the split would be closer to 20/80 for negative familial support post-care, meaning 80% negative for parental involvement.

In the second study, Berzin et al. (2014) found that the youths they interviewed identified a variety of formal and informal supports in their lives. A conclusion of this study was that foster youths may not be suffering from poor outcomes because they lack a support network, but because of the actual utilization and quality of that support network. They also found that family, friends and staff members were all identified as foundational supports by the youth respondents.

Arnett's (2000) theory of emerging adulthood explains that youth enjoy continued familial support throughout this life stage. This support includes the option to live with parents beyond the age of 18 and the option to return home in times of need. The ongoing familial support through emerging adulthood also includes financial support for many (Beaupré, et al., 2006). Though half of the youth participants reconnected with biological family, they did not benefit from the strong safety net enjoyed in the general youth population as described by Arnett (2000). Some youth lived with one or both parents, but this was fraught with dysfunction, with the exception of one youth. Parents were not able to provide consistent, stable emotional or financial support. The other five participants did not receive any biological familial support of any kind.

Arnett (2014) touches briefly on parental relationships in his book, *Emerging Adulthood: The Winding Road from the Late Teens Through the Twenties*, and he addresses the criticisms of his theory, most notably, that it does not apply to all social classes, in particular, the mid to lower classes. Using the American national Clark Poll, Arnett (2014) explores the perceptions of emerging adults from different social classes regarding their experiences of emerging adulthood. He briefly discusses how emerging adults perceive their relationships with their parents and notes that there are few differences across social class. He does not, however, address the impact that growing up in a disadvantaged family (or a lower class) might have, such as having little social capital or access to healthy recreation. In addition, Arnett (2014) fails to take into account that not all emerging adults have parental relationships, as is the case for five of the youth participants in my study.

The negative impacts of lacking the familial safety net that Arnett (2000) states is common to emerging adults in the general population are interconnected with other negative

outcomes such as housing instability and homelessness. If the youth participants had a stable, safe family home to return to in time of need, they would not have found themselves living on the streets, living with friends in unsafe circumstances, or couch surfing. This housing instability in turn negatively impacted school, employment and the youths' ability to meet their basic needs, as well as their choice of partner. In addressing the criticisms of his theory, Arnett (2014) notes that there are few differences between social classes regarding emerging adults' perceptions of work and education. Although perceptions are important, Arnett does not address the actual outcomes surrounding work and education of the respondents from different social classes. Arnett does not link a lack of familial support – an integral aspect of the life stage as described by Arnett – to poor outcomes in other life areas.

I found no literature that spoke in detail about the support friends provided to youths post-care. The youth participants I interviewed indicated that friends provided many forms of support such as providing a place to stay, and that these friends were also a source of negative influence at times. As highlighted earlier in this report, Ryan summarized it best with this insightful comment: "I just kind of made a family of my own, I guess. And – and my family just turned out to be a dysfunctional as my real one." Ryan explained that he sought out a substitute family and ended up with what it was he was already familiar with, dysfunction.

The lack of healthy formal and informal supports available to the youth participants left four of the youth participants feeling alone and magnified a desire to belong somewhere, anywhere. I found very little literature that referred to these feelings of loneliness and a desire to belong as expressed by the youth participants I interviewed. A youth participant from the study conducted by the Office of the Children's Advocate (2013) in Manitoba, entitled *Youth Focus Group Series: Transitioning from Care* (2013), when referencing living in his or her own

apartment in an independent living program, said this: “Independent living, in your apartment on your own you don’t deal with isolation very well. I take myself away from the world and be alone, over think things. I will call someone if I am feeling low. I was never taught how to be alone” (p. 5). Feeling alone, and having a desire to belong makes sense within the context of lacking a formal and informal support network post-care. The loneliness experienced by the four youth participants could explain why some youths found themselves in negative relationships whether with friends, family or an intimate partner. Experiencing loneliness and wanting to belong could also help to explain why three of the female participants rushed intimate relationships, moving in with a male partner faster than they would have liked.

Recommendations. It is well known that healthy relationships are imperative for everyone to grow and develop successfully from adolescence into adulthood, and youths in care are no exception (e.g., Greeson, 2013; Jones, 2011a; Reid & Dudding, 2006; Reilly, 2003). The information included in this section makes a good argument for the need to create a positive network of supports for youths while they remain in care that can follow them into adulthood. The responsibility of creating positive support networks for youths while in care should fall on the legal guardian, which for youths in care is their social worker. Also, all the other informal and formal supports available to the youths should assist the social worker in establishing this network that could follow the youths into their adulthood.

The *Youth Engagement Strategy* (2009) conducted by the General Child and Family Service Authority in Manitoba was conducted to look at ways to improve services to youths transitioning out of care. Staff members consulted staff and youths both in and from care. This report strongly recommended a mentorship program to improve outcomes for youths transitioning from care. Mentoring programs to connect youths with an adult are a successful

mechanism frequently used to meet the need for a dedicated adult to be in the lives of youths and to strengthen social support for youths post care (Haas & Grayden, 2009).

For example, the Kinnections mentoring program created through the British Columbia Ministry of Children and Family (“British Columbia Ministry of Children and Family,” n.d.) in 2008 was established to meet the need for positive relationships for youths in care. The program objective is to increase the odds of positive outcomes for youths in care by connecting them with supportive adult mentors with the hope that these adult role models will also become friends to these youths during their time in care and beyond (British Columbia Ministry of Children and Family, Development Research, Analysis and Evaluation Team, 2010). An evaluation of the program described positive outcomes such as the majority of the youth participants indicating they would stay connected with their mentor well into the future.

In Manitoba, a few programs have been created to begin to fill the gap between youth and adult formal support services. In Winnipeg, the Building Futures Program was established through a partnership between the Canadian Mental Health Association, Community Financial Counseling Services, Big Brothers Big Sisters of Winnipeg, Youth Employment Services, the RBC Foundation and the General Authority through Child and Family Services in 2013. This program assists in bridging the gap between the youth system of social services and adult system of social services through providing youths from care between the ages of 16 and 25 with access to an individual who acts as a service navigator and another individual who provides therapy. Youths also have access to services related to financial counselling and mentoring as well. Another program called The Manitoba Youth Transitional Employment Assistance Mentorship project, or MYTEAM, is offered in Winnipeg and Thompson and assists youths 16 to 21 years old who are in care or who have recently left care by providing a range of services such as

mentoring, work experience, assistance in finding suitable housing, counseling and life skills training.

Also, since most youths connect with biological family post discharge, more work could be done to assist in facilitating healthy connections between youths and their families while still in care (Wade, 2008). The youth's social worker, along with other supports such as program staff and foster families, could assist with appropriately developing relationships between the youths and their families. The Child and Family Services Standards Manual outlines legislation, policy and standards as they pertain to child protection and care. The Child and Family Services Standard 1.1.2(8) Contact with Parents of Permanent Wards states:

At least once a year, the case manager attempts to contact the parents or former guardians of a permanent ward to assess the potential for reunification or re-involvement when this is in the best interests of the child and contact is possible.

There are already guidelines on the books that mandate that the youth's social worker must attempt to connect with the youth's parent or guardian; the struggle is ensuring that these attempts actually take place.

An additional recommendation is to ensure youths in care are placed with stable, healthy, long-term foster families, which can create a supportive network that has been shown to be very important for youths post-care (Reid & Dudding, 2006). Fewer placements while in care also leads to better outcomes for youths post-care (Schibler, 2006).

Lastly, as youths in the general population often benefit from continued financial support from their families well past their 18th birthday (Beaupré et al., 2006), youths from care should not have to worry about facing financial hardship immediately upon discharge from care. Currently, youths from care are not able to secure Employment and Income Assistance (EIA)

prior to discharge. It is a requirement that they no longer be receiving financial support from the child welfare system before they apply for and receive assistance through EIA, leaving youths from care without income for a period of time. This period of time without income can be especially problematic when trying to secure housing post-care, when faced with no money for a security deposit for an apartment for example. I recommend that this gap be closed. Youths from care should be able to apply for, and be granted access to EIA as they leave care, not only after they have left.

I Take Responsibility for Where I am Now

Unlike the service providers, who all agreed that, overall, the child welfare system needs to be changed in order to improve the outcomes for youths post-care, all the youth participants with the exception of one, did not place blame on the system for any of their struggles. Five of the youth participants explicitly shared that they took responsibility for their present circumstances, whether these circumstances were good or not so good. They repeatedly pointed out that they had a choice of which path to take and decided for themselves which direction to go. The framework of emerging adulthood is useful in exploring this finding.

According to Arnett (2004) emerging adulthood is the age of feeling in-between, neither adolescent nor adult. Arnett puts it this way, “in-between the restrictions of adolescence and the responsibilities of adulthood lie the explorations and instability of emerging adulthood” (p. 14). Arnett (2000) points out that emerging adults do not point to demographic criteria as a sign of reaching adulthood, but rather individual characteristics. The characteristics that have repeatedly been highlighted in the literature as indicators of having reached adulthood are “accepting responsibility for one's self, making independent decisions” and reaching financial independence (p. 473).

The theme *I Take Responsibility for Where I am Now* speaks to the first two criteria of accepting responsibility for one's self and making independent decisions. The youth participants consistently highlighted executing their own agency. I did not ask the youth participants if they felt they had attained adulthood. I am not sure whether they would have indicated yes, no or "somewhere in-between," as characterized by emerging adulthood. However, if I had asked them if they felt they took responsibility for themselves and made independent decisions, it is my contention that they would all have whole heartedly answered "yes!" The youth participants took responsibility for the path they chose and the direction they were traveling.

Financial independence is the third characteristic suggested by the literature as an indication of achieving adulthood (Arnett, 2004). At the time of the interviews, the youth participants were receiving financial support from a variety of sources. Only one of the participants was receiving EIA exclusively. The other nine participants received financial support from a combination of part- and full-time employment as well as odd jobs, educational funding from First Nations bands, student loans, money from friends and family here and there, as well as EIA. Three of the youths were financially independent, meaning they supported themselves through work alone.

Unlike the gradual process of transitioning to adulthood experienced by emerging adults described by Arnett (2004), the responsibility for themselves and independent decision-making was thrust upon the youth participants of this study, most notably at their point of discharge from care, whether this discharge was voluntary or not. These findings suggest that the child welfare system instils the value of taking personal responsibility for one's self in the youths while they are in care. The system fosters the value of independence by giving the youths this message surrounding their impending discharge. However, this messaging is more of a "do as I say not as

I do” scenario. As both the youth and service provider participants indicate, the system often does too much for the youths, not allowing them the opportunity to practice independence in a meaningful way prior to discharge.

This finding of doing *for* instead of *with* was touched on in The Office of the Children’s Advocate report entitled *Youth Focus Group Series: Transitioning from Care* (2013). The Children’s Advocate asked youths in care in their late teens about a range of issues connected to leaving care. Some youths who participated in the focus group indicated that they felt prepared for life post-care; others felt unprepared partially because the system had always done everything for them, which did not allow them the opportunity to learn skills for themselves. As one youth from the focus group put it: “When I was in care they didn’t teach my anything. Everybody did everything for me – shopped for me, cooked for me, did my laundry. I didn’t learn anything from them, and when I was done that was it. They didn’t prepare me” (p. 5). The participants in my study echoed this statement. In referring to a program aimed at preparing him for life post-care, Ryan expressed feeling that the program “supressed growth” rather than fostered it. In their qualitative study, Berzin and colleagues (2014) asked youths about their experiences aging out of care and found these youths also reported feeling that the support they received from the child welfare system impeded their ability to achieve independence.

The service provider participants also indicated the youths do not have enough opportunities to practice the skills they will be required to perform once discharged. For example, the service providers highlighted that while in care in a group home setting, youths may not fill prescriptions, store or administer their own medication. Not practicing the skills required for independent life leaves youths without the knowledge of how to do these tasks on their own once post-care. Other service providers noted that some staff might choose to perform

certain life skill activities for the youths because it is easier than taking the time to teach the youths the skill.

In order to foster the value of accountability, the child welfare system is teaching these young people to act like adults way before their counterparts in the general population are required to, but paradoxically the system is not allowing the youths the opportunity to meaningfully practice independence. The oppressive rule, and lack of opportunity to practice life skills, leads to a view among the youths in care that support from the child welfare system is an impediment to independence rather than a natural part of this transition. This perception may be why half of the youth participants chose to leave the care of the child welfare system early. They were given the message that they needed to act like adults, and they felt that this was impossible while in the care of child and family services, which they found to be rule heavy and oppressive. For youths in care, discharge is an abrupt end to support, as opposed to the gradual reduction of support experienced by youths in the general population as emphasized by Arnett's (2000) theory of emerging adulthood.

Issues of violence and race. Through the lens of emerging adulthood, we see that the findings in my study support Singer and Berzin's (2015) and Wade and Dixon's (2006) findings: Youths from care experience an accelerated path to adulthood. These findings are also congruent with the idea in the literature that certain disadvantaged subgroups are less likely to experience the slow progression towards adulthood emerging adulthood provides (Arnett, 2000; Foster, Hagan, & Brooks-Gunn 2008; Johnson & Mollborn, 2009; Munson, Lee, Miller, Cole & Nedelcu, 2013).

Also connected to the theme of *I Take Responsibility for Where I am Now* are the attitudes of two of the female youth participants who experienced abuse and violence at the

hands of their intimate partners. The young women did not say that it was because of their discharge from care, and consequent lack of support, that they were forced into abusive circumstances, rather these youths spoke only of their personal role in their intimate partner relationships.

Women are the targets of the majority of domestic violence, and women between the ages of 15 and 24 are victimized at the highest rate. Statistics Canada (2013c) found that rates of violence against young women between the ages of 15 and 24 were 42% higher than the rates found in the female population between 25 and 34 years of age. When we look at the rates in Manitoba, we see that the rates of violence against women were approximately double the national rate. This situation is even more grim for Aboriginal women in Manitoba who are three and a half times more likely to experience domestic violence than non-aboriginal women (Statistics Canada, 2013c).

Arnett (2014) explains that youth in the general population may return home in the case of a relationship break down. The two female youth participants in my study (one of whom was Aboriginal) who experienced abuse and violence at the hands of their partners may have endured more violence than they would have if they had families to turn to for support. In describing their relationships, these participants referred to their male housemates as their “boyfriends.” Perhaps these youth participants would not have seen these relationships as intimate if they were not forced into them on account of their life circumstances. These youths could not return to live with their biological families when their relationships turned sour, as they did not have this connection. Nowhere does Arnett (2014) address domestic violence or violence against women, despite the prevalence of violence in the lives of female emerging adults. What impact does violence and abuse have in the life stage of women’s emerging adulthoods? How do these

experiences shape their identity exploration and formation? These are questions that emerging adulthood does not answer.

None of the youth participants pointed to the history of colonization and racism in Canada as contributing to the difficulties they faced post-discharge from care. Arguably colonization and racism were factors that contributed to eight of the youth participants who were Aboriginal entering into care in the first place. Colonization purposefully eroded and broke down the parenting traditions of Aboriginal peoples, and racism continues to have a devastating impact in the lives of youths in and from care.

There have been lasting intergenerational effects from the assimilation and cultural genocide (Miller, 1996; Neu, 2000) of Aboriginal peoples in Canada that began with colonization, and continued through the residential school system and the Sixties Scoop. The long lasting effects are now reflected in the overrepresentation of Aboriginal children in care both in Manitoba, which has one of the highest rates (Statistics Canada, 2013a), and in Canada overall. Underlying racist beliefs about Aboriginal people stemming from Canada's colonial history also play a large role in the overrepresentation of Aboriginal children in care today (Allan & Smylie, 2015).

The Sixties Scoop was conducted through the child welfare system, which placed Aboriginal children to live with families who were not themselves Aboriginal. The aims of both the residential school and the Sixties Scoop were to assimilate Aboriginal children into the Christian European cultural norms, beliefs and practices, which meant eliminating the cultural norms, beliefs and practices prevalent among Aboriginal peoples (Allan & Smylie, 2015).

The residential school system and the Sixties Scoop have dramatically and tragically interfered with the transmission of values, beliefs and cultural practices from one generation of

Aboriginal people to the next, which in turn has negatively impacted parenting practices (Allan & Smylie, 2015). As Ontario's Regional Chief Stan Beardy stated when referring to residential schools, "You don't learn healthy parenting skills when you grow up in an institution" (Woods & Kirkey, 2013). The same can be said for youths who grow up in the care of the child welfare system.

Through the residential school system and the Sixties Scoop, the child welfare system effectively broke the traditional parenting practices of Aboriginal families across Canada, taking their children into care to assimilate them. Now Aboriginal children continue to be brought into care partially because of the damage that was done to the intergenerational transmission of parenting skills. Moreover, the Aboriginal youths who grow up in care are often not exposed to healthy caregiving by way of multiple placements that can include living in group homes and shelters. These youths from care, in turn, grow up and may have children of their own. These youths from care may struggle to parent their children in a healthy way, just as their parents struggled to parent them. The cycle of breaking Aboriginal parenting traditions, which began with colonization, continues today through the child welfare system.

Taking responsibility for one's self, personal accountability, self-reliance and independence are values instilled in youths from care by the child welfare system. These values could arguably be considered European values or values held by the white majority of Canadians. The needs of the group and family as more important than individual needs, cooperation and sharing of resources are values commonly held in Aboriginal communities (Pepper & White, 1996). I would argue that the child welfare system is instilling dominant European values in children from care who are primarily Aboriginal, causing a fundamental conflict in values: individual independence versus the interdependence of the individual. I

suggest that this conflict of values is also perpetuating the assimilation of Aboriginal peoples.

Consequently, Arnett's (2014) theory of emerging adulthood is lacking comprehensiveness as it lacks details that would better explain this life stage for various groups. In order to be more complete, the theory of emerging adulthood should account for violence against women as well as the effects of colonization on individuals experiencing the life stage of emerging adulthood.

Unstable Housing and Homelessness Post-Care

The results in this study support the literature, which draws a strong connection between being a youth from care and housing instability post-care (Cook, 1994; Courtney et al., 2014; Dworsky & Courtney 2009; Reilly, 2003). I found that the majority of the youth participants had experienced housing instability, which supports the findings of the Social Planning Council of Winnipeg's (Courtney et al., 2014) study. The youths interviewed in this study also had extremely unstable housing, which included multiple moves because of issues surrounding safety, being evicted, and relationship breakdown. As was true for the youths in my study, these youths also experienced shelter use and couch surfing characterized by multiple moves to friends' and family member's homes.

The age of instability is one of five elements Arnett (2004) uses to describe emerging adulthood. Arnett (2000) notes that emerging adults have the highest rates of residential change of any age group" (p. 471). Residential change, or housing instability, is the case for the youth participants in the present study, as well as in the literature. The number of moves post-care reported by the youth participants ranged from approximately four to eighteen. Unstable housing is common to both youths from care and youths from the general population. The reasons for this housing instability, however, are quite different. Arnett (2000) suggests that these multiple

moves are a consequence of the end of an exploratory period such as starting or ending a new job, a cohabitation scenario or the emerging adult starting or ending post-secondary education (p. 471). However, the youth participants in my study were forced to move again and again, ultimately not by their choice. These scenarios included housing unaffordability, eviction, couch surfing and unsafe living conditions. These youths did not enjoy a phase of voluntary exploration. The high degree of instability referred to by Arnett (2000) for the youth participants was not characterized by exploration, but rather, necessity.

Seven of the youth participants experienced homelessness post-care, which was another finding common in the literature. It is well known that youths from care experience greater rates of homelessness than their peers in the general population (e.g., Nino & Godoy, 2016; *Raising the Roof*, 2009). I also found that the high level of housing instability and homelessness had a negative impact on other aspects of the youth participants' lives, such as employment, school and meeting basic needs, which is consistent with the literature (Jones, 2011b).

Recommendations. Unstable housing and homelessness are two of many negative outcomes foster youths often encounter post-care. I suggest that if the recommendations in the above sections were followed, the negative outcomes related to housing would be relieved to an extent. The service providers pointed to additional barriers youths from care face when attempting to access housing such as the challenging rental market in Winnipeg, inadequate EIA rates (as discussed in the literature review), discrimination against young renters and difficulties acquiring co-signers for rental leases. These barriers would continue to exist for youths post care; however, if young people were granted the option to return to care post discharge, were afforded the option to stay in care longer, were better prepared while in care through a model that fostered interdependence as opposed to independence, were able to access EIA as they exited care and

had healthy formal and informal supports in place prior to discharge, we would see fewer youths without a home post-care.

Limitations

The study has several limitations. First, the findings are not generalizable to the larger population of youths from care, as the youth participants were drawn from only one source and the sample was small. Second, I conducted just one interview with each participant. Follow up interviews could have provided additional detail, and thus given a richer sense of the youths' lived experiences. Third, I had a pre-existing relationship with the youth participants, and this relationship may have impacted their responses. However, care was taken to ensure any effects of power in the pre-existing relationship were mitigated. This pre-existing relationship may have also been a benefit, as rapport already existed between the participants and me. It is possible that the youth participants shared more freely as a result.

Conclusion

This study aimed to answer the following question: "What are the post-care housing experiences of youths who have transitioned from care through the Independent Living with Supports (ILS) program offered by MacDonald Youth Services (MYS)?" Arnett's (2004) conceptual framework of emerging adulthood was a helpful lens in exploring the research question. Emerging adulthood describes a gradual transition from adolescence to adulthood. This gradual transition is possible through continued familial support. The literature surrounding youths from care and emerging adulthood suggest that the transition is accelerated for former foster youths, as they do not enjoy a familial safety net common to the general population. My study supports the notion that youths from care experience an accelerated path to adulthood. Though they experienced an element associated with emerging adulthood, instability (Arnett,

2004), my study showed that the youth participants experienced instability for different reasons than their counterparts in the general population. Additionally, some female youth participants experienced intimate partner violence, and the majority of the youth participants were Aboriginal. Arnett's theory of emerging adulthood does not take into account violence against women, which is prevalent in our society, or the effects of racism, both of which had profound impacts on some of the youth participants.

In order to answer the research question, semi-structured interviews were conducted with ten youths who aged out of care through the ILS program. Six service providers who worked with youths in and from care in various capacities were also interviewed. Accessing service providers and learning from their experiences working with this population allowed for additional perspectives regarding the research topic.

The youth's housing experiences were characterized by multiple moves post-care, including homelessness in the case of seven youth participants. These findings mirror the literature. None of the youth participants indicated they were successfully connected to formal supports prior to leaving care despite this being a standard in the Child and Family Services Manual. Many of the youths lacked the healthy informal networks of support to make up the difference. This left five of the youths feeling alone and yearning to belong somewhere.

Nine of the ten youth participants did not hold the child welfare system responsible for their present circumstances, which suggested that the system instills values surrounding accountability and independence in the youths while in care. This was a paradoxical finding, however, as both youths and service providers noted that the child welfare system could at times impede the youths' growth for various reasons. The youths noted that there were not enough opportunities while in care to practice life skills, noting that the rules were too restrictive. The

service providers pointed out that liability and safety, as well as a lack of emphasis on doing *with* instead of *for* by the staff members, impeded the youths' development.

Eight youth participants indicated that they wished they could return to care at some point post discharge, which supports the recommendations found in the literature: Youths from care should be afforded the opportunity to return to care in time of need. The option to return to care would better match the familial support enjoyed by youths in the general population.

Improvements are needed in the child welfare system; however, the system is doing some things right. An example of what the child welfare system is doing right is the creation of several programs in recent years that begin to bridge the gap between the youth system and the adult system of supportive programming, such as Building Futures and MYTEAM. Also, the child welfare system facilitates meaningful relationships that are created between the staff members and some youths that can last past the youths' time in care. My study showed that many of the youths returned to the staff members and foster families for assistance.

The two objectives outlined at the onset of my study have been met. The objectives were: (a) to capture first-hand the voices and experiences of youths who have lived under this system of Child and Family Services, which will shed light on the strengths and weaknesses of the system and suggest what can be done to improve it, and (b) to provide additional evidence for policy makers, politicians and other public servants that demonstrates the need for change.

Changes to the child welfare system are needed, and fortunately the system is full of passionate people who have been working hard to alter the system to create better outcomes for youths in care. It is my hope that my study provides additional motivation for the people in the system to keep fighting for change and to keep advocating for the incredibly resilient youths we work with.

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Appendix A: MYS Letters of Support



Macdonald Youth Services

March 24, 2014

Jocelyne Lalonde

Services Offered Include:

Emergency Shelter & Resource Centre

Mental Health & Brief Therapy Teams

Life Skills & Pre-Employment Training

Community Healing Homes

Recycling Assessment

Independent Living Skills Supports

Treatment Foster Care

Community Service Index & Line Option

Dear Jocelyne,

**Re: Thesis proposal; Hearing Their Voices: A Qualitative Study
of the Housing Experiences of Youth Who Have Transitioned
Out of Care Through an Independent Living Program in
Winnipeg**

I did have an opportunity to review your ethics submission and in my opinion it is thorough and in keeping with extant standards of research practice. Your Interview Schedule is reasonable. The processes that you outline demonstrate consideration and respect for the participants you intend to survey.

On behalf of Macdonald Youth Services and the Independent Living and Supports Program, I wish you success with your project.

Your research in this area is ground-breaking and I look forward to following your progress and learning from your findings.

Best Regards,



Ron Kane, MSW RSW
Director of Clinical Services
Macdonald Youth Services

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175 Mayfair Avenue
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P (204) 677-0722
F (204) 204-4431
info@mys.ca
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P (204) 949-4750
F (204) 949-4778

□ Kisewatisiwinn Services

204 - 213 Churchill Drive
Thompson MB R1N 0L6
P (204) 677-0120
F (204) 770-7728
mynorth@mys.ca

□ Northern APH Program

Box 01040
0penwayak, MB R0B 2L0
P (204) 627-5560
F (204) 627-4461
NAPH@mys.ca



A United Way Member Agency



Macdonald Youth Services

November 4, 2013

Services Offered Include:

Emergency Shelter & Resource Centre

Mobile Crisis & Brief Therapy Teams

Life Skills & Pre-Employment Training

Community Housing Homes

Brooding Assessment

Independent Living with Supports

Treatment Foster Care

Community Service Orders & Fine Option

Jocelyne Lalonde

100-1, 11th Street

Dear Jocelyne,

**Re: Thesis proposal; Hearing Their Voices: A Qualitative Study
of the Housing Experiences of Youth Who Have Transitioned
Out of Care Through an Independent Living Program in
Winnipeg**

Thank you for submitting your thesis proposal and for your interest in collaborating on your research with Macdonald Youth Services Specialized Individual Placements (SIP) program. I, along with a number of our clinical staff have had an opportunity to review it and we were impressed. We would very much like to offer you our support and we believe that it would be a worthwhile venture to work with you on it.

Please feel free to make contact with Karen McKim, our Coordinator of Clinical Services and with Lisa Salter, Therapist for the SIP service and ILS to discuss what processes are required and develop a plan.

I look forward to meeting you at some point and hope that you will find the experience of working with SIP to be meaningful.

Feel free to contact me should you wish to discuss this matter further.

Best Regards,

Karen McKim for,
Ron Kane, MSW RSW
Director of Clinical Services
Macdonald Youth Services

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A United Way Member Agency

Appendix B: Ethics Approval Certificate



Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Fax +204-269-7173

APPROVAL CERTIFICATE

August 5, 2014

(Advisors Robles/Duncan)

TO: Jocelyne A. G. Lalonde
Principal Investigator

FROM: Susan Frohlick, Chair 
Joint-Faculty Research Ethics Board (JFREB)

Re: Protocol #J2014:061
"Hearing their voices: A Qualitative Study of the Housing Experiences of Youth who have Transitioned Out of Care through an Independent Living Program in Winnipeg"

Please be advised that your above-referenced protocol has received human ethics approval by the Joint-Faculty Research Ethics Board, which is organized and operates according to the Tri-Council Policy Statement (2). This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- If you have funds pending human ethics approval, please mail/e-mail/fax (261-0325) a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: <http://umanitoba.ca/research/ors/mrt-faq.htm#pr0>)
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.

Appendix C: Recruitment, Debriefing and Member Checking Scripts

1) Phone, Word of Mouth, Recruitment and Referral script for youth:

Hello! Jocelyne, a graduate student at the University of Manitoba and part-time casual Youth Care Worker with MacDonald Youth Services, is doing a project that needs individuals who have transitioned from care through the ILS program to participate in interviews. The project is entitled *Hearing Their Voices A Qualitative Study of the Housing Experiences of Youth Who Have Transitioned Out of Care through an Independent Living Program in Winnipeg*. She is looking to better understand the housing experiences of young people after their discharge from ILS.

The interview process could be considered emotionally difficult or challenging, as the questions will involve asking you about your time in care, your discharge and your housing experiences after your discharge.

Some potential benefits of this study include having an opportunity to share your hard earned personal experiences of transitioning from care, and your housing experiences post-care to possibly influence future policy and legislation. The experiences and expertise you share may be consulted to provide evidence for change to the child welfare system. No study has asked youth who have transitioned from care through the Independent Living with Supports program what their experience has been like. Your participation could contribute to a greater understanding of the post-care housing experiences of youth.

If you decide that you would like to participate, you can later decide to opt out of the study at anytime without penalty or consequence of any kind.

The interview will take about 1.5 to 2 hours to complete. If you decide to participate, you will be provided with a thirty-dollar honorarium.

Would you be interested in participating in this study? You don't need decide now, but I can give you a copy of the information and consent form with all the details. You can read it over and contact me (the program manager) or Jocelyne with any questions you might have. If you decide you are interested you can contact me or Jocelyne (I will provide you with her contact information) to schedule a time and location that is comfortable for you to meet. Thank-you for your consideration.

1) Phone, Word of Mouth, Recruitment and Referral script for service provider:

Hello! My name is Jocelyne Lalonde. I am a graduate student at the University of Manitoba and am doing a project that needs individuals who provide services to youth who are or were in the care of CFS to participate in interviews. The project is entitled *Hearing Their Voices A Qualitative Study of the Housing Experiences of Youth Who Have Transitioned Out of Care through an Independent Living Program in Winnipeg*. I am looking to better understand the housing experiences of young people after their discharge from the child welfare system.

The interview process could be considered emotionally difficult or challenging, as the questions will involve asking you about your experiences working with youth in care. If you decide that you would like to participate, you can later decide to opt out of the study at anytime without penalty or consequence of any kind.

Some potential benefits of this study include having an opportunity to share your experiences of working with youth who have transitioned from care or who are transitioning from care to possibly influence future policy and legislation. The experiences and expertise you share may be

consulted to provide evidence for change to the child welfare system. Your participation could contribute to a greater understanding of the post-care housing experiences of youth.

The interview will take about 1.5 to 2 hours to complete. You will not be provided with compensation for your time.

Would you be interested in participating in this study? You don't need decide now, but I can give you a copy of the information and consent form with all the details. You can read it over and contact me with any questions you might have. I will call back in a week to follow up with you. You can also contact me if you decide you are interested in participating to schedule a time and location that is comfortable for you to meet. Thank-you for your consideration.

2) Debriefing script:

That's all the questions I have. Do you have anything else to say before we end the interview? Do you have any questions for me before we close? If you have any questions about this study, you can contact me at any time. You can also contact my supervisor if you have any concerns about this study. I want to remind you of the resource list for you to keep, just in case you experience any trauma as a result of participating in this study. The agencies listed here can be called regarding issues not related to this interview as well. Would you like assistance in contacting these services? I will contact you once I am done all the interviews to check and make sure I understood what you said today accurately.

In participating in this interview, you are contributing your hard-earned experience towards efforts to improve young people's transition from care. Thank you very much for your time and contribution!

3) Member checking phone call script:

Hello (participant name). I am contacting you today to check my understanding of what you said on (date) during the interview. If you have time right now we can discuss this, or we can arrange an alternate time. What do you prefer? Also, if you would prefer to meet in person, we can arrange a time and place that works for you. (Note: If participant does not have time to discuss, I will schedule a time that works better, and then contact them using this same script again. If participant does have time, will go over my data. Following this, I will end the conversation). Okay, that is all I wanted to ask you. Thank-you for your time. Do you have any questions before we end today? (answer all questions to best of ability). (If the participant indicated they wanted a one page summary:) I will provide you with the summary of my findings when they are completed (give approximate date, and confirm method of which they would like to receive the finding indicated on consent form). Thanks again for your time!

4) Email / mail / in person / phone / or other with summary of research findings script:

Hello (participant name). I am contacting you today as you had indicated on your signed information and consent form that you would be interested in receiving a one page summary of my research findings, when available. I am happy to say that my research is now completed and I have a document containing a summary of my findings. (*I will then provide the finding in either a document given to the participant or by reading the findings depending on what the participant has requested.*)

As always, do not hesitate to contact me if you have any concerns or questions. Thank-you again for your participation in this study. Take care!

Jocelyne Lalonde BA (Hon.), MSc (candidate)

umlalonj@cc.umanitoba.ca

(204) 997-XXXX

Appendix D: Written Description of Study Handout



UNIVERSITY
OF MANITOBA

Department of Family Social Sciences
Faculty of Human Ecology

Study Details

Study title: Hearing Their Voices: A Qualitative Study of the Housing Experiences of Youth Who Have Transitioned Out of Care through an Independent Living Program in Winnipeg

Researcher / Interviewer: Jocelyne Lalonde

Supervisor: Dr. Wilder Robles

This study will examine the housing experiences of youth after discharge from the child welfare system. It is well documented that this population experiences high rates of homelessness post-care. Through interviews with 20 youths, this study will look at the details of their housing experiences after their transition from care through the Independent Living with Support program from Macdonald Youth Services (MYS). This study will use interviews with these youth to understand their post-care housing experiences.

In Winnipeg, Manitoba, almost half the homeless population started as children in the care of the child welfare system. This study will capture first-hand the voices and experiences of youth who have lived under this system, which will shed light on the strengths and weaknesses of the system and suggest what can be done to improve it. The goal of this study is to provide evidence for policy makers, politicians and other public servants who make decision on youth in care.

If you are interested in participating in this study, please contact either:

- The Program Manager of the Independent Living with Support Program,
XXXX XXXXXX @ 204-949-XXXX
or
- Jocelyne Lalonde @ 204-997-XXXX to make arrangement to be interviewed.

Thank you for your consideration!

Appendix E: Information and Youth Consent Form



Department of Family Social Sciences
Faculty of Human Ecology

RESEARCH STUDY INFORMATION & CONSENT FORM: YOUTH

You are invited to participate in a research study conducted by Jocelyne Lalonde, graduate student in the department of Family Social Sciences, Faculty of Human Ecology at the University of Manitoba. Thank-you for considering participating in this study.

You are free and encouraged to ask any questions before your decision to participate in this research study. You may ask questions any time before, during, or after the completion of this study. You are free to end your participation in this study at any time without consequence. You may also refuse to answer any questions you don't want to answer and still remain in the study. You will still receive the honorarium of thirty-dollars should you choose to withdraw from the study at any point.

No study has asked youth who have transitioned from care through the Independent Living with Supports program what their experience has been like. Your participation could contribute to a greater understanding of the post-care housing experiences of youth.

STUDY DETAILS

Study title: Hearing Their Voices: A Qualitative Study of the Housing Experiences of Youth Who Have Transitioned Out of Care through MacDonald Youth Services Independent Living with Support Program

Interviewer: Jocelyne Lalonde (umlalonj@cc.umanitoba.ca, Ph: 204-997-XXXX)

Supervisor: Dr. Karen Duncan (Karen.Duncan@umanitoba.ca, Ph: 204-474-XXXX)

Purpose: The purpose of this study is to better understand the housing experiences of youth after discharge from the child welfare system. Specifically, I would like to learn about:

- a) Your experience being discharged from CFS care.
- b) Your housing experiences since you were discharged from care.

Payment for participation: A thirty-dollar honorarium will be provided to you upon completion of the interview.

Interview process: You will be asked to participate in one interview, with an expected length of 1.5-2 hours. Do I have your permission to audiotape the interview so that I can accurately transcribe what you say, and to make sure I don't miss anything you say during the interview? I would also like to contact you during the data analysis stage and offer you the opportunity to review my interpretation of the data. This process is called member checking and serves as a way to ensure data validity and reliability.

Confidentiality: Your anonymity is important to me. All efforts will be made to ensure confidentiality of any information you provide me with during this study. No information containing identifiers will be shared with third parties. Pseudonyms or random number assignment will be used to protect your confidentiality and privacy. I will not refer to you by name during the interview, to ensure your anonymity on the recording. All files and audiotapes will be stored in a locked and secure location, only known to me. My supervisor will also have access to the information I collect. I will keep all data for five years following the publication of

this study as my master's thesis. After this time period, any data that includes identifying information will be destroyed. All anonymized data will be kept.

Limits of Confidentiality: If during our time together you share information regarding the abuse of a child or a person in care, I am required by law to report this to the authorities. Please initial here: _____ to indicate that you understand and agree to this limit of confidentiality.

Potential risks and discomforts: Due to the personal nature of the research topic, sensitive topics may arise and place you at risk of psychological discomfort and/or harm. For this reason and your convenience, a counseling information sheet has been included at the end of this consent form. You may also debrief with the researcher.

Potential benefits to participants and/or to society: A potential benefit of this study includes having an opportunity to share your hard earned personal experiences of transitioning from care, and your housing experiences post-care to possibly influence future policy and legislation. The experiences and expertise you share may be consulted to provide evidence for change to the child welfare system.

Use of data: I will use the data I gather from this interview to write my master's thesis. If accepted, there is also the possibility that my findings will be published in peer-reviewed journals and conferences.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may exercise the option of removing your data from the study. You may also choose not to answer any questions you don't want to answer and still remain in the study. You will still receive the honorarium of thirty-dollars should you choose to withdraw from the study at any point.

I have read all the information listed above. I confirm that the purpose of the research, study procedures, possible risks and discomforts as well as benefits have been explained to me. All my questions have been answered. By signing this form I express my willingness to participate in this study.

Print first name (do not include last name): _____

Middle name initial: _____ Gender: _____ Age: _____

Phone: (____) _____ Email: _____

- I agree to be audio-taped
- I received a copy of both the Information and Consent Form and a Counselling Resources list.
- I would like to be contact during the data analysis phase to participate in member checking.
- Please email / mail / phone me with / drop off in person (*please circle one of the preceding options*) a one page summary of the research findings, when completed (researcher to insert approximate date here: _____).

Signature: _____ Date: _____

Appendix F: Information and Service Provider Consent Form



UNIVERSITY
OF MANITOBA

Department of Family Social Sciences
Faculty of Human Ecology

RESEARCH STUDY INFORMATION & CONSENT FORM: SERVICE PROVIDER

You are invited to participate in a research study conducted by Jocelyne Lalonde, graduate student in the department of Family Social Sciences, Faculty of Human Ecology at the University of Manitoba. Thank-you for considering participating in this study.

You are free and encouraged to ask any questions before your decision to participate in this research study. You may ask questions any time before, during, or after the completion of this study. You are free to end your participation in this study at any time without consequence. You may also refuse to answer any questions you don't want to answer and still remain in the study.

STUDY DETAILS

Study title: Hearing Their Voices: A Qualitative Study of the Housing Experiences of Youth Who Have Transitioned Out of Care through MacDonald Youth Services Independent Living with Support Program

Interviewer: Jocelyne Lalonde (umlalonj@cc.umanitoba.ca, Ph: 204-997-XXXX)

Supervisor: Dr. Karen Duncan (Karen.Duncan@umanitoba.ca, Ph: 204-474-XXXX)

Purpose: The purpose of this study is to better understand the housing experiences of youth after discharge from the child welfare system. Specifically, I would like to learn about:

- What barriers to safe, affordable housing do youth face when leaving the care of the child welfare system and what changes would you recommend to alleviate some of these barriers?
- Is the child welfare system adequately preparing youth for stable living arrangements post-care? Are there and what changes to the child welfare system would you suggest to improve the housing outcomes for youth post care?

Payment for participation: No payment is available for participation in this study.

Interview process: You will be asked to participate in one interview, with an expected length of 1.5-2 hours. Do I have your permission to audiotape the interview so that I can accurately transcribe what you say, and to make sure I don't miss anything you say during the interview? I would also like to contact you during the data analysis stage and offer you the opportunity to review my interpretation of the data. This process is called member checking and serves as a way to ensure data validity and reliability.

Confidentiality: Your anonymity is important to me. All efforts will be made to ensure confidentiality of any information you provide me with during this study. No information containing identifiers will be shared with third parties. Pseudonyms or random number assignment will be used to protect your confidentiality and privacy. I will not refer to you by name during the interview, to ensure your anonymity on the recording. All files and audiotapes will be stored in a locked and secure location, only known to me. My supervisor will also have access to the information I collect. I will keep all data for five years following the publication of

this study as my master's thesis. After this time period, any data that includes identifying information will be destroyed. All anonymized data will be kept.

Limits of Confidentiality: If during our time together you share information regarding the abuse of a child or a person in care, I am required by law to report this to the authorities. Please initial here: _____ to indicate that you understand and agree to this limit of confidentiality.

Potential risks and discomforts: Although harm is foreseen to be unlikely, due to the personal nature of interviews, sensitive topics may arise and place you at risk of psychological discomfort and/or harm. For this reason and your convenience, a counseling information sheet has been included at the end of this consent form.

Potential benefits to participants and/or to society: Potential benefits of this study include having an opportunity to share your experiences working with youth who are or who have transitioned out of the child welfare system to possibly influence future policy and legislation. The experiences and expertise you share may be consulted to provide evidence for change to the child welfare system.

Your participation could contribute to a greater understanding of the post-care housing experiences of youth.

Use of data: I will use the data I gather from this interview to write my master's thesis. If accepted, there is also the possibility that my findings will be published in peer-reviewed journals and conferences.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may exercise the option of removing your data from the study. You may also choose not to answer any questions you don't want to answer and still remain in the study.

I have read all the information listed above. I confirm that the purpose of the research, study procedures, possible risks and discomforts as well as benefits have been explained to me. All my questions have been answered. By signing this form I express my willingness to participate in this study.

Print first name (do not include last name): _____

Middle name initial: _____ Gender: _____ Age: _____

Phone: (____) _____ Email: _____

- I agree to be audio-taped
- I received a copy of both the Information and Consent Form and a Counselling Resources list.
- I would like to be contact during the data analysis phase to participate in member checking.
- Please email / mail / phone me with / drop off in person (*please circle one of the preceding options*) a one page summary of the research findings, when completed (researcher to insert approximate date here: _____).

Signature: _____ Date: _____

Appendix G: Emergency Contact Form



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Faculty of Human Ecology
Family Social Sciences

Winnipeg, Manitoba
Canada R3T 2N2
Phone: (204) 474-9225
Fax: (204) 474-7592

Emergency Contact Form

If you would like you can complete this form, which will provide me with information about who to contact in case you become distressed and need a support person's assistance. Whether or not you complete this form is up to you.

Your First Name: _____

First Name of Support Person: _____

Contact phone numbers: Cell: _____
Residential: _____

Business: _____

Appendix H: Semi-Structured Interview Schedule: Youth

Semi-Structured Interview schedule: Youth

Before recording begins: Ask youth how best to reach them for member checking if they previously agreed to participate in member checking via the consent form.

Phone number(s): _____

Email address: _____

Other: _____

Start recorder (if participant consented to use recorded) & state:

- Participant ID
- Age
- Date
- Thank-you for giving your time toward this study.

Introduction:

These questions are tools and guidelines to seek out your personal housing experiences post care. In order to have a clear understanding of your experiences, I will also be asking questions regarding your time in care, your discharge from care as well as general questions about your life. Please feel free to share any information that is not covered or addressed in the questions if you would like. You are welcome to decline answering any question or end the interview at anytime without explanation, and you will still receive the honorarium.

- I am going to use an audio recorder to make sure I don't miss anything you say, unless you answered no to being recorded in which case I will take notes instead.
- I am also going to use a participant ID code, instead of your name to maintain anonymity on the audio recording.
- I want to remind you of an important limit of confidentiality. If during our time together you share information regarding the abuse of a child or a person in care, I am required by law to report this to the authorities.
- Have you had enough time to look over the information and consent form?
- Do you have any questions?
- If you do have any (other) questions, you can ask me at any time. You can also email me. My email is listed on the information form that you now have a copy of.
- As mentioned in the consent form, this interview will take about 1.5 to 2 hours.
- If you need a break at any time, just let me know.

Does everything sound okay to you to begin? (Verbal consent)

Research questions

Discharge from CFS care and Housing Experiences

Q: Can you tell me about your experience of being discharged from CFS?

Follow up questions:

- How long were you in the care of CFS?
- How long has it been since you were in the care of CFS?
- Did you receive additional time in care, past your 18th birthday (an extension in care) to work towards your educational or other goals? If so, what was this process like for you?
- What was it like being discharged from care?
- Where were you living at discharge?
- Did you have to move once you were discharged? If so, where did you move?
- Since being discharged, have you ever wished you could have remained in care longer?

Housing experiences post-care

Follow up questions:

- How many different places have you lived since discharge?
- Please walk me through the different living arrangements you have had since your discharge.
- Have you lived with family members / friends? If yes, who (please do not use actual names to ensure their privacy), for how long, did you have your own bedroom, did you sleep on the couch, how many others shared the living space with you?
- Have you lived in a rental unit (apartment, rooming house, duplex, other)? If yes, did you sign the lease, did you have a co-signer, and did you live with roommates. What was it like to obtain this unit?
- Have you experienced homelessness? What does “homeless” mean to you?
- Have you lived in a rooming house?
- Have you applied for Manitoba Housing?
- Have you used shelter services?
- What do you think young people like you, transitioning from CFS care need for this transition to be successful?
- What changes to the present system of transitioning youth from care would you suggest?

Education / Work

- Are you currently employed, or have you been employed in the past?
- What is your source of income?

Family

- Do you have contact with your siblings or parents?
- Do you have children of your own, or regularly care for children these days?

****When interview is completed, read debriefing script****

Appendix I: Semi-Structured Interview Schedule: Service Provider

Semi-Structured Interview Schedule: Service Provider

Start recorder & state:

- Participant ID
- Date
- Position
- Number of years in the field
- Service Sector or Agency Name
- Thank-you for giving your time toward this study.

Introduction:

These questions are tools and guidelines to seek out your knowledge and understanding of the housing experiences of youth post discharge from care as well as their experiences of the discharge process. Please feel free to share any information that is not covered or addressed in the questions if you would like. You are welcome to decline answering any question or end the interview at anytime without explanation.

- I am going to use an audio recorder to make sure I don't miss anything you say.
- I am also going to use a participant ID code, instead of your name to maintain anonymity on the audio recording.
- I want to remind you of an important limit of confidentiality. If during our time together you share information regarding the abuse of a child or a person in care, I am required by law to report this to the authorities.
- Have you had enough time to look over the information and consent form?
- Do you have any questions?
- If you do have any (other) questions, you can ask me at any time. You can also email me. My email is listed on the information form that you now have a copy of.
- As mentioned in the consent form, this interview will take about 1.5 to 2 hours.
- If you need a break at any time, just let me know.

Does everything sound okay to you to begin? (Verbal consent)

Barriers

Q: What barriers to safe affordable housing do youth face when leaving the care of the child welfare system?

Q: What changes would you recommend to alleviate some of these barriers?

Life post care

Q: In your experience, what are the living arrangements of youth who leave the child welfare system?

Follow up question:

- Are they living on their own, with family or friends, in a shelter, other?

Q: Is the child welfare system adequately preparing youth for stable living arrangements post-care?

Follow up questions:

- What could be done better / differently?
- What changes to the child welfare system would you suggest to improve the housing outcomes for youth post care?

****When interview is completed, read debriefing script****

Appendix J: Counselling Resources in Winnipeg

COUNSELLING RESOURCES IN WINNIPEG:

The following agencies provide low cost or free counselling in Winnipeg. Please call for current drop-in times or to book an appointment:

- Aurora Counselling Centre: 204-786-9251
- Aulneau Renewal Centre: 204-987-7090
- Building Futures 204-982-6126 or toll free 1-855-277-0477
- Family Centre: 204-947-1401
- Fort Garry Women's Resource Centre: 204-477-1123
- Jewish Child and Family Counselling Services: 204-477-7430 (open to all faiths and cultural groups)
- Klinik Community Health Centre: 204-784-4059
- Ma Mawi wi Chi Itata Centre (Aboriginal): 204-925-0300
- Mount Carmel Clinic: 204-589-9419
- North End Women's Centre: 204-589-7374
- Pluri-elles (French Language): 204-233-1735
- RaY (Resource Assistance for Youth): 204-783-5617

For immediate phone counselling, call the Klinik Crisis Line (open 24 Hrs) at (204) 786-8686 or TTY (204) 784-4097.