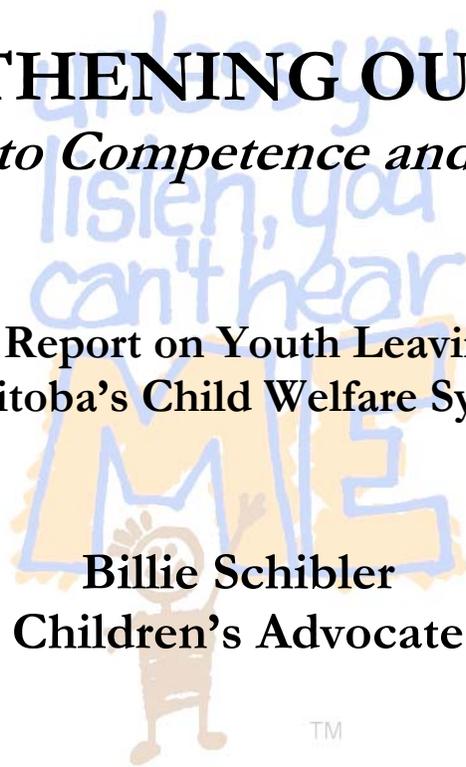

Office of the
Children's Advocate

“STRENGTHENING OUR YOUTH”
Their Journey to Competence and Independence

A Report on Youth Leaving
Manitoba's Child Welfare System

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**STRENGTHENING OUR YOUTH:
Their Journey to Competence and Independence**

EXECUTIVE SUMMARY

Almost 1,600 youth will be aging out of the child and family services system in Manitoba in the next three years. According to the Department of Family Services and Housing, Child and Family Services Information System (CFSIS), most of the youth (70%) are Aboriginal and a significant number have a diagnosed disability (28%). Many of the youth have not acquired the skills necessary to manage adult tasks and few have the support of family to help them out. Some have disabilities, while others may be struggling with mental health issues. As youth differ, so do their needs, but without question, the majority of youth leaving care are alone and vulnerable. Concern about the vulnerability of youth after they leave care has been a reoccurring theme in the work of the Office of the Children's Advocate. This review examines the issues affecting former youth in care, provides a comparative analysis of policy and research findings and makes recommendations. Research on youth transitioning from care shows many negative outcomes. A large number of former youth in care are homeless, do not complete high school, are receiving social assistance, are more likely to be incarcerated, self harm, have suicidal impulses, are depressed and are at high risk of exploitation, especially in the sex trade.

Some countries have introduced legislation mandating services to youth in care; specifically independent living preparation and post care services. This legislation includes accountability provisions and non-compliance penalties to ensure that the services are provided. Several Canadian provinces are taking a leadership role in initiating legislation that regulates specific services to youth leaving care. Most promising are the extensions of care, up to the age of 25, to enable youth to complete high school and enrol in post-secondary education programs. Manitoba has taken steps to ensure the availability of adult service programs that support youth with special needs, mental health issues and disabilities after the age of majority. However, the province is lagging behind in setting policy that would provide consistent and systematic independent living services, educational support, housing and post care assistance to youth that are aging out of the child welfare system in the province. Existing services to help youth prepare for independent living in the province are sadly lacking, inconsistent at best and limited in scope.

A consensus on the lack of educational achievement and availability of housing for youth leaving care suggests a need to focus on both raising the priority of educational achievement for children in care and developing safe and affordable housing for youth. Youth leaving care have a variety of different needs, abilities and challenges. As a result, they have varying housing needs. While some youth are able to live independently, others may require support and assistance. There is a need for specialized and designated housing units specifically for youth formerly in care. Safe and affordable housing, transition homes and semi-supported living arrangements, geographically accessible to allow for proximity to schools are needed to meet the housing needs of youth leaving care.

An alarming number of youth in care do not complete high school. According to research by the National Youth in Care network, less than 30% of youth in care complete high school in Canada. Most youth in care age out at the age of 18, which is the age that youth in the general population are completing high school and making plans for post-secondary education. The arbitrary age of 18 makes no sense if the goal is for the youth to complete high school. Youth need time to complete their high school education, to learn life skills and they need adequate financial support to pursue post-secondary education or training programs when they leave.

For the most part, youth in care do not have a functional social support network upon which to rely during the transition from dependence to independence. They feel isolated and disconnected from supports that were once a part of their daily life in care, and at the same time, are unprepared for establishing new connections. Social support is particularly critical during times of stress. Having a significant person in their lives, improves outcomes for youth leaving care. As a result, reunification services should be available to open the doors for youth and their biological families to establish contact.

Youth should not be bystanders, but rather, participants in decisions that affect them. Believing that youth are competent, have strengths and are able to participate in decisions related to their lives will restore their sense of worth. The inclusion of youth in independent living preparation increases the likelihood that the process will actually apply to them. Every effort should be made to create opportunities for youth to be part of their own independent living planning at every level.

Sadly, a gap exists between the opportunities available to youth in care and to those in the general population. Youth aging out of care rarely have access to the type of sustained support provided by most families. Generally, parental support is not limited to the years of childhood and adolescence but

frequently is provided through young adulthood and beyond. According to the *Statistics Canada Census (2001)*, 93% of young Canadian adults live with a parent at the age of 18 and 57% of young adults between the ages of 20 and 24 still resided with a parent. The transition from living in the parental home to other arrangements tends to take place as youth enter their mid-20s and is not always final. Youth can leave and return to their family home at any time. For youth in care, this is not an option.

At the same time that studies on youth transitioning from care show unusually bleak educational outcomes (Rutman et al, 2001, 2003), (Kufedit, 1990), (Martin et al, 1997), research studies on the general population of Canadian youth show that youth do quite well in the educational arena. The median age at school completion in Canada is 21.8 years for women (Ravanera et al., 1998) and 22 years for men (Ravanera et al., 2002). Eighty five percent of youth in Canada complete high school (Bowlby and McMullen, 2002). Enrolment in post-secondary education continues to increase, with 62 percent of graduates going on to post-secondary education within a year, and another 20 percent after a one-year delay (Tomkowicz and Bushnik, 2003). International comparisons show that Canada is at the very top of economically stable countries in terms of the proportion of the population at various age groups who have completed a post-secondary qualification, diploma or degree.

There is no question that youth in care are denied many of the opportunities enjoyed by youth in the general population. In addition to the growing pains all adolescents experience, youth in care face unbelievable obstacles and hardships in their journey to become competent and independent adults. Despite the adversities, there are some youth in care who display amazing resilience and move on to achieve their dreams and build futures for themselves.

In light of the findings in this review, a number of recommendations are proposed for improving outcomes for youth leaving care.

1. That the Department of Family Services and Housing develop a policy outlining responsibility for children in care who are reaching the age of majority and leaving care.
2. That the Department of Family Services and Housing develop a policy outlining responsibility for post age of majority support and assistance to youth formerly in care.
3. That the Department of Family Services and Housing develop a policy on youth leaving care. It should outline the responsibilities of Agencies and Authorities for

services to youth leaving care including independent living preparation prior to leaving care and post care services up to the age of 21 years.

4. That the Department of Family Services and Housing develop a policy on youth leaving care, enrolled in educational or training programs. It should outline the responsibilities of Agencies and Authorities for services until the age of 25 years.
5. That the Department of Family Services and Housing extend the maximum age eligibility for Extended Care and Maintenance (ECM) from 21 to 25 years, to enable youth to achieve higher education and develop work skills.
6. That the Department of Family Services and Housing ensure that the policies for youth leaving care and the Extended Care and Maintenance provision is consistently applied across all Child and Family Services Authorities in the province.
7. That the Department of Family Services and Housing broaden the Extended Care and Maintenance provisions to include temporary wards of the province who will be in care until the age of majority.
8. That the Department of Family Services and Housing, along with the four Authorities develop standards to prepare youth for leaving care and incorporate these standards as a regulatory requirement.
9. That a Committee with representatives from the Department of Family Services and Housing and the Authorities, along with service providers, youth in care, or formerly in care and stakeholders, be established to develop standards for youth leaving care, including post care services. The Committee should embark on a review of national and international policies, programs and services to learn from these experiences and incorporate strategies that have proven to be effective for sustained positive outcomes.
10. That standards for services to prepare youth for leaving care provide for the diverse needs of Aboriginal youth in care and youth with disabilities who are not eligible for adult supported living programs.
11. That standards for services to prepare youth for leaving care outline a flexible and functional process for graduating from dependence to interdependence and include mandatory needs assessments; individualized transition plans and post care services.
12. That standards for services to prepare youth for leaving care have provisions for the active involvement of the youth leaving care and for the inclusion of a team of individuals significant to the youth and willing to be a part of independent living planning with the youth.
13. That the Department of Family Services and Housing develop compliance and quality assurance standards for services to youth leaving care, including post care services.

14. That a comprehensive and consistent tracking system be implemented for all children in care measuring their progress in key areas of development while in care. The Canadian Looking After Children (CanLac) is an example of a nationally endorsed measurement of progress in seven key areas of development – education, health, identity, family, social relationships, social presentation, emotional and behavioural development and self-care skills.
15. That a comprehensive and consistent tracking system be implemented for youth leaving care measuring their progress in preparing for independence while in care and after leaving care. The tracking system should be based on the determinants of health.
16. That the Department of Family Services and Housing, along with the Manitoba Housing Authority, develop a number of housing units in the province solely for youth leaving care.
 - a) Housing units should include short-term transition and emergency housing options and long-term apartments, and
 - b) Housing units must be affordable and located in areas that are safe and in close proximity to transportation services.
17. That the Department of Family Services and Housing, create a program within its Employment and Income Assistance Program, with flexible and supportive admission rules and expectations, providing counseling, guidance and emotional support to former youth in care, to engage them in planning for a career. It is essential that the program is responsive to issues of youth development, youth engagement and the varying needs of this special population group.
18. That the Departments of Family Services and Housing and Education develop a policy paper on reducing school moves due to placement changes, supporting youth in care to complete high school and improving academic outcomes for children in care.
19. That the Departments of Family Services and Housing and Education launch a review of the poor education outcomes for children in care and make recommendations on improving these outcomes.
20. That the Departments of Family Services and Housing, Education, Health and Healthy Living launch an exploratory research initiative on the health and mental health needs of street-involved youth.
21. That Healthy Child Manitoba extends its Healthy Adolescent Development Strategy to address the needs of youth in care and former youth in care.
22. That the Department of Family Services and Housing develop training programs for Social Workers, Support Workers and Youth Care Workers on preparing youth for transitioning from care.
23. That the Competency-Based Training (CBT) program includes a module on preparing youth in care for independent living.

24. That the Child Protection and Support Branch, or designate, develop a core set of life skill competencies for youth aged 15 years, 16 years, 17 years and the age of majority. These competencies should provide guidance to caregivers in developing appropriate life skill activities with youth at each age level.
25. That the Manitoba Foster Parent Association receive funding to develop training programs for foster parents to assist youth in care with achieving life skill competence and preparing for independent living.
26. That Authorities and Agencies ensure that all youth in care are aware of Voices, Manitoba Youth in Care Network by providing information material to all new admissions and having information brochures available at all agency offices and placement resources.
27. That Authorities and Agencies review their case management practices to ensure that all youth in care, at the age of 15, have a transition plan for leaving care. This plan should contain an assessment of the youth's needs, a plan for acquiring life skills, time frames and goals for independent living.
28. That Authorities and Agencies develop a practice standard that involves youth, upon reaching the age of 15, to participate with the caseworker in developing a transition plan for independence from care.
29. That Authorities and Agencies develop a practice standard that promotes educational achievement as a priority for children in care, and support this by providing practical assistance such as educational assessments, tutoring, counselling, learning aids and tools and assistance with learning.
30. That Authorities and Agencies develop a practice standard that promotes reconnections with biological and extended family, former foster parents or other significant persons in the life of the youth. Every effort should be made to ensure that youth leaving care have a support system.
31. That the Department of Family Services and Housing increase funding to reduce the workload of Social Workers enabling them to increase time in direct service work with youth in care.
32. That the Department of Family Services and Housing provide funding to Authorities to develop a range of independent living programs for youth leaving care.
33. That Authorities and Agencies increase the number of specialized foster homes for youth over the age of 15 preparing for independent living.
34. That foster parents, caring for youth preparing for independent living, are provided with a clear description of responsibilities and attend training in strategies and methods for effective independent living preparation.
35. That foster parents caring for youth preparing for independent living, be paid an increased per diem rate, established through a review of responsibilities, training expectations and the needs of the youth preparing to leave care.

36. That Authorities review the transition plans for youth in care aged 15 and over and based on the identified needs, develop a range appropriate independent living services or programs to ensure successful transitions to adulthood.
37. That the Department of Family Services and Housing develop a directory of independent living programs and resources in the province.
38. That the Department of Family Services and Housing work with the Social Planning Council to establish a Committee to review the independent living rates for youth in care and, based on a review of actual living costs, adjust the living allowance in accordance with the recommendations of the Committee.
39. That the Department of Family Services and Housing, through the Employment and Income Assistance Program, provide the adjusted living allowance to youth leaving care until the youth is able to earn a comparable or better living allowance through employment or the youth reaches the age of 21 years.
40. That the Department of Family Services and Housing introduce financial incentives to enable youth in care to pursue higher education or training. This can include tuition waivers, education vouchers, bursaries, grants or loans.
41. Education funds should be started for all children in care with those born after 2003 eligible for the Canada Learning Bond.
42. That the Authorities review the admission to care standards at ANCR (JIRU), Intake Services, to allow for the admission of youth under the age of 18, in need of shelter and support.
43. That the Department of Family Services and Housing provide funding to increase the number of transition and emergency bed spaces in the province for youth under the age of majority.
44. That the Department of Family Services and Housing establish a fund for aftercare services to former youth in care. This funding should be available to community organizations to develop programs offering services to meet the varying needs of former youth in care.
45. That the Department of Family Services and Housing increase funding to Voices-Manitoba Youth in Care Network to develop a peer support program, that is, matching former youth in care with those who are preparing to leave care for support, mentoring and role modeling.

1. INTRODUCTION

1.1 Background

In the last few years considerable attention has been directed to the plight of youth in the care of child and family services agencies making the transition to adulthood. At the chronological age of 18, or 19 in some provinces and territories, most youth in care have reached the age of majority and face emancipation from the child and family services system. In the next three years almost 1,600 youth will be aging out of care in Manitoba. Needless to say, because of the very reason that they have had to come into care, this population of youth is disconnected and vulnerable, poorly prepared for the challenges of living on their own and at high risk of becoming victims again and again. The issues and challenges facing this population of youth are not restrictive but, rather, are very similar across the nation and internationally. Outcome studies show that this group of youth are struggling with the same issues whether they live in Canada, the US, the United Kingdom or Australia. The difference is in the manner in which each country is dealing with the issues.

This report will focus on youth in the care of child and family service agencies in Manitoba who are in the process of, or have aged out, of care because they have reached the age of majority or the limit for extended care. It will also examine policy, the aging out experiences of youth, and the services available to them in Manitoba, in other provinces, the US, the UK and in Australia. The following questions will be considered:

1. Who are the youth in care that are or will be aging out of the child and family services system?
2. How many youth age out of care yearly in Manitoba?
3. How prepared or ready are these youth for entering the adult world?
4. What policies or standards apply to ensure that youth receive adequate preparation and support for entering the adult world?
5. What programs and services are available to prepare and guide these youth toward a successful transition to adulthood?
6. What is required to best prepare youth for transitioning to adulthood?

7. What should youth in care expect from the child and family services system and the adults caring for them?
8. What internal and external factors impact favourably or adversely upon the preparation, and subsequent readiness, of youth who transition from the child and family services system to adulthood?
9. How does collateral involvement interact with the process of youth aging out of care?
10. How are youth in care doing compared to their “not in care” peers?
11. What type of evaluation is done to ensure youth are able to care for themselves after they leave care?
12. What are other provinces and countries doing to assist their youth in successfully transitioning from care into the adult world?
13. What needs to happen to ensure more positive outcomes for youth in care who age out into the adult world?

1.2 Purpose

This review has been initiated and funded by the Manitoba Office of the Children’s Advocate (OCA). The well being of youth transitioning from the child and family services system has been a common and reoccurring theme in the work of the OCA. Concerns have been voiced by both the public about the lack of support and resources for youth who reached the age of majority and have to leave the care of the child and family services system; and by youth in care, or formerly in care, who are feeling inadequately prepared for the transition to adulthood.

Social Workers, care providers, external community organization members, researchers and youth themselves voice similar concerns that a large majority of youth in care, aging out of the child and family services system, are not doing that well in the adult world. Compared to the majority of youth in the general population, youth in care are less often able to complete high school, are unemployed or underemployed, continue to experience many moves after they leave care with many facing periods of homelessness or become “couch drifters” where they move from one place to another. Others return to their family of origin after years of separation and lack of relationship. This return is often problematic as the youth and family are not connected and, in some situations, barely know each other. Additionally, youth in care tend to have higher social and emotional needs due to often chaotic or traumatic childhood experiences and lack connections and support from significant people in their lives. Some may

require therapy or have increased needs for support and assistance. Recent studies suggest that a large number of children in care have disabilities that may impact their capacity to live on their own but are not considered severe enough for supported adult living programs (Fuchs et al, 2005). Furthermore, it is not uncommon to see a high number of youth who have left care to affiliate with gangs, engage in substance misuse, sell sex in exchange for money and become involved in criminal activities.

The most concerning reports are from the youth themselves who report feeling “worried and anxious” and “stressed” about moving out on their own. Much of the worry is about the loss of financial support, inability to complete high school, loss of relationships they established while in care and feelings of being alone and lonely. As one youth who had just moved into independent living stated, “*some nights I can’t sleep because I’m not used to it yet*”; another stated that her biggest difficulty will be “*trying to find resources to help me*”. A British Columbia study of youth who had just left the child welfare system (Rutman et al, 2006) found that a total of 48% of the participants in their study either reported experiencing depression, or reported mental health concerns related to depression, or were being treated for depression.

1.3 Objectives

- To review the provincial mandate, policies, guidelines and standards that define and guide services to youth transitioning from care to adulthood.
- To identify and outline the issues and challenges that face youth in the care of child and family service agencies in Manitoba as they “age out” of care.
- To review the services and programs available to youth in Manitoba to prepare them for leaving the child welfare system.
- To review policy, services and programs available to youth leaving child welfare systems in other provinces and countries.
- To recommend changes to Manitoba’s Child and Family Services system to improve the outcomes for youth “aging out” of care.

2. OVERVIEW OF CHILD AND FAMILY SERVICES IN MANITOBA

The delivery of Child and Family Services in Manitoba changed considerably between 2000 and 2005 with a restructuring of the child and family services system through legislative changes to restore to First Nations and Métis peoples primary control of child welfare services for their children and families throughout the province. Accordingly, responsibility for services to children and families was transferred from the provincial Director of Child and Family Services to four Authorities; the First Nations of Northern Manitoba Child and Family Services Authority, the First Nations of Southern Manitoba Child and Family Services Authority, the Métis Child and Family Services Authority, and the General Child and Family Services Authority.

2.1 Structure and Governance

Each Authority has a Board of Directors and the duties and powers to mandate, fund and direct agencies responsible for delivering child and family services in a culturally appropriate manner across the province. Authorities are also responsible for setting culturally appropriate standards for service and practice, reviewing the operations of agencies, setting compliance standards and quality assurance reviews, monitoring and tracking children in care and jointly managing intake services. Mandated through *The Child and Family Authorities Act* to administer, provide and deliver the services of *The Child and Family Services Act*, the Authorities are responsible for 24 agencies and regional departments located throughout the province providing child and family services to a geographically based and culturally specific client population.

The Child Protection and Support Branch of the Department of Family Services and Housing provides statutory and policy direction and funding to Authorities and ensures compliance with the provincial mandate and standards.

2.2 Why Children Come into Care

There are a number of reasons why children require out of home care. They may have been subject to abuse or neglect by a parent or guardian or the survivors of abuse by

family members or friends. Failing to protect their children from abuse, are sufficient reasons for parents to lose guardianship of their children. A parent or guardian may have died or has a serious health problem or suffers from an addiction and is unable to care for the child. Sometimes a parent has serious mental health issues and is unable to care for a child, or the needs of the child are so exceptional that the parent is not able to meet those special needs and asks Child and Family Services to provide care to the child. Parents or guardians may also request that a child come into care because the child's behaviour is beyond their ability to provide care and control. Some parents may relinquish a child because they believe that the needs of the child will be better met if someone else raises them. Youth may be placed in the care of Child and Family Services by court order to ensure stability and compliance with probationary conditions. Each situation is unique and dependent on many factors that exist for the family and the child at that specific time.

There are three ways in which a child can enter the care of a child and family services agency:

- 1). If a child is determined to be in need of protection after an investigation and assessment occurs, the child can be apprehended by a child and family services worker.
- 2). A parent or guardian can request that a child come into care for the purpose of assessment and planning by signing a Voluntary Placement Agreement with the child and family services agency. While the guardianship remains with the parent, the child and family services agency agrees to care for the child.
- 3). A parent can relinquish a child to the care of a child and family services agency by signing a Voluntary Surrender of Guardianship.

Once in care, children may be placed in one of the following living situations:

- With extended family
- In a Place of Safety
- In a Foster Home
- In an Emergency Placement Facility
- In a Group Home
- In a Residential Treatment Facility
- With an adoptive family

In order to provide care to a child, an Agency must apply to the Court of Queen's Bench (Family Division) or a Provincial Judges Court for an Order of Guardianship on the child unless the parents or guardians of the child agree to the child being in care by signing a Voluntary Placement Agreement. The Court can grant the Agency a Temporary Order of Guardianship for a specific period of time subject to renewal or a Permanent Order of Guardianship.

2.3 The Faces of Children in Care

Children come into care for many reasons and the length of their stay in care varies significantly but each child has been subjected to or exposed to incidents that have left scarring and taken a toll on their sense of safety and security. Without exception, children in care bring with them memories of traumatic events, loss, and fear. Their trust in significant adults around them has been damaged. Children in care have many faces. For the most part they may be survivors of physical and/or sexual abuse, family dysfunction or mental illness; neglected by parents and family members; abandoned and alone. They may be refugees from war-torn countries; disabled or behaviourally-challenged; beyond the control of their parents or guardians. They may be suicidal and depressed or they may be hopeful and optimistic, resourceful and resilient.

2.4 Children in Care with Disabilities

One third of the children in care in Manitoba on Sept. 1, 2004 were found to have a disability according to the *Children with Disabilities Receiving Service from Child Welfare Agencies in Manitoba Report, (October 2005)*. Most of the children with disabilities were Permanent Wards, and First Nations children comprised just over two thirds of the children in care with disabilities. The most common disabilities were intellectual which affected over 75% of the children with disabilities and mental health, which impacted over 45% of the children. More than half of the children had more than one type of disability. The most common combination of disabilities were intellectual and mental health with FASD being the most commonly diagnosed intellectual disability and ADHS the most frequently diagnosed mental health condition.

2.5 Youth Aging Out of Care in Manitoba

An average of 500 youth age out of care in Manitoba every year. Due to the lack of housing options for single people, a large number of youth reside in, or move to, larger urban centres, such as Winnipeg, Brandon and Thompson. As accurate numbers for youth moving into the Supported Living Program are not available, department staff estimates that between 50 and 60 youth meet the eligibility criteria and are referred to Supported Living Programs yearly. The remaining youth leave the child and family service system moving into independent living arrangements or moving in with family, extended family or friends.

Youth, who are reaching the age of majority in care, are either Permanent Wards or Temporary Wards of an agency, or in care under a Voluntary Placement Agreement (VPA). In the last few years, family-based services, and a family preservation philosophy has resulted in increased efforts to keep children at home with their families. As a result, more children come in and out of care and fewer children are made permanent wards. Currently more children are in care under temporary guardianship or under a VPA. Agencies have equal responsibility to all youth in care, however it is assumed that permanent wards are less likely to have connections with their family of origin, therefore, are considered to be more in need of support and assistance when they leave care. As a result, care can be extended for permanent wards only. Youth in care under temporary guardianship or a VPA are not eligible for extended care and must leave care at the age of 18 years.

3. **METHODOLOGY**

3.1 The Review Process

In order to better understand the demographics, policies, programs, processes, supports and resources that influence and impact services to youth aging out of care, this review will:

- Identify the number of youth between the ages of 15 and 21 years in the care of child and family services agencies in Manitoba, by Child and Family Service Authority.
- Identify the number of youth that are in care past the age of majority through Extended Care and Maintenance arrangements, by Child and Family Service Authority.

- Identify the number of youth between the ages of 15 and 21 years with a disability, in care of child and family services agencies in Manitoba, by Child and Family Service Authority.
- Provide an overview of the mandate, standards, policies and guidelines related to services to youth aging out of care in Manitoba.
- Provide a comparative analysis of mandates, standards, policies and guidelines from other provinces and countries that are relevant to youth in care aging out of child and family service systems.
- Discuss the outcomes of literature reviews, research studies, discussions with Child and Family Service administrators, social workers, support workers, foster care providers, external collateral service providers and youth in care, or formerly in care, relevant to identifying the issues facing youth aging out of the child and family services system.
- Provide an overview of programs and services available to youth in care that are transitioning to adulthood in Manitoba.
- Prepare recommendations on enhancing services and programs for youth that are transitioning from child and family service agencies in Manitoba.

3.2 Definitions

The term **Agency** refers to a mandated child and family services agency or provincial regional office in the Province of Manitoba.

In care or **care** is used interchangeably to identify a child or children who are either wards of an agency by legal decision or are being cared for by an agency as a result of a **Voluntary Placement Agreement (VPA)** between the agency and the parent(s) or guardian of the child. A child in care can be a **temporary ward** or a **permanent ward** of an agency. A child in care under a VPA receives all the services of a ward but the legal guardianship of the child remains with a parent or guardian. Parents entering a voluntary placement agreement with an agency may be required to contribute financially to the cost of caring for their child.

As Child and Family Services is a provincial responsibility in Canada, the **Age of Majority** varies between the provinces. In Manitoba the age of majority is 18 years of age. Children in care who are permanent wards of an agency are eligible to have their care extended through

the ***Extended Care and Maintenance*** program if they meet the required criteria. In Manitoba care can be ***extended*** up to the age of 21 years.

The terms ***aging out of care*** and ***transitioning to adulthood*** will be used frequently in this report. Both terms refer to the process where a child in care has reached the age of majority, or extended care limit, and must leave the care of a child and family services agency.

3.3 Statistical Information

The statistical information used in this report was obtained from the Manitoba Child and Family Services Information System (CFSIS). The data is current as of September 1, 2006. It has been organized into four categories in order to answer the following questions:

- a). Children in Care, aged 15 to 21 years
 - i. How many children, between the ages of 15 and 21 years, are in the care of Child and Family Services in Manitoba?
 - ii. Which Child and Family Services Authority is responsible for the services to these children?
 - iii. What cultural affiliations do these children have?
 - iv. Cultural affiliation as a percentage of the total number of children, between 15 and 21 years, in care.

- b). Children in Care, aged 15 to 21 years, with a Disability
 - i. How many children with a disability, between the ages of 15 and 21 years, are in the care of Child and Family Services in Manitoba?
 - ii. Which Child and Family Services Authority is responsible for the services to these children?
 - iii. What percentage of all children aging out of the child and family services system in the next three years, are disabled?
 - iv. Are children with a disability more likely to remain in care past their 18th birthday through the extended care and maintenance process?

- c). Extended Care and Maintenance
- i. How many children remain in care past their 18th birthday through the extended care and maintenance process?
 - ii. What percentage of children have their care extended past the age of majority?
 - iii. How long do they remain in care after reaching the age of majority?
 - iv. If care is extended, at what age are children being discharged?
- d). Children Aging Out of Care
- i. How many children will be aging out of the child and family services system in Manitoba in the next three years?
 - ii. How many children with a disability will be aging out of the child and family services system in Manitoba in the next three years?

Youth in Care - Aged 15 to 20 years

There are 1,593 youth, between the ages of 15 and 21 years, in care in Manitoba. Seventy-five youth are past the age of majority but remain in care under extended care and maintenance arrangements.

All Children in Care between the ages of 15 and 21 years	1,593
All Children in Care age 15	542
All Children in Care age 16	531
All Children in Care age 17	445
All Children in Care including those in extended care past age 18	75

Youth in Care - Aged 15 to 20 years by Child and Family Services Authority

In 2005 responsibility for all children in care in Manitoba was transferred to four distinct Child and Family Service Authorities. Each Authority is responsible for a number of agencies or regional departments funded to provide direct services to children and families in accordance with the provincial mandate, standards and directives. The following table reflects the distribution of children in care, between the ages of 15 and 21 years, by the Authorities that oversee services to them.

	FNN Authority	FNS Authority	Métis Authority	General Authority	Total
Children in Care age 15	95	209	53	185	542
Children in Care age 16	100	180	53	198	531
Children in Care age 17	83	153	41	168	445
Children in Care extended past their 18th birthday	17	35	8	15	75
	295	577	155	566	1593

Youth in Care - Aged 15 to 20 years by Cultural Affiliation

Youth in care, between the ages of 15 and 21 years, are predominantly First Nations. A smaller number are Métis, Non-status or Inuit. Only a quarter of the youth in care are non-Aboriginal. Cultural affiliation for 77 youth has not been determined. This is likely due to the fact that cultural information on these youth was not entered into the database.

	First Nations	Métis	Inuit	Non Status	Not Aboriginal	Not Determined	Total
Children in Care age 15	295	66	0	17	132	32	542
Children in Care age 16	278	65	1	16	142	29	531
Children in Care age 17	235	50	2	19	125	14	445
Children in Care extended past their 18 th birthday	49	9	1	3	11	2	75
	857	190	4	55	410	77	1593

The majority, 69.5% of youth in care in this age group affiliate with an Aboriginal culture. Less than 26% are non-Aboriginal and the cultural affiliation in 4.8 % of youth in care is unknown.

Percentage of Youth between the ages of 15 and 18 years by Cultural Affiliation

	First Nations	Métis	Inuit	Non Status	Not Aboriginal	Not Determined	Total
Number of Youth in Care	857	190	4	55	410	77	1593
Percentage of Total	53.8%	12%	.2%	3.5%	25.7%	4.8%	100%

Youth in Care with a Disability

The provincial Child and Family Services Information System (CFSIS) began maintaining data on children in care with disabilities in 2005. The data indicates that 442 youth in care, 15 years of age and over, have at least one disability.

All Children in Care, between the ages of 15 and 21 years, with a Disability	442
All Children in Care age 15 with a disability	148
All Children in Care age 16 with a disability	133
All Children in Care age 17 with a disability	132
All Children in Care with a disability extended past their 18 th birthday.	29

According to CFSIS data, almost 28% of the youth in care, aged 15 years and over were reported to have a disability. This information compares favourably with the study on *Children with Disabilities Receiving Services from Child Welfare Agencies in Manitoba (October 2005)* which found that 33% of children in care in Manitoba on September 1, 2004 had a disability and First Nations children comprised 68.7% of children in care with disabilities.

The CFSIS data indicates that a large proportion of the youth in care with a disability, between the ages of 15 and 21 years, are receiving services from the FNN, FNS and Métis Authorities. These Authorities have 68% of the 15 to 21 year old children in care with disabilities. As these Authorities are responsible for services to a predominantly aboriginal population, the data concurs with the findings of the *Children with Disabilities Receiving Services from Child Welfare Agencies in Manitoba (October 2005)*.

Percentage of 15 to 20 year old Youth in Care with a Disability by Child and Family Services Authority.

	FNN Authority	FNS Authority	Métis Authority	General Authority	Total
Children in Care with a disability age 15	27	62	17	42	148
Children in Care with a disability age 16	28	49	14	42	133
Children in Care with a disability age 17	19	47	15	51	132
Children in Care with a disability extended past their 18 th birthday	4	16	3	6	29
Number of Children in Care between 15 and 20 years with a disability	78	174	49	141	442
Total number of Children in Care between 15 and 20 years	295	577	155	566	1593
Percentage of Children in Care with a disability compared to Total	26%	30%	31.6%	25%	28%

Youth in Care - Extended Care by Child and Family Services Authority

Upon meeting eligibility criteria, in Manitoba, care can be extended beyond the age of majority up to the age of 21 years. Seventy-five children are in extended care in the province. As the data shows, extended care appears to be limited to the age of 18. Extensions of care become significantly reduced at the ages of 19 and 20. Only 13% of Youth have their care extended past the age of 18.

	FNN Authority	FNS Authority	Métis Authority	General Authority	Total
Children in Care age 18	17	27	7	14	65
Children in Care age 19	0	4	1	0	5
Children in Care age 20	0	4	0	1	5
Total number of Children in Care between the ages of 18 and 21 years	17	35	8	15	75

However, compared to care extensions in the last two years, there are more youth in extended care in Manitoba in 2006 than there were in previous years. Again, comparative numbers concur that care extensions decline significantly past the age of 18 years.

	2004	2005	2006
No. of Youth in extended care age 18	42	32	65
No. of Youth in extended care age 19	9	8	5
No. of Youth in extended care age 20	3	3	5
Total No. of Youth in extended care	54	33	75

Youth in Care - Extended Care by Cultural Affiliation

First Nations youth in care are more likely to have their care extended beyond the age of majority.

Children in Care Extended past their 18 th birthday	First Nations	Métis	Inuit	Non Status	Not Aboriginal	Not Determined	Total
Children in Care age 18	40	8	1	3	11	2	65
Children in Care age 19	4	1	0	0	0	0	5
Children in Care age 20	5	0	0	0	0	0	5
	49	9	1	3	11	2	75

Youth in Care with a Disability - Extended Care

Only 29 Youth with a disability are in extended care. Upon meeting specific eligibility criteria some youth with disabilities may be eligible for Adult Supported Living Programs or other Special Needs programs when they reach the age of majority.

Children in Care with a Disability	FNN Authority	FNS Authority	Métis Authority	General Authority	Total
Children in Care with a Disability age 18	4	11	3	6	24
Children in Care with a Disability age 19	0	2	0	0	2
Children in Care with a Disability age 20	0	3	0	0	3
	4	16	3	6	29

Youth in Care Aging Out of the Child and Family Services System in Manitoba

There will be over 1500 youth aging out the care of the child and family services system in Manitoba in the next three years. Almost 70% of the youth are Aboriginal. While 28% of the youth in care, between the ages of 15 and 21 years, have a disability, an alarming 68% of the Aboriginal youth in care have a disability. Additionally, approvals of care extensions are increasing every year with more Aboriginal youth in extended care than non-Aboriginal youth.

4. POLICY REVIEW- YOUTH LEAVING CARE

All provinces and territories in Canada have legislative responsibility for child and family services. Each jurisdiction's legislation has its own definitions, policies and structure of services that determines how children will be protected from abuse and neglect and how services will be administered to children in care. The governance of child and family services agencies varies across the country, depending on the organizational structure in each province or territory. Accordingly, compliance regulations, tools, resources and policies that are used by child welfare authorities to carry out the responsibilities they assume under provincial and territorial legislation are diverse making the acquisition of statistical data or comparative program analysis very difficult. At this time there is no body of research that considers children in care nationally although the *Canadian Looking After Children Project (CanLac)* has been accepted and endorsed by the Child Welfare League of Canada and is being used by some provinces. Currently, the very definition of "child" varies between the provinces/territories including different age of majority and maximum age limits for extended care across the country.

The Canadian Looking After Children Project (CanLac) was introduced in 2001. Modeled after the same program in the United Kingdom, Human Resources Canada assumed responsibility for evaluating the feasibility of the UK version and released a Canadian version of this project to interested provinces. LacCan focuses on clinical outcomes for children in care to assess the child's needs and progress. Through an annual Action and Assessment Record, the child's needs and progress are monitored in seven key areas of development – health, education, identity, family and social relationships, social presentation, emotional and behavioral development and self-care skills. This tool allows for a child's progress to be measured while in care. While this tool may be useful to chart progress while a child is in care, it is not set up to measure progress after a child has been discharged from care. Most provinces/territories in Canada are using CanLac in one form or another. The province of Manitoba is not using CanLac at this time.

This report will examine the mandate, provincial standards, policies and operating guidelines for services to children in care transitioning to adulthood in Manitoba. It will look at the policies governing services to 16 and 17 year olds in care, discuss the concept of permanency planning and its impact on youth in care, examine the provisions for extending care and review the process for discharging youth from care at the age of majority. A comparative analysis of national and international policy will follow.

Age of Majority Policy in Manitoba

The *Manitoba Child and Family Services Act (1985)* legislates the provision of services to children and families in the province. The fundamental principle in this Act is the best interest clause.

2(1) The best interests of the child shall be the paramount consideration of the director, an authority, the children's advocate, an agency and a court in all proceedings under this Act affecting a child, other than proceedings to determine whether a child is in need of protection, and in determining the best interests of the child all relevant matters shall be considered, including

(a) the child's opportunity to have a parent-child relationship as a wanted and needed member within a family structure;

(b) the mental, emotional, physical and educational needs of the child and the appropriate care or treatment, or both, to meet such needs;

- (c) the child's mental, emotional and physical stage of development;*
- (d) the child's sense of continuity and need for permanency with the least possible disruption;*
- (e) the merits and the risks of any plan proposed by the agency that would be caring for the child compared with the merits and the risks of the child returning to or remaining within the family;*
- (f) the views and preferences of the child where they can reasonably be ascertained;*
- (g) the effect upon the child of any delay in the final disposition of the proceedings; and*
- (h) the child's cultural, linguistic, racial and religious heritage.*

The Act also defines the role and responsibility of the guardian for children in care. Section 48 states that:

Where the director or an agency is the guardian of a child under this Act unless the guardianship is limited by the court, the director or agency shall

- (a) have the care and control of the child;*
- (b) be responsible for the maintenance and education of the child;*
- (c) act for and on behalf of the child; and*
- (d) appear in any court and prosecute or defend any action or proceeding in which the child's status is or may be affected."*

The *Child and Family Services Standards Manual (2005)* provides guidance and sets standards for service provision in the province. Section 9 of the Manual addresses services to 16 and 17 year olds:

"Age of Majority Planning-The case manager ensures that a plan for a child aged 16 and older includes preparations for becoming an adult such as:

- Referral to appropriate adult services in keeping with the Manitoba Transition Planning Process Support Guidelines for Students with Special Needs Reaching Age Sixteen.*
- Extension of support services and development of other support systems (for example, extended family, others).*
- Assessment and development of skills for independent living."*

Funding guidance is provided in the *Special Needs Funding Guidelines for Self-Management (February 2000), (July 2005)*. This document outlines funding criteria and provides guidelines to Authorities and Agencies in the province for services to children in care. Funding to assist youth in transitioning out of care is stipulated as follows,

“age of majority costs may be incurred to facilitate the young person’s transition to adulthood and independent living. (Up to \$1000.00 based on an itemized list). Every effort must be made to ensure whatever Independent Living Program is set up for the youth can be maintained by the youth after age 18. Age of Majority funds are based on need only”.

This is further clarified in the statement,

“services to sixteen and seventeen year olds in the care of a child and family services agency, who are resistant to agency involvement, will be limited to financial support based upon those provided to a single, unemployed person under the Social Allowance Act”.

In general, independent living arrangements for youth are funded in their entirety by the Agency caring for the child from its Child Maintenance operating budget and Special Needs budget if additional costs are warranted. The only exception is the funding for Youth with severe disabilities or special needs, which place them in a category referred to as Level V. All services to Level V youth are funded from a budget that is managed by the Child Protection and Support Branch. The Branch also operates a budget for exceptional circumstances and one-time expenditures for children in care.

Child and Family Services to indigenous people living on reserves is a federal responsibility. Directive 20-1 provides policy and funding direction in the implementation of on-reserve services. This directive has been the subject of considerable controversy and review as a result of concerns that it does not provide sufficient funding for First Nations Child and Family Service Agencies to deliver culturally based and statutory child welfare services on reserve to a level comparable to that provided to other Canadians. (*The Joint National Policy Review of First Nations Child and Family Services (NPR) McDonald and Ladd, 2000*) (*First Nations Child and Family Caring Society of Canada, 2005*).

4.2 Permanency Planning

Particularly due to the fact that children in permanent or long-term care are not legally connected to their family of origin, agencies, as guardians to these children, are responsible for ensuring that suitable alternative long term placements, education and support is available to them. The term, permanency planning, refers to the systematic process of carrying out, within a brief, time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships. All children in long term care should have a permanent plan that includes a stable and consistent placement, an education plan and a care assessment identifying any special needs and outlining a plan for meeting those needs. Concurrently, *The Child and Family Services Act* states that permanency planning must occur for all children in permanent care of agencies. To ensure that this occurs, Section 54 of the Act reads,

“the director shall, during each 12 month period in care, review the placement, care and treatment of and the permanency plans for every child in the care of agencies”.

Permanency planning intended to secure the futures of children in permanent care by providing them with suitable alternative care. The preferred outcome of permanency planning was to place children in permanent care with adoptive families, long-term foster families or extended family. This would ensure that they build relationships, receive care and nurturance and have the resources in place when they reach the age of majority and transition into adulthood. Unfortunately, the reality is different. Many children in care are not assured of long-term, stable living environments, access to education and therapeutic support services if needed. Children in permanent care continue to live in temporary placements and move frequently between placements preventing opportunities for developing permanent relationships with individuals who are able to make long-term commitments to them. At the same time more children come into care with special needs, disabilities, developmental challenges and serious behavioural concerns. These children have difficulties adjusting to family settings and require more intensive and therapeutically guided services.

Admissions to out of home care increase every year making it difficult to provide stable and permanent placements for children and youth in a timely manner. Most admissions

to care are placed in Emergency Shelters and may remain there for long periods of time. The Office of the Children's Advocate's *Emergency Assessment Placement Department (EAPD) Shelter System review of Winnipeg Child and Family Services emergency placement department (2004)* reported that 75% of all children between the ages of 0 and 18 were placed in an emergency shelter at admission to care. Forty percent of the children were between the ages of 12 and 18 years while 60% of the children were under the age of 11 years. The average length of stay in an emergency shelter was 95 days although the total numbers of days stay in an emergency shelter ranged from 1 to 1450.

Not all placements in emergency shelters were new admissions to care. The same report found that 22% of adolescents placed in the emergency shelters were permanent wards of the agency. The majority of these children and youth, 51.5%, were living in some form of foster care prior to their admission into an emergency shelter. As more children with high emotional, developmental and behavioural needs are in care, foster placements and extended family placements are no longer able to meet the needs of these children resulting in further placement instability and multiple moves while in care.

A large number of Youth in permanent care are not living in stable placements with long term care providers available to help them deal with challenges and provide support as they face major changes in their lives. Many permanent wards are leaving the child and family services system as alone and disconnected from caring and nurturing adults, as they were when they became permanent wards of child and family services.

4.3 Extended Care and Maintenance

In Manitoba the majority of youth in permanent care are discharged from care at the age of majority. The Child and Family Services Act Section 50(1) states that

“the guardianship of the director or an agency terminates when a ward marries or attains the age of majority”.

However the Act provides for the extension of care, upon the discretion of the appropriate Authority, up to the age of 21 years in Section 50(2),

“The director, or an agency with the written approval of the director, may continue to provide care and maintenance to a former permanent ward for the purpose of

assisting the ward to complete the transition to independence, but not beyond the date when the former permanent ward attains the age of 21 years.”

Extension of Care and Maintenance is only available to Permanent Wards of an agency and is intended to be a “bridge,” most often to assist youth in permanent care to complete high school or a treatment program. *Extension of Care and Maintenance Procedures (November 2003)* state that requests for an extension of care generally,

“involve case plans where a child is completing an educational/treatment program. (For example, the child turns 18 in April and will graduate at the end of June and/or is completing a specific treatment program that is required beyond the child’s 18th birthday.)”

The majority of extension of care requests are approved for a period of 6 months but may be granted for up to a year based on a specific case plan for the youth. The Procedures also state that the Permanent Ward has to voluntarily agree to a case plan that includes an extension of care. If the youth no longer chooses to participate in the case plan, the agency discharges the child. Although all extensions of care have to be approved by the appropriate Authority, funding for the extensions of care is the responsibility of agencies through their Basic Maintenance and Special Needs budgets. Again, the exception is a child in care, determined to be Level V, and receiving funding from the Child Protection and Support Branch.

4.4 The Rights of the Child

Although provincial legislation acknowledges the best interests of the child and sets legislative responsibility for children, a fundamental international principle supporting the development of policy and service to children is *The Convention on the Rights of the Child*. Adopted on November 20th 1989, the Convention on the Rights of the Child has been accepted and ratified by every country in the world except two. By ratifying this treaty, most world countries have committed to improving the quality of life to children across the world by agreeing to a framework intended to improve, promote and protect the basic rights for all children. The basic premise of the Convention is that children (all human beings below the age of 18) are born with fundamental freedoms and the inherent rights of all human beings. Its mission is to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. It sets out the rights that must be realized for children to develop their full potential, “free from hunger and want, neglect and abuse”. It reflects a new

vision of the child. Children are neither the property of their parents nor are they helpless objects of charity. They are human beings and are the subject of their own rights. The Convention offers a vision of the child as an individual and as a member of a family and community, with rights and responsibilities appropriate to his or her age and stage of development. By recognizing children's rights in this way, the Convention firmly sets the focus on the whole child.

The near-universal ratification of the Convention reflects a global commitment to the principles of children's rights. By ratifying the Convention, governments state their intention to put this commitment into practice. As a result, policy makers are obligated to amend and create laws and policies to fully implement the Convention; they must consider all actions taken in light of the best interests of the child.

Other important efforts to acknowledge indigenous children are underway. A Sub Group on Indigenous Child and Youth Rights was formed in Toronto in 2006 and signals an important step in promoting the dialogue of Indigenous Child rights on an international level. Concurrently, the First Nations Child and Family Caring Society is working on a submission to the United Nations Convention on the Rights of the Child recommending standards and guiding principles on the ethical engagement of young people and adults in Canadian organizations.

4.5 National and International Policy

The struggles of youth leaving the care of a child welfare system is an international concern and policy makers around the world are moving toward assuming responsibility for financial and social assistance to this population group. Although those efforts are starting to become incorporated in policy in some provinces in Canada, the United States and the United Kingdom have legislated responsibility for youth that have left child welfare systems. These countries have taken steps to ensure that youth leaving care are adequately prepared for the task of living on their own through policy directives and funding allocations that extend well past the age majority to allow the pursuit of post secondary education and training. Extended care and support to youth leaving care is mandated in the United States and the United Kingdom through legislation. Policies affecting youth transitioning to adulthood will be examined in three Canadian provinces; British Columbia, Alberta and Ontario, and in the United States, the United Kingdom and Australia.

Age of Majority Policy - British Columbia

The Ministry of Children and Family Development in British Columbia released a policy statement and specific set of standards in 2004 for preparing youth leaving care. The policy, *Supporting a Youth in Developing Self-Care and Independence Skills* states the following;

“Promote a youth’s resiliency, and support the youth in developing self-care and independence skills, from the time he or she is admitted to care to the time he or she leaves care. Provide opportunities for the youth to develop these skills in a manner consistent with his or her age, developmental level and culture.”

CIC Standard 16: Promoting Resiliency and Skills for Successful Community Living (2004) requires that

“every effort be made to assist a youth in care before he or she reaches the age of 19, in developing the capacity, skills, support and resources needed to face the challenges and adversities that accompany successful living in the community.”

This is to be accomplished through collaborative working relationships with other services to assess and develop a youth’s independent living skills, provide opportunities to test these skills and establish and strengthen connections with family, extended family, friends, community and informal and formal support systems. A youth leaving care as a result of reaching the age of majority in British Columbia is entitled to assistance in locating an appropriate place to live, obtaining basic living essentials, obtaining adequate financial and social support, obtaining information about therapeutic support and emergency assistance, securing funding for post-secondary education or training, identifying or maintaining relationships with family members, natural helpers, cultural community and other significant people. If the youth is Aboriginal, information and documentation about his or her rights, Aboriginal community membership and entitlements must be provided.

Age of Majority Policy - Alberta

The Alberta Children’s Services is the legislative body responsible for child and family services in the province. On November 1, 2004 the *Child, Youth and Family Enhancement Act* came into force. The Act contains provisions to support youth in planning for a successful transition to adulthood. Transition planning for youth must start at age 16, according to the Act, and requires the completion of a “Transition to Independence Plan” with all youth preparing for

transition out of care. The plan is developed with input from the youth and is based on the youth's "dreams, goals and ambitions".

The Act allows for new admissions into care to receive independent living assistance by signing a Custody Agreement with the Youth, (S.57.2(2)), for a period of not more than six months at a time. The director may sign a number of custody agreements with youth for up to 9 months each. If the youth continues to require the same level of support at the end of the 9 months, an application for a guardianship order is made under S.17 or S.18. If the youth is capable of living independently with a lesser degree of supervision and support at the end of 9 months, the director enters into an Enhancement Agreement with youth when a Custody Agreement with a youth is terminated. A Transition to Independence Plan is required at the time of signing the Custody Agreement with a youth and it is reviewed every three months. All youth transitioning to independent living must agree to a transition to independence plan by signing an agreement to participate and cooperate with the plan. Transition to adulthood planning emphasizes the need for inter-ministerial collaboration and partnership with the community and other Ministries to ensure successful bridging to adulthood.

For youth who were receiving services prior to their 18th birthday, the Act allows services to continue to be provided until the age of 22 years. Support is provided through the *Post 18 Support and Financial Assistance Agreement*. Any support or financial assistance must achieve the identified objectives of the Transition to Independence Plan.

The *Advancing Futures Bursary Program* was created in November 2003 to provide educational support to youth who are or were in the care of the Director. This program assists youth in upgrading their education, earning a degree or diploma, learning a trade or earning a licence or certificate.

Alberta Children's Services introduced the *Youth in Transition Initiative* in 2006, developed to effectively support children and youth during different stages of transitions. According to the *Guidelines for Supporting Successful Transitions for Children and Youth (March 2006)* the purpose of this initiative is to build "a smooth pathway for children and youth to transition into successful adults". Through research-based intervention methods, children and youth facing high-risk factors, disabilities or health needs, are provided with quality intervention in a comprehensive, accessible and coordinated manner during times of transition in their lives.

Age of Majority Policy - Ontario

In Ontario the Ministry of Children and Youth Services sets policy and provides program design for child welfare through the *Child and Family Services Act (1990)*. Child and family services are provided by one of the 53 Children's Aid Societies in the province. Each CAS is an independent, non-profit organization with a local board of directors. A review of the Act has resulted in the release of the *Child Welfare Transformation* paper in 2005 and amendments to the Child and Family Services Act recognizing youth leaving care. The Child Welfare Transformation document acknowledges "the transition from being in care to living independently can be difficult for youth leaving care and requires support and planning". As a result, amendments to the Act were introduced in 2006 to extend care and maintenance financial support that is available for youth in school until the age of 21 and support for the development of social and life skill programs that will help prepare youth for living on their own. Extended Care and Maintenance is available to youth in care at age 18 who are attending school or working on other goals. It is subject to a written contract negotiated between the youth and caseworker. This contract includes independence goals the youth will be working towards, school or part-time work that the youth agrees to complete or work on, and specific responsibilities and support services that the caseworker has agreed to. It is only valid for one year at a time and must be renewed annually.

Age of Majority Policy – United States

In November of 1999, the *Foster Care Independence Act (also known as the Chafee Act, after the late Senator John H. Chafee who sponsored the bill)* passed US Congress and was signed into law. The Act was introduced in response to concerns that youth leaving care were facing many challenges and existing agencies and programs were unable to adequately respond to their needs. The Foster Care Independence Act was a major step forward in that it provided a significant funding allotment and placed a focus on accountability of States for the development and implementation of independent living programs, evaluate the programs and provide technical assistance to agencies assisting youth in transitioning out of care. Specifically the Act provided funding for all States to ensure that services preparing youth for independence were available, including education, vocational and employment training necessary to obtain employment or prepare for post secondary education, training in daily life skills, pregnancy and substance abuse prevention and preventive health care and connection

to a support system. The Act provided funds for States to pay room and board for youth between 18 and 21 who had been in care and develop post care programs. Most importantly, it established accountability for States in implementing the programs, developing outcome measures, including educational attainment, employment, avoidance of dependency, homelessness, non-marital pregnancies, high-risk behaviours and incarceration. The outcome data is to be reported directly to Congress and penalties were set for non-compliance.

Age of Majority Policy – United Kingdom

In the United Kingdom, the *Children's Act (1989)* was amended to include the *Children (Leaving Care) Act (2000)*. This Act provides responsibility for children in care who are reaching the age of majority and leaving care. The Act set out a number of expectations for Child Welfare Authorities to follow in ensuring services to youth and former youth in care, leaving little room for discretion. The *Needs Assessments and Pathway Plans* were introduced to assess the needs of youth leaving care and determine the form and levels of assistance and support that would be required. The assessment is based on input from the youth and other collaterals that the youth is involved with, such as teachers, doctors, etc. The Pathway Plan does not end when the youth leaves care but continues to be part of the transition plan until the youth reaches the age of 21. If the youth is attending school or is in a training program or is preparing for employment, the support can be extended up to the age of 24. The Act directs local Authorities to ensure that gaps in care and the support needs of the youth, including education, training and employment needs, external support needs, financial needs, independent living skills and accommodation needs are met. Youth that are enrolled in education programs or are training for employment have their accommodations paid for and emotional needs addressed through the assignment of Personal Advisors. These advisors provide emotional and/or therapeutic support to the youth and offer them a "safety net".

A mandatory review process forces Authorities to make regular efforts to not only keep in touch with the youth but also to meet and discuss on going needs.

Age of Majority Policy – Australia/New Zealand

Bromfield, et al (2005) recently completed an evaluation of policy and services to youth aging out of care in Australia and New Zealand. They stated that both Australia and New Zealand were found to have similar problem outcomes for youth aging out of care. These included, among other outcomes, homelessness, poor mental and physical health, drug and alcohol abuse, and education and employment deficits. They recommended that the transition from care needs to be more gradual with extended support for young people leaving care. This support, they suggested, should take the form of shared care and responsibility between young people, families, workers and the broader community.

In New Zealand the *Children, Young Persons and their Families (CYPF) Act 1989* states that custody lapses on the young person's seventeenth birthday and guardianship on their twentieth birthday. Between 17-20 years of age, young people should continue to have support and mentoring. However, according to Bromfield, the lack of legislation regarding the provision of these supports and services for young people leaving care has made them relatively non-existent in the country. The Department of Families, Community Services and Indigenous Affairs provides a Transition to Independent Living Allowance (TILA), with up to \$1000 to assist young people who are leaving care to meet some of the costs involved in moving to independent living. New South Wales is the only state to introduce a legislative and program response for provision of support to youth leaving care. This involves a state wide After Care Resource Centre assisting young people with housing options, financial and support needs.

4.6 Policy Implications

Both the United States and the United Kingdom have taken steps to extend their legal obligation to provide for the ongoing welfare of children for whom they have assumed "parenting" responsibilities. The entrenchment of this commitment to youth in legislation specifies that youth leave care in a planned way, have involvement in the decision, have a support plan in place, and are assured of after care support and leave with relevant documentations, possessions and life records. In the absence of legislated after care services, youth leave care regardless of their readiness and personal maturity to cope with independent living.

Youth leaving care in Canada are more likely to fall between the policy safety nets particularly in the areas of income support, housing and education due to the lack of clarity in the role and responsibilities of government services. Although British Columbia and Alberta have taken steps to introduce contractual arrangements with youth in extended care, these are conditional and subject to immediate discharge if the youth deviates from the conditions. In Manitoba, the legislation is complex with more focus on entry into care and little attention to exiting care. Legislative and policy provisions lack responsibility for youth after the age of majority, unless they meet eligibility criteria for Supported Adult Living programs, and fail to address coordination of services to youth that are not eligible for adult programs. Leaving care is often a low priority and given few resources. Case planning standards for youth leaving care are too low and funding for extended care is insufficient and inconsistently applied.

5. OUTCOME REVIEW

National and international research shows a concerning pattern of poor outcomes for youth leaving care. There is consensus in the research that these youth face more challenges than their peers, primarily lacking the family support that is so important during stages of development, times of crisis and during special life events. Youth leaving care rarely have family support (Collins, 2001). A large percentage of youth formerly in care are unemployed or underemployed. Reilly (2003) followed 100 youth after they left foster care. He found that 26% of the youth had no steady income since leaving care. A large number of the youth admitted to supporting themselves by dealing drugs at some time since leaving care and 11% admitted to sexual intercourse in exchange for money. Youth leaving care have not usually completed high school (Barth, 1990). Reilly (2003) found that 50% of youth in his research group left care before they can finish high school. Involvement in criminal activities was not uncommon. Barth reported that 25% of youth in care had been involved in criminal activities since leaving care. Reilly found that 45% had been in contact with the law since leaving care.

The *Promoting Positive Outcomes for Youth from Care* project is a British Columbia study designed to examine what happens to youth following their exit from foster care at age 19. This is a 3-year study following a cohort of 37 youth in transition from care over a 2.5-year period. The study is currently at mid point and participants have responded to two survey

questionnaires. The experiences of these young people since leaving care were alarming. Researchers found that:

- Transience was considerable. 30% of participants have moved four or more times in the first year and a half after leaving care
- Homelessness had been experienced by 45% of participants
- More than 44% of the participants were on income assistance programs
- Nearly a third of the participants were now young parents and 60% of those have or have had some Child and Family Services involvement
- Youth reported financial hardship as the worst or most challenging aspect of leaving care
- The second most challenging aspect of leaving care was the loss of supportive relationships
- Depression continued to be the most frequently reported health issue. It was experienced by 48% of the participants.

Anne Tweddle, the author of a national review, *Youth in Care - How do they Fare?* (2005), submitted to the Task Force on Modernizing Income Security for Working Age Adults, presents findings that show that, compared to their peers, youth aging out of care are more likely to:

- Leave school before completing their secondary education
- Become parents at a young age
- Be dependent on social assistance
- Be unemployed or underemployed
- Be incarcerated/involved with the criminal justice system
- Experience homelessness
- Have mental health problems, and
- Be at higher risk for substance abuse problems.

A relatively large US study on youth transitioning from care in Washington State has been completed by the Office of Children's Administration Studies along with the Casey Family Programs in 2004. As indicated earlier in this report, financial and support services are available to youth after they leave care in the US and evaluations of youth after leaving care are mandatory with regular reports on their progress sent directly to the US Congress. *The Foster Youth Transition to Independence Study* (2004) followed a sample of youth for a period

of just over 2 years. One half of the youth completed high school or earned equivalency while another 19% were working on completing high school. An additional 25% had started college classes. Approximately 43% were employed, and 33% were involved in a public assistance program. All of the youth were able to identify at least one person that they could call if they needed help. Again, as a result of legislated expectations, prior to leaving care these youth participated in counselling services, independent living services, tutoring, drug and alcohol counselling and preparation for employment services. Participation in a preparation for independent living program showed more positive outcomes for these youth:

- The more services a youth received while in care, the less likely the youth would be arrested for a crime,
- Participation in independent living services decreased the likelihood of requiring public financial assistance by 21%.

The outcomes for youth in the US study were improved in comparison to those in the study of Canadian youth leaving care. While less than 20% of Canadian youth leaving care complete high school, 50% of the youth in the US study completed high school, 19% were enrolled in high school and 25% started college classes. While 44% of the youth in the Canadian study were on public assistance, only 33% of youth in the US study were on income assistance and 43% were employed. Having the opportunity to participate in a systemic independent living program, and after care support and assistance, has shown improved outcomes for youth leaving care. Youth in the US are showing evidence of improved outcomes when compared to youth aging out of Canadian child welfare systems which lack policies mandating independent living preparation skills and post care support programs.

5.1 Outcomes for Youth Leaving Care in Manitoba

Although there are no research studies that have directly followed youth who age out of the child and family services system in Manitoba, several related local research studies, forums and presentations provide significant insight into how youth who are, or have been in care, are managing.

Survey of Street Youth in Winnipeg

A survey of street youth in Winnipeg was conducted by the Addictions Foundation of Manitoba in the summer of 2005 and reported in the paper, *Adolescence without Shelter: A Comprehensive Description of Issues Faced by Street Youth in Winnipeg.*, Bodnarchuk, Jennifer, Patton, David, Riech, Troy (April 2006). Approximately 167 youth between the ages of 14 and 25 participated in the study. At the time of the survey they had no stable residence, that is, they were either staying with friends temporarily or living on the streets. Almost 45% of the youth reported that they had lived in either a group home or foster home at one point in their lives. The research study found that most of the youth, 80% of the males and 71% of the females did not graduate from high school and almost all of them, approximately 97%, reported having problems at school. A high majority reported having symptoms associated with a mental health diagnosis with major depression being the most common diagnosis with psychotic disorders such as manic episodes and obsessive-compulsive disorders following. Youth living on the streets rated their health as poor and a significant number reported being in pain to the extent that it interfered with their normal activities. An alarming 49% of the males and 65% of the females reported that they had attempted suicide at some point in their lives.

The study found that street youth were heavily involved in criminal activities with male respondents being involved in criminal activities such as theft. Substance use was very common among street youth with 97% of the respondents reporting that they used drugs in the last month. A significant number reported to using drugs several times a week. Female respondents were more likely to be exploited by the sex trade with 73% of the female respondents reporting involvement in the sex trade.

In an earlier study on street youth in Winnipeg, *Voices from the Margins: Experiences of street-involved youth in Winnipeg*, Higgitt, N., (2003) and her colleagues provided a forum for 12 street youth to tell their stories. The unique feature of this study was that it was conducted from the perspective of youth who lived on the streets. The data for the study was based on the narratives of their experiences. Although the study sample was very small, the stories that were heard painted a clear picture of how alienated and disassociated the youth felt from mainstream society. The participants perceived that they had no choice but to live on the streets because the social institutions, that were there to take care of them, rejected them.

Many of the youth found that services were not accessible to them, that there were too many rules and expectations that they could not meet. They lacked knowledge and information on what was available and how to access services.

Most of the participants had some contact with the child and family services system and several of the youth living on the street were once in the care of a child protection agency, but ran away or reached the age of majority and were discharged from care. As a result, these youth reported that they were not receiving any support from the child and family services system. Their experiences with child and family services were bleak. Many of the youth reported being let down by the child and family services system although several youth had contact with child and family service workers. Many had experiences in which they felt the system was not meeting their needs. Those who were removed from the home experienced more instability as they were “shuffled” through various living arrangements, including crisis stabilization facilities, foster care, and group homes. Street-involved youth discussed their experiences with the child and family services system:

“My grandfather still hit me. I ran away back to the city and CFS put me back with my Dad...My dad put on such a good face, like you know, “I never told my family to leave – I never,” he loved me and blah, blah, blah. This is absolutely disgusting because he’s mental. I tried CFS and they just do nothing. They just fucked me over.”

“I was in grade eight when my dad started doing crack and stuff. I didn’t know at the time. Nobody really did. He would just sort of disappear for a few hours here and there and turned into a couple of days. And then he got fired from his job... I quit school. I got a job and started trying to take care of my brothers... And it didn’t work. Lost the house. Hit the street. I had to see a psychiatrist cause of my anger but she [mother] didn’t really know what triggered that [her anger]. They attempted to go but then CFS is like blah, blah, blah, we’re Trying to keep families together now and all this. It’s just a big sham. I ended up having to find my own way down to Mayfair17... I stayed or a couple of days. I ended up getting transferred over to Ndinawe in the North End... And then I got thrown into the crisis unit again for my second time... I went back to Ndinawe18 and ended up getting kicked out of there and got put into a foster home out in like St. Boniface. Ended up getting kicked out of there. Thrown in one in Trashcona. Got kicked out of there. Got thrown into one down around here. Got kicked out of there.”

The National Secretariat on Homelessness sponsored a study to review the relationship between youth who have been in the care of a child welfare system, and youth homelessness in Canada. *The Pilot Study: The Child Welfare System and Homelessness among Canadian Youth*, Serge, L.; Eberle, M.; Goldberg, M.; Sullivan, S. and Dudding, P. (2002) interviewed 40 youth between the ages of 18 and 25 years. Studies were conducted in four major Canadian cities including Winnipeg. An apparent association was found between homelessness and youth in the care of the child welfare system. The age at which a youth left care was directly linked to the likelihood of homelessness. The younger the youth, the more likely they were to experience homelessness. The study concluded that the obvious explanation was that youth were not adequately prepared for and supported in their move out of care. With child welfare responsibility ending at age of majority, the youth were unable to successfully live independently in the absence of financial and emotional support from the child welfare system. If the first housing arrangement failed, there is no option to return should a youth start experiencing difficulties. The arbitrary nature of youth leaving care at a certain pre-determined age does not necessarily reflect the age at which a youth is developmentally ready to live independently. The inflexibility of the child welfare system is cited to be one of the reasons for poor outcomes for youth aging out of care, including homelessness.

Housing alone would not be sufficient to resolve the “homelessness” of many of the youth. As the above study reveals, youth living on the streets have issues beyond the need for shelter. They have limited education and lack employment skills making it very difficult to find employment and even more difficult to maintain it. These youth faced many challenges in finding a sense of belonging and fitting in. The report found that one of the key determinants of success was a significant personal relationship with another caring person. This person may be a former foster parent, a relative or a supportive person from a collateral organization.

Sexually transmitted diseases are usually associated with street-involved youth. 320 street-involved youth between the ages of 14 and 24 years participated in the Winnipeg portion of the *Enhanced STD Surveillance in Canadian Street Youth* study, Beaudoin, C., Larsen, T., & Wood, M. (2005). The study examined a myriad of risk factors that directly influenced bacterial or viral transmission and those that indirectly influenced viral transmission by way of their impact on decision making. This included the number of sexual partners, use of condoms, and injecting with used injection drug-use (IDU) equipment. Manitoba youth, between the ages of 15 and 24 had the highest rates of gonorrhoea and Chlamydia in the country. In the sample of

street involved youth, 92% of females and 81% of males had some type of sex partner in the last 3 months and the average number of sex partners in the last 3 months was 4. Many youth had concurrent regular and casual sex partners; 21% of females and 5% of males were involved in sex trade work in the past 3 months; 7% of youth injected drugs in the last 2 months; 21% injected with a used needle and only 14% of youth reported consistent condom use with any type of sexual partner. Consistent condom usage was particularly poor with sex trade workers in that only 5% always used condoms.

The study found that 45% of the street youth reported experiencing physical, sexual or emotional abuse by a family member or another person in authority. Youth with a history of abuse reported poorer condom usage and a greater number of sexual partners.

Forum on Mental Health and Youth Justice

Representatives from the departments of Justice and Health, along with representatives from a number of local agencies and community organizations working with youth in Winnipeg, participated in a forum in 2000 on youth justice and mental health. The report from the *Round Table on Mental Health and Youth Justice Renewal in Manitoba* by Ruest, Jeanne N. (2000) called for stability and continuity for youth in the care of child and family service agencies. Mental health issues in youth were related to instability in the home, movement between the parental home and child and family service placements and frequent moves and instability while in the care of a child welfare agency. Mental health professionals were highly critical of the child welfare system;

“looking at the 5% of kids who are at the deep end, the aggressive, violent kids, we find that 77% of them have repeated failures with residential placements, and some of them have been moved between 15 and 37 times in foster homes. The higher the number of moves, the higher the assault rates and the greater the violence.”

The participants identified a lack of programs and preventative efforts to decrease youth involvement in crime reporting,

“although provinces express concern over juvenile crime rates, many of them move in ways that increase the numbers of kids who will become young offenders by cutting resources of all kinds, either for prevention, detection or treatment”.

There was sufficient concern that children, who keep moving within the system are not settled enough to allow for preventive education of anti-social behaviours. Assessments and treatment plans are delayed or do not happen because of the many moves. Shifting of caregivers slows down the process of getting behaviour in control and perpetuates anti-social and aggressive behaviours. Sooner or later those children will leave the child welfare system and continue to exhibit deviant and anti-social behaviour in the community as adults.

Education policy – Children with Behavioural Challenges

The Manitoba Department of Education passed Bill 13 (Appropriate Educational Programming) in April, 2004 to address the needs of children with severe behavioural issues in schools. The Education, Citizenship and Youth Advanced Education and Training developed a set of policies to engage these children in the education process. In the report, *Towards Inclusion, From Challenges to Possibilities: Planning for Behaviour, (2004)*, children with severe to profound emotional and behavioural disorders or severe neurological damage were often associated with involvement in child and family services. These

“students usually have emotionally damaging life experiences that they respond to social situations with basic mistrust, fear and intense anxiety. These intense feelings translate into confrontational and aggressive behaviours. Once placed in the child and family services system, these children rotate in and out of care creating uncertainty and confusion”.

The report continues that,

“even when placed in care these students experience multiple short-term placements and find it difficult to form emotional attachments with their caregivers”.

These findings suggest that children in care are more likely to experience instability and have social and emotional issues that impede their ability to concentrate on academic achievement. Furthermore, due to movement within the child welfare system, children are not in one place long enough to be properly assessed and offered treatment services to assist them with many of the issues that they are dealing with. Many of these students are utilizing their energy on survival issues and have little energy left for academics which over time widens the cognitive gap affecting their performance academically and their reason for wanting to be involved in learning.

Review of Children in Care with Disabilities

A comprehensive research study was completed on children with disabilities in the care of child and family service agencies in Manitoba by Fuchs, D., Burnside, L., Marchenski, S., Mudry, A. (October, 2005). In the report, *Children with Disabilities Receiving Services from Child Welfare Agencies in Manitoba*, the authors found that 68.7% of children in care with a disability were permanent wards and that 75.4% of those permanent wards were Aboriginal children. Intellectual disabilities were the most frequently found disability followed by mental health disabilities. Data presented in this report shows that 28% of the children in care with a disability are between the ages of 15 and 21 years of age. Children with disabilities have a range of special needs with many requiring adaptive measures to assist them in achieving goals of independence. For the most part, assessments of personal and social behaviours of children with disabilities found that the majority were not age-appropriate in most areas of development including dependability and the ability to assess risk to personal safety. Also associated with a disability were problem behaviours such as aggression, sexually inappropriate conduct and conflict with the law. In addition, the study found that it was uncommon for children in care with a disability to have contact with their families.

While some youth with disabilities will be eligible for supported adult services, others will be discharged from care at the age of 18 into the community. As youth with disabilities age out of the child welfare system, the coordination of transition planning among key agencies and systems is imperative.

Youth Poverty Report

The Social Planning Council of Winnipeg reports that youth in care, and living independently, and youth who have transitioned from the child and family services system in the province are the poorest of the poor in the province. Youth living independently are doing so on a monthly budget of \$599.65. The amount for rent and utilities is \$306.77. Once they become adults and enter the Employment and Income Assistance system, this amount drops to \$466 a month. Young adults with a diagnosed disability receive approximately \$590 a month. While in care youth are able to keep additional money earned through employment. However, with over 50% of youth in care applying to the Employment and Income Assistance program after they

reach the age of majority, the assurance that they will continue to live in poverty conditions is imminent.

Criminal Involvement

Skoog, Douglas and Perrault, Sharon (2001) prepared a report, *Child Protection and Criminal Involvement: An Empirical Study*, on the relationship between the experiences of male inmates in the correctional system and their involvement in the child welfare system. The subjects were 100 male inmates serving time at the Stony Mountain Institution, a medium-security prison located on the outskirts of Winnipeg. Fifty Aboriginal and fifty non-Aboriginal subjects participated in the study. Approximately 75% of the subjects were between the ages of 18 and 34 years. The researchers found that 88% of the Aboriginal inmates and 63.3% of the non-Aboriginal inmates were living outside the parental home at some point between the ages of 13 and 18 years. Aboriginal inmates were not only more likely to be placed in foster care throughout their childhood years; they were also more likely to have been in a number of foster homes. Furthermore, 60% of the Aboriginal inmates and 32.7% of the non-Aboriginal inmates reported incarceration in a youth detention facility.

The authors also hypothesized that children who were disconnected with their primary caregivers at an early age were more likely to experience attachment problems later in life. Attachments to parents or significant others were thought to have a controlling effect, that is, to deviate may risk damaging those attachments guiding young people to make choices that will be favoured by the significant people in their life. The lack of significant attachments results in a lack of concern for conventional expectations. Youth in care are placed at higher risk for failure to develop strong bonds with family and others because of out of home placements and mobility within the child and family services system.

The report concluded that the risk of criminal behaviour is higher for youth, particularly Aboriginal youth, in the care of child and family service systems.

Youth Suicide Reports

A 10-year review of injuries in the province, published by the Government of Manitoba in 2004, showed that other than unintentional deaths, suicide was the leading cause of death in

youth between the ages of 15 and 24 years. More than 28% of all deaths in this age group were the result of suicide. This was followed by death due to an assault. Almost 9% of youth in this age group died as a result of injuries obtained in an assault. Youth suicide rates are most disturbing for Aboriginal youth. According to the 1995 *Royal Commission Report on Aboriginal People*, the rate of suicide among Aboriginal youth is five to six times higher than the suicide rate in the general population of youth.

The *Manitoba Child Death Review, Office of the Children's Advocate (September, 2006)* found that 24 children in the care of child and family services died of suicide in Manitoba between January 2003 and March 2006. All but one of the children was Aboriginal and many resided in the northern part of the province. Most of the youth were between the ages of 16 and 17 years and were living in foster homes at the time. A high number (60%) of the youth were male and a considerable number were thought to be FASD.

The large number of Aboriginal youth with disabilities, leaving the care of the child welfare system is placed at higher risk of committing suicide, when no supports or significant connections are identified. Concern about the high rate of youth suicide in the Aboriginal community has prompted the Assembly of Manitoba Chiefs to launch a new study aimed at addressing this crisis. The Assembly is working with the University of Manitoba's Centre for Aboriginal Health Research on a three-year project that will incorporate the expertise of an international expert on youth suicide and use traditional means to review the causes and find solutions for this issue.

Reports from Community Organizations Providing Emergency Services

Resource Assistance for Youth (RaY Inc.) operates an emergency drop-in centre for youth in Winnipeg, which is often attended by youth who are homeless. The Centre provides advocacy, support and assistance in the form of bus tickets, food packages, medical aide, emergency referral and counseling services. In a one-year period, from June 2005 to May 2006, RaY Inc had 9,658 contacts by youth between the ages of 15 and 29 years who were in need of emergency assistance. At the time of contact 152 youth were living on the streets and another 283 were staying with friends or "couch surfing". Emergency food packages were distributed 604 times and bus tickets given out 105 times. RaY staff estimate that at any given

time there are several hundred youth living on the streets or moving from one friend's place to another in the city.

5.2 Overview of Manitoba's Youth Leaving Care - How Are They Doing?

The studies conducted on street youth in Winnipeg suggest that many street-involved youth have had at least some involvement with the child and family services system. Another group of youth never makes it through the doors of the child and family services system, yet has nowhere to go. A large number of youth are referred to adult systems because they are not considered to be in need of protection or are not cooperating with plans for independent living. Statistics maintained by the Joint Intake and Response Unit (JIRU) show that in the past year, approximately 120 youth, between the ages of 16 and 18, were referred to Employment and Income Assistance programs in Winnipeg. Once referred to adult systems, if the youth is not in care, there is no follow up and it is uncertain whether youth are utilizing these systems and receive the support and resources that they require.

In the absence of accurate demographic information and follow-up studies, it is not certain whether youth leaving care make up a portion of the street population or whether it is made up of youth who should be in care. Other jurisdictions that have followed youth who left care report that a high percentage are living on the streets or staying temporarily with friends or "couch surfing" (Collins, 2001; Serge, 2002; Kufedlt, 2003; Rutman, 2005). Based on the above, it is safe to conclude that a significant number of youth who leave care in Manitoba, or are not admitted into care because of eligibility criteria, make up the population of street youth in Winnipeg and other large centers in the province. Surveys of street youth depict the harsh realities of daily living citing issues of homelessness, criminal activities, substance abuse, exploitation, mental health issues such as depression, suicidal impulses, involvement in the sex trade, gang affiliation and feelings of despair.

Furthermore, the views of education and mental health professionals point to the complexity of needs inherent in the population of youth in care. There is consensus between these systems that youth in care are more likely to have cognitive, emotional, social, behavioural and mental health issues that preclude them from functioning in mainstream systems. Frustrated in their ability to reach youth in care to provide adequate assessment and treatment planning due to the high rate of mobility by the youth, whether it is in and out of the child welfare system or

within the child welfare system, these programs predict a high number of youth entering society as adults with cognitive impairments and violent and aggressive behaviours.

Additionally, a high number of children in care have at least one disability with many having more than one disability. Approximately 440 youth with disabilities will be leaving care in the next three years. Less than 15% will be referred to Adult Supported Living services, therefore, the remaining youth with disabilities will be aging out of the child and family services system into the community with little assistance and support. Youth with disabilities have more challenges and are more vulnerable for incidents of abuse, exploitation, criminal involvement and gang affiliation due to a reduced ability to assess personal safety and greater dependency needs.

Youth in care, living independently, must do so on a budget of less than \$600 a month and this amount drops to \$466 a month if they are enrolled with Employment and Income Assistance after reaching the age of majority. Youth with a disability receive \$566.90 a month after the age of majority. The above amounts include housing costs. This living allowance for youth is less than 30% of the income needed to reach the provincial poverty line (Poverty Barometer, July 2002). It is not surprising, therefore, that community organizations such as RaY Inc have documented 9, 658 requests for emergency assistance by youth between the ages of 15 and 29 years, in a one-year period. The majority of requests for assistance were for food packages, bus tickets or assistance with shelter. All very basic human survival needs.

The review of how youth leaving care in Manitoba are doing is limited by a lack of demographic information, follow-up reports and balanced, comprehensive research studies. The information that is available is not sufficient to reach affirmative conclusions, however, it does provide sufficient insight to suggest that there should be concern that youth aging out of child and family services in Manitoba are not doing so well.

5.3 Educational Outcomes

According to the National Youth in Care Network (NYICN), getting a high school education when youth are in care is difficult. Going on to college or university seems almost impossible for most youth in care. Over the past few years, the NYICN has been increasingly concerned with the alarmingly high numbers of youth in care who do not complete their high school

education. There are few studies, however, which directly address the educational needs of youth in the care system, particularly in Canada. The little available research data on this subject suggests that youth in care fall below educational achievement standards for youth in the general population. Rutman et al (2005) found that only 41% of 19-year-old youth who had been in care completed high school. The national average is approximately 71% for that age group. Reily, T. (2003) reported that 50% of youth left care without a high school degree that they were generally unprepared to be competitive in a workforce that requires a high school diploma for most jobs. If they are working it is in low paying positions that create obstacles for finding appropriate accommodations and future security. Academic success is closely linked to future stability and security. The attainment of educational success leads to employment, which is essential for developing a safe, and secure lifestyle, and obtaining shelter and food.

In accordance with the standards for education set at the *National Symposium on Canada's Children* in 1991, all children should have the opportunity to participate meaningfully in various aspects of education, become integrally involved in the teaching-learning interaction as well as fully involved in the wider aspects of school life. Accordingly, full participation in society by all young people is the ultimate goal of society. Building a comprehensive system of supports for youth to help them acquire the knowledge, develop skills and be provided with opportunities that will lead to economic success was recommended as the national standard for all of Canada's children.

According to the *Manitoba Child Health Atlas (2004)* over 70% of Manitoba youth graduate from high school. Data on high school completion for children in care is not readily available; however, several research studies cited in this report state that less than 45% of youth in care complete high school. Most youth in care age out at the age of 18 which is the age that other youth in the general population are completing high school and making plans for post-secondary education. The arbitrary age of 18 makes no sense if the goal is for the youth to complete high school. Youth need time to complete their high school education, to learn life skills and they need adequate financial support to pursue post-secondary education or training programs when they leave.

Clearly there are some discrepancies in the educational achievements of youth in care when compared to youth not in care. Whether these discrepancies are due to the age youth leave care, lack of ability due to upbringing, a non-supportive home-life, or minimal residential

stability, there is one thing apparent; youth in care tend to fare worse educationally than the general population of youth that reside with their families.

6. REFLECTIONS FROM INTERVIEWS

A number of individuals either working within the child and family services system, directly experiencing the realities of life in a child and family services system or observing from the outside, readily shared their views, experiences, ideas and thoughts. Their input was invaluable to expanding the knowledge base and exposing the realities of youth aging out from care. An overview of the information gathered through personal interviews, telephone conversations, and surveys with child and family service administrators, professionals and paraprofessionals working with youth in care, representatives from community organizations and youth in care, or formerly in care, is presented. The general purpose of these interviews was to obtain a clearer understanding of policies, programs and services that are available to youth aging out of care, gather relevant information on the issues and needs of youth in care, and seek recommendations. The information will be divided into five categories; interviews with representatives from Child and Family Service Authorities, Supervisors and Social Workers from Child and Family Service Agencies, foster parents, youth care workers and Independent Living Workers, representatives from community organizations and youth in care and youth formerly in care.

6.1 Interviews with Staff from Child and Family Service Authorities

Representatives from the four Child and Family Service Authorities participated in interviews on policy and processes affecting youth aging out of care. Several themes emerged from the discussions.

Funding Limitations

While caseloads are rising, agencies are being challenged by decreasing program and service funding, increasingly complex problems and issues faced by children in care and their families and overworked caseworkers.

Lack of Educational Success

Representatives from provincial CFS Authorities identified the lack of support and assistance for youth to obtain an education as the primary concern for youth leaving the care of the child and family services system. Student loans and bursaries have academic requirements that many youth cannot meet. Access to information on financial assistance for education is not easily available and eligibility is defined by grade point averages. The university system is hard to access, bureaucratic and has expectations that youth in care may not be able to meet.

Gaps in the System

- a) Limiting the extended care option to permanent wards restricts agencies from providing supports to temporary wards who have been in care for lengthy periods of time. The commitment to family preservation and reunification, particularly in the Aboriginal agencies means that less children receive permanent ward status. As a result, many youth, especially Aboriginal youth who need extended care are not eligible for it.
- b) Youth who age out of care do not receive any support. It's like we 'wash our hands of them". Legislation dealing with services and support to youth, with a funding commitment, is needed to ensure youth who leave care are not living on the streets.
- c). Appropriate housing is needed for youth. In rural and northern communities, there is no housing available for youth moving into independent living. They have to move into cities in order to obtain a place to live. Youth under the age of 18 are not eligible for housing on Reserves.

Extended Care and Maintenance

CFS Authorities have the responsibility for approving care extensions on all youth that they are responsible for. Only youth in care who are Permanent Wards are eligible for an extension of care. One Authority representative advised that extensions of care are approved in accordance with a transition plan for the youth. Another Authority requires that a request for an extension of care be submitted 6 months prior to the youth reaching the age of majority. All Authorities have a similar process for agencies to follow. This includes a written request for the extension, supported by documentation and reports; if possible, outlining the reason the extension is required. Care extensions have been approved for several youth primarily to allow time for the youth to:

- complete a course of study, usually high school,

- enter a Supported Adult Living program,
- Complete independent living preparation.

Feedback from Staff

- Develop legislation to support youth after they leave care
- Extend the Extension of Care and Maintenance to include Temporary Wards
- Provide assistance and support for youth to complete educational programs and/or obtain training in a skill.
- Ensure there is appropriate housing for youth leaving care
- Involve youth in the planning for their transition from care.

6.2 Interviews with Child and Family Service Supervisors and Social Workers

Child and Family Service Social Workers provide direct services to youth in care and are responsible for age of majority planning for the youth. Agencies vary in how services are provided. Some agencies have Social Workers primarily designated to work with Permanent Wards, while other agencies use a generic model of service delivery in that Social Workers have a mixed caseload including Permanent Wards. Most Social Workers have children who are aging out of care on their caseloads. 27 Social Workers participated in the review of youth aging out of care in the province, primarily through personal or telephone interviews. The Social Workers worked in agencies in Winnipeg, Brandon and Thompson. The agencies that were represented were responsible to each of the four CFS Authorities in the province.

It will come as no surprise that Social Workers working specifically with Permanent Wards have the best knowledge of the children in their care. These Social Workers are able to spend most of their time with children in care. Unlike generic social workers, who must respond to a variety of child and family needs including protection services, Permanent Ward workers focus on the needs of the children in care they are responsible for. Social Workers were asked to respond to a number of questions pertaining to issues involving youth aging out of care. Based on information obtained from Social Workers working directly with youth in permanent care of agencies, the following was established:

- Less than 5% of youth in permanent care go into post secondary education studies,
- Less than 10% of youth in permanent care graduate from high school

- 25% of youth turning 18 are involved in the criminal justice system
- Over 50% of youth leaving care in Winnipeg are referred to the Employment and Income Assistance program.

Social Workers are quite alarmed at the vulnerability of youth leaving care. In general, they identified several areas of concern.

Availability of Housing Options

All Social Workers that participated in the review identified the lack of appropriate accommodations for youth as one of their primary concerns. For the most part, there is a lack of affordable housing in the larger centres of the province. However, the housing situation in smaller towns is even worse. Most smaller towns and communities have no housing options for youth leaving care. As a result, they frequently have to leave their communities and move to larger centres to locate accommodations. This is a concern in itself. Youth from rural and northern communities are not experienced or adapt in dealing with issues characteristic of larger urban centres. They are not street-wise and are more vulnerable to exploitation and injury.

Housing for youth leaving care in larger urban centres is a concern as well. With a rent allowance of less than \$300 a month, youth are forced to live in substandard apartments or rooming houses. Furthermore, because youth in care have no references, most landlords or property managers will not accept their applications for housing without a co-signer. Rarely do they have a co-signer as child and family service practices do not allow co-signing for youth in care and most of the youth do not have family members that they can ask to co-sign or friends who are able to do so.

If a youth is able to secure an apartment, it is often located in an area that is not considered safe by most people. As one Social Worker reports, a 17-year-old female from a community outside of Winnipeg was placed in an apartment block in the North End of Winnipeg where she heard a woman being assaulted in the hallway. Needless to say this young woman would not leave her apartment and had to call 911 when she had not eaten for four days because she had no food left and was afraid to venture outside her apartment to get some. Stories like this are not uncommon. Unsuspecting youth are placed in areas of Winnipeg that are “owned” by

gangs. If the youth is living in gang territory and does not cooperate with the conditions of the gang, he/she faces the possibility of an assault. If the youth cooperates with the gang, he/she enters the world of crime, exploitation, drugs, and prostitution. Youth, especially female youth leaving care, are also besieged by wary landlords or caretakers who sense the vulnerability of the youth and an opportunity to exploit the young woman for sexual purposes.

Poor Educational Outcomes

The second most concerning issue for Social Workers is the lack of support and assistance available to help youth achieve a high school education. As indicated earlier, less than 10% of Permanent Wards complete high school in Winnipeg. Several reasons are given for this including:

- Movement within the system. Youth in care have several placements and change schools several times,
- Teachers have lower expectations of youth in care,
- Social and emotional issues faced by youth in care often hamper academic performance,
- Many youth in care have a disability impairing their academic capability.

Should youth in care complete high school, their opportunities for post secondary education are limited. They can apply for student loans and bursaries that are awarded in accordance with need. However, a majority of youth in care are not emotionally ready for the struggles of attending post secondary education programs. Paramount issues include locating a safe and secure place to live, reconstructing relationships with family members or friends and working on typical adolescent issues such as establishing an identity. Many youth in care require treatment to deal with the trauma of their childhood and, as a result, have postponed or denied typical adolescent development issues such as identity formation.

Inadequate Financial Support

Approximately one-half of the youth in care are referred to the Employment and Income Assistance program for on-going financial support after the age of majority. Many of the youth have a disability and attempts to assist them with education and employment goals are not even considered. Surprisingly, Social Workers promote the benefits of EIA enrolment in that the youth will have access to benefits such as dental, medical and prescription drug care.

Youth with disabilities are accepted into the EIA program with little resistance. However, youth without a disability are expected to adhere to rigid expectations for orientation attendance and job search. As many youth in care have difficulty with rules and expectations at the best of time, they soon alienate themselves from the EIA program, losing financial benefits and finding themselves without any resources: hence, the street-involved youth.

It is important to stress that the EIA system does not meet the needs of youth leaving care. Like many adult programs, it is relatively inflexible and structured to the extent that participants in the program have to fit into the structure of the program. Youth in care, like most adolescents, are not able to do so. Consideration must be given to the way adolescents develop when planning programs and services that are designed to effectively address their needs, capture their interest, and encourage further growth and development. A review by the Registered Nurses Association of Ontario on youth development suggests that the primary goal of adolescence is to become an independent, autonomous individual connected with others in positive and fulfilling ways. This includes striving to achieve independence, adjusting to sexual maturation, establishing intimate and cooperative relationships, developing a core set of values and beliefs and establishing a personal identity to prepare for adult social roles (*Enhancing Healthy Development, 2004*). Many adult systems are rigidly structured and rarely allow for oversights and mistakes. Youth, by virtue of their stage of development, immaturity, etc. make mistakes and learn from them. However, there is little opportunity for error when dealing with systems such as EIA. If a youth sleeps in or doesn't have bus fare to attend an orientation session, the youth will not receive money. There is little thought about how the youth will pay for rent or whether there will be a meal that day.

Independent Living Services

The availability of an Independent Living Program to assist youth aging out of care varies among agencies. While some of the longer established agencies have such a program, these do not exist or are in the primary stage of development in newer agencies in the province. Social Workers indicated that most youth who will be aging out of care are referred to an Independent Living Program if one is available in their agency or community. However, participation in the program is voluntary and some youth do not cooperate with this plan. Independent Living Programs can be part of the agency or offered by a collateral community organization. Some of the available services are:

- a). A pre-Independent Living foster home. These offer a placement along with life skills education and preparation for independence,
- b). Individual preparation involving the assignment of an Independent Living Support Worker to teach life skills and other essential skills preparing youth for independent living,
- c). A Life Skills Group.

Referrals are made to a program when the youth has reached the age of 16 years and will not be returning to his/her family prior to his/her 18th birthday. As this is a voluntary program, youth must agree to participate, but there are no consequences of not participating. Some Social Workers stated that if youth do not participate in the Independent Living Program they risk delay in moving out on their own. This can only be enforced on occasion, as all youth have to leave care upon reaching the age of majority. In the absence of an Independent Living Program, Social Workers prepare youth for independent living with the assistance of the foster parents or the caregivers at the place the youth is residing. Generally, there are no policies or guidelines stating how independent living preparation occurs or measurements to assess for readiness for independent living. When Independent Living Programs are not available, it appears that Social Workers use their discretion in how they will prepare youth for leaving the child and family services system at the age of majority.

Other Findings

Two additional findings emerged from interviews with Social Workers. Both were somewhat of a surprise but the importance of these two findings cannot be overstated. The first finding emerged during discussions on extended care and maintenance of youth. As all Social Workers expressed concern about the emancipation of youth at the age of 18 years, not one of them was in support of extending care beyond the current age of 21 years. Although these two statements appear to contradict each other, further examination of the issues revealed that although Social Workers were concerned about youth leaving care without adequate preparation and support, they were equally concerned about continuing to provide services to these youth for several more years. The reasoning for this was related to workload. There is no question that Child and Family Services Social Workers are extremely overworked. With caseloads ranging between 40 and 50 clients, funding restrictions and a lack of resources for children in care, Social Workers are barely managing. Although supporting services to youth in

care, Social Workers are saying that they cannot continue to provide more than the level of service they are already providing. For this reason, the next finding was even more of a surprise. Almost 90% of Social Workers stated that they continued to have contact with a number of youth after the youth aged out of the child and family services system. In some situations this contact continued for several years. The contact may be a request for assistance once a year to regular monthly calls from youth in crisis. Recognizing the vulnerability of these youth and the lack of support that is available to them, most Social Workers do not balk at being available to help out former youth in care. They know that they may be the only supportive adult in the lives of these youth and, without their assistance in times of crisis, the youth may not be able to survive. Social Workers estimated that they receive calls for assistance with a crisis, advocacy, problem solving and decision making from approximately 20 to 30% of former youth in care, previously on their caseloads. Over the years this number can equal the number of children on most caseloads. This information tells us two things; firstly, Child and Family Service Social Workers are working with more youth than reflected in their “official” caseloads, and secondly, former youth in care need someone to turn to well past the age of majority.

6.3 Interviews with Foster Parents, Group Home Providers and Independent Living Workers

Three foster parents, two group home staff and two Independent Living Workers participated in this review. The foster parents are caring for youth placed by agencies responsible to the General CFS Authority and the Métis CFS Authority. One Youth Care Worker had almost 30 years of experience working in a group home primarily caring for male Aboriginal youth. The other Youth Care Worker had 15 years of experience in various child and family services placement resources. She is currently working in a group home for female youth. Two of the foster parents have been looking after youth in care for between 15 years and 20 years. One of the foster parents is currently operating a pre-independent living foster home for youth over the age of 16. The Independent Living Workers each had over 10 years of experience preparing youth for independent living.

Pre-Independent Living Placement Resources

Pre-independent living foster homes provide a valuable resource to youth who are approaching the age of majority and require preparation in independent living skills. In addition to being a placement resource, youth receive the benefit of learning skills, practicing them, and developing confidence for living on their own at the age of majority. There are several pre- or semi-independent living homes in the province. A number of them are operated by external organizations, funded by the Department of Family Services and Housing to provide placement resources to youth in care. Externally operated organizations may take advantage of in-house educational and counselling services for the youth. The remaining homes are both licensed and operated by child and family service agencies in the province or are licensed private foster homes

In general, foster parents stated concern that they are not properly compensated for the expectations that the system has of them. Many foster parents are reluctant to provide care for youth because of the level of needs so many youth have. The basic foster care rate is not sufficient and, as a result, deters many people who are capable of providing care to youth from fostering. There are few youth in the child welfare system who do not have special needs. Some foster parents providing specialized services such as the pre-Independent Living Foster Homes are paid a special rate. More of these resources are needed. Foster parents felt that there were few resources available to assist them and they had to solve too many problems by themselves.

Independent Living Programs

Independent Living Workers report that finding living arrangements for youth is their biggest challenge. Because of the limited funds available for rent, most adequate apartments are outside the financial means of the youth. The accommodations that are affordable are often located in areas that are considered unsafe or are in poor condition. The Workers are frustrated by taking youth to view apartments where doors are off hinges, walls have holes in them and infestations of cockroaches are present. Furthermore, if an apartment is suitable, most property managers and landlords require a co-signer and the majority of youth in care do not have anyone that will co-sign for them. There is increasing concern that the housing

situation in Winnipeg is becoming worse all the time. As a result, Independent Living Workers are moving toward arranging shared accommodations with roommates or placing youth in room and board arrangements out of necessity.

Another area of concern is securing financial stability for youth when they reach the age of majority and are no longer eligible for a living allowance from the child and family services agency. Independent Living Workers report that their priority is to prepare youth for employment and a great deal of time is spent with the youth in developing a resume, preparing and coaching for interviews, discussing expectations of employment, etc. However, due to numerous reasons, a large number of youth leaving care are unable to find and maintain employment, or they start a job but lose it quickly because they are unable to follow through with the steps required to keep the job. Referral to the Employment and Income Assistance program is the only option for a large percentage of youth leaving care. Once accepted into EIA, the youth must attend an Orientation and be prepared to do a job search. The majority of youth in care have difficulty with such structure and are unable to meet the expectations that the EIA program has established. Once they miss an appointment with their caseworker, they no longer receive any money.

Life Skills Groups

An efficient and relatively effective way to offer life skills education to a larger number of youth is through weekly group sessions. The availability of Life Skills Groups varies among agencies. The majority of agencies do not have life skills groups or programs. Those that do find this to be an effective way to teach skills that prepare youth for independence. Most Life Skills groups provide education on issues such as looking for an apartment, dealing with landlords and property managers, developing resumes and learning job search skills, budgeting and banking, shopping, cooking, relationships, health issues, safe sex, etc.

Independent Living Workers report that attendance is a large issue. Many youth are referred to the group but do not attend. Some come to a few sessions only. As participation in the group is voluntary, not much can be done if a youth chooses not to attend. Only 50% of participants complete the Life Skills Group training.

Assessing Readiness for Independence

Foster parents, Youth Care Workers and Independent Living Workers agree that youth leaving care experience a great deal of fear and anxiety about being on their own. Some youth are excited at the prospect but, frequently, these youth have not taken the time to think through what it will be like living independently. These youth are taken with the idea that they will be their own “boss” and not be accountable to anyone in authority. They proceed into independent living without hesitation but once they are on their own they panic. There was consensus that youth are not ready to move out on their own at the age of 18. Although youth mature at different rates, most youth in care are younger mentally than their chronological ages. They lack the maturity to deal with adult systems. Their problem-solving skills are limited and they are often not aware of their options or resources when faced with a decision. Many youth may be aware that they require assistance but they do not know what resources are available to them. Furthermore, they lack the confidence to ask for help thinking that they should deal with things on their own and not be dependent on others for assistance.

The most challenging issues that youth face when preparing for independent living include:

- securing adequate accommodations in safe neighbourhoods,
- managing financially on a very small budget,
- dealing with the Employment and Income Assistance program,
- Anxiety about being on their own.

Feedback from Caregivers

This group of caregivers had several thoughts and recommendations that they wanted to contribute to this review.

1. Too many youth in care who have been apart from their family for many years return to live with family after reaching the age of majority. When they do so, neither the youth nor the family have had the preparation or counselling to address the issues which resulted in the youth initially coming into care. Without planning and preparation for this, these arrangements are often short-lived with the youth leaving again with no place to live and no support left.
2. Services that should be supporting youth are often difficult to access, conditional and are not empathic toward the youth. Some youth feel discriminated against

because of their status as wards of the child and family service system. Youth have to feel connected to their community in order to access services and support.

3. Programs and services are needed to support youth after they have left the child and family services system. Like parents are available to assist youth leaving home, government needs to ensure that support is there for youth who are struggling with being on their own. Without a collaboration agreement, adult services are fragmented and operate as silos. They are not friendly to youth and make no efforts to engage them. Many youth feel that it is easier living on the street than dealing with adult systems.
4. Youth leaving care are in need of formal networks that will be accessible and friendly. As many youth leaving care are not yet ready to live on their own, After Care programs that offer crisis intervention, mentorship, counselling and support are needed.

Additional Findings

Like the Social Workers, most foster parents and Youth Care Workers continue to stay in contact with many of the youth who lived with them, or on the part of the Youth Care Workers, lived in homes that they worked in after the youth reached the age of majority. Contact ranges from having the youth over for a meal, taking the youth shopping or looking for a place to live, responding to crisis and providing advocacy and support.

Similarly, Independent Living Workers do not end their involvement with youth who have left care and attained the age of majority. One Independent Living Worker estimated that he continues to provide some services to anywhere from 30 to 40 youth who are no longer in care. This is outside of his “official” caseload of 43 clients.

6.4 Reflections of Youth in Care and Former Youth in Care

Thirteen youth in care, or formerly in care, participated in a survey on transitioning from child and family services. Three youth were still in care but preparing for independent living and ten youth have aged out of care. All the youth live in the city of Winnipeg. Four of the youth identified themselves as Métis, three indicated that they were Aboriginal, two were Caucasian, two were African and the other two were not specific. One reported being “mixed” while the other reported being “a little bit of everything”. The youth were asked to respond to some basic questions and comment on their experiences, concerns, fears, etc. in their own words.

Youth in Care

Two of the youth currently in care were living in foster homes while one was living in a group home. Two still attended schools and one was not working or attending school. When asked how they would support themselves after leaving care, all responded that they plan to find a job, and two plan on continuing with their schooling. One youth had a connection with family while the other two reported that they had no contact with their families. The youth had contact with their Social Workers, “once a month”, “once every two months”, and “when I call her”. Two youth found that their Social Worker was helpful and supportive of them while one reported not seeing or talking to a Social Worker. When asked if the youth felt prepared for independent living, one responded “yes”, one responded “no” and the other responded “somewhat”. The youth who felt prepared was optimistic about leaving care, *“I think that I’ll be fine once I am in control of my own life and I don’t need to worry so much about how what I do affects others. Things will run more smoothly”*. The youth who felt somewhat prepared was cautious, but still optimistic *“well, it will be a big change but I could handle it. I’m looking for a place now, getting started handing out resumes for a job don’t really matter where, money is still money”*. The youth who did not feel prepared for independent living was concerned, *“I’m scared because I know I will be cut off from financial help and I will probably end up on welfare”*. Both the youth who felt prepared for independent living and the one who felt unprepared for independent living had attended a Life Skills Group. The youth who felt somewhat prepared did not attend a Life Skills Group. All the youth reported that they were involved in planning for their transition from care. The youth were asked to discuss their concerns, or fears, about moving out of care into adulthood. In their own words the youth said the following:

“I’m afraid that once I move out onto my own I won’t be able to support myself and I will end up on welfare and drop out of school and live off society for the rest of my life.”

“Responsibility. Budgeting, I already know. People try to walk all over you. Scum landlords. See who’s really your friend. Roommates. You have one right, then when it comes to paying your half of the rent.....they bail on you. Then what you have after that No Place. If your friends want to party at your place that’s a no no because they might steal your things. Don’t want that.”

“Not having enough money to support myself and thus

losing my home. Having to start over would be extremely difficult and I don't think I'd be able to do it. As well as not keeping in contact with the people who can and have helped me. It would scare me immensely if I had to do this alone."

Former Youth in Care

Former youth in care had a variety of living arrangements, six youth lived in their own apartments and, one who is a single parent, lived in a Manitoba Housing residence, another reported paying rent at the home of a friend's mother, yet another reported, "*No where to go*" and was staying with friends. Three youth did not identify a living arrangement and one returned to live with family. Four youth reported moving 4 to 6 times in the past two years. Three of the youth were employed, one was attending school and three were on "welfare". The youth with a child was attending university. The remaining youth did not indicate their financial circumstances. Most youth had contact with their family but only four youth reported that the family were helpful to them in independent living. The remaining youth indicated that their family was not available to them or helpful to them. One youth had no family. Only one youth reported having regular contact with their Social Worker prior to leaving care. The others indicated that contact with the Social Worker occurred "rarely", "never", or "not very often". One youth reported feeling abandoned by the Social Worker, "*At least talk to them before they are booted out of the system. No one ever contacted me to see how I was doing, from just shy of 17 till 18 and beyond no one from CFS has ever attempted to make contact. I was in an abusive relationship for 3 years, 2 of which while I was supposedly in care and I got no help. I know the system is overloaded but if we neglect kids in care they are no better off than they were in their biological family setting*". Another youth stated that contact with a Social Worker occurred, "*at first 4 to 5 times, then only when I wanted to move into a new foster home, then never again*". Yet another youth responded, "*My Social Worker referred me to the Independent Living Program then I never heard from her again*". Individuals reported to be most helpful in assisting youth with independent living preparation included foster parents, independent living workers and friends. At least one half of the youth reported that foster parents were the most helpful and most of these youth continued to remain connected to their former foster parents. One youth stated that no one helped her. Six youth attended a Life Skills Group. When asked if they felt prepared to leave care, responses were as follows, "*No one told me about how much everything cost. That sux. People sux*". Another youth stated that, "*I was scared. There was so much responsibility. I was financially unstable and*

unprepared by myself". A third youth reported feeling, "scared, mad, shy, stupid". Yet another youth stated that, "I was mature enough to handle the responsibility but not the isolation. I got depressed again after I was on my own and I started cutting myself, I had to go to the hospital one day for stitches because it was really deep and then after that moved in with my boyfriend and his family, it was nice to be around other people again. I thought I was ready for independent living because I didn't like the foster placement but I couldn't handle being alone, mentally, I could pay the bills and work and cook, etc. but couldn't emotionally handle having no one around." Two youth stated that they didn't think the Life Skills Group they attended was helpful in preparing them for independent living. The youth recommended more realistic planning around budgeting, understanding "how rent works", preparation for dealing with "welfare", job seeking skills and assistance with identifying community resources that are available to them.

Only two youth reported that they were involved in planning for their independent living. Other youth felt they had to leave prematurely. As one put it, *"I felt that I was prepared to take care of myself, I mean I can cook, I can work. I just didn't think a month before first semester exams was appropriate for me to have to move out on my own"*. Another youth, in agreement with this, stated *"I definitely think that CFS should wait to put kids out on their own until after they're done school. At least as long as they're making a conscious effort at it. That was stupid to make me go through Grade 12 without any support"*.

Youth who aged out of care was asked what services would have been helpful to them in making the transition from care. The following suggestions were made:

- More money for rent. *"Can't live in a cockroach tenement"*.
- Life Skills Group or program that *"teaches budgeting, cooking. Young people need to know the pros and cons. It has to be real to them"*.
- A Support Group for *"kids doing this (living on their own)"*. *"Someone to call."*
- A Supportive Mentor. *"They need a strong support network. I didn't have friends or family so I was alone after my social worker stopped calling and such. I think even having volunteers who go visit people on Independent living and say give them a ride to the grocery store so they can go shopping or go out for coffee to help them work out problems and have someone to listen to them would be really helpful."*

In addition to the above, youth who aged out of care were asked who they can depend on or call for help if they needed this. Three youth identified the former foster parent as their primary source of support; another two youth stated that family members are a support. Yet a third youth indicated a religious organization as a source of support. In addition, youth identified friends and partners as someone they can count on. Two youth felt there was no one they can count on. Again, youth who aged out of care were asked to discuss their concerns, or fears, about being on their own. In their own words the youth said the following:

"I'm gonna be on welfare or in jail for the rest of my live".

"Cost. No where to turn. Drugs/booze partying. Not able to say no. Friends use me. What if I can't do it?"

"I don't think you can ever fully be prepared. It's a growing process. I am upset that anything affordable is in a crap area. I hate the way some landlords are scum bags and only after money. Being young we get walked all over and ignored with no help or support you get lost and depressed. With no one to care or give you that security youth turn to drugs-alcohol. The world is tough and people only care for themselves."

"Psychological issues. Not enough supports. Lack of funding for education. Lack of family contact."

"I am already out of care, but my concern is that my childhood and teen years have really deeply affected the way I feel about myself and other people. I find it really hard to trust people and so I sometimes cut off good relationships before I can get too attached and make myself vulnerable. Sometimes I am scared that I won't be able to handle all the responsibilities in my life and I will just go and overload but most of the time I have a really positive attitude and I trudge through regardless. I am scared for others coming out of care that don't have the same sense of self-reliance that I do and also most have really low self esteem because of the way we have been treated. If you don't like yourself and believe that you are worth it people settle and just give up on having a better life".

"When I was 17 it was being all on my own.. my parents were in thunder bay and I knew I was no longer cfs's responsibility or desire... how to budget, and how to be alone."

"I feel that because of what happened to me, i've dug myself into a rut. I'm worried that I'm never going to get myself out of it, and that I'll never truly gain my independence. I worry

that I'll never be able to go back to school, and have a proper career. I'm worried that I'll end up drowning in this mess that is now my life."

"Paying bills and how I was going to manage and if I was going to have time to have fun. Was always on my mind when I thought about moving out."

6.5 Interviews with Representatives from Community Organizations

Interviews were conducted with representatives from three organizations with a province-wide focus on youth and one providing services to youth living in Winnipeg. Through policy development, implementation of youth programs and provision of emergency and crisis services to youth on the streets, these organizations share a common goal of advocacy and support to improve conditions for youth who are challenged by obstacles beyond their control. As a result of their long-standing dedication and commitment to youth, senior staff and administrators were asked to share their ideas and suggestions on the issues they see challenging youth, particularly youth in care, transitioning to adulthood. The combined views of these senior representatives are reflected below:

- Youth are not ready to live independently and be solely responsible for themselves at the age of 18.
- There is no safety net for youth who leave care. Programs that support youth after they leave care are needed.
- Finances are inadequate creating poverty.
- Children in care require educational assessments and tutoring or specialized education programs where they can achieve success.
- Adult programs and services are not accessible to most youth. The expectations that youth must seek out a mental health worker or an income assistance worker are unrealistic. Many youth cannot manage day-to-day living, they're hungry and don't know where they are going to sleep that night. To have them make an appointment, get down to the agency, and wait in a waiting room with other people, may not be achievable.

7. INDEPENDENT LIVING PROGRAMS AND RESOURCES

7.1 Agency operated Independent Living Programs

The type of independent living preparation that a youth will receive to prepare for transitioning into adulthood in Manitoba is as diverse as the agency that is caring for the youth. While some agencies have Independent Living Programs and employ staff whose role is to work only with youth preparing to leave the child and family services, other agencies use the services of Family Support Workers or Interveners to assist youth with locating a place to live and learning life skills such as budgeting, cooking, problem solving, etc. Some agencies refer youth to external organizations that offer independent living services. Most often, independent living preparation is provided by the Social Worker working collaboratively with community organizations. There are no provincial standards for preparing youth for independence. Agencies that have Independent Living programs are more likely to have written guidelines or an established way of doing practice. In the absence of standardized policies, independent living services are discretionary and administered differently throughout the province. Youth in care deserve more. There are numerous effective interventions designed to ease the transition to adulthood. Mandatory independent living preparation programs for youth leaving care in the United States has resulted in the development of numerous readiness assessment tools, intervention methods and evaluation forms. This review examined the independent living services provided by two different agencies in the province; the Awasis Agency of Northern Manitoba and the Winnipeg Child and Family Services.

Independent Living Services – Thompson

At this time no specific agency-operated Independent Living Program exists in Thompson, although the Awasis Agency operated such a program for several years. Youth aging out of care receive independent living preparation from their Social Workers, foster parents or group home providers. The McDonald Youth Services (MYS) operate semi-independent living transition homes in Thompson and youth placed in those facilities are able to learn life skills and are assisted in the transition out of care. Finding appropriate housing for youth leaving care is a problem in Thompson. Affordable apartments are located in unsafe areas or are in poor condition. As a result, the YWCA in Thompson is developing a housing resource for youth in care where they can continue to reside after the age of majority. Working

collaboratively with other community resources the YWCA expects to have apartments for both male and female youth where they can reside while continuing their education and training or looking for employment. Social Workers work with the local Education Authorities to set up education and training programs for youth leaving care or with youth employment programs to assist youth in locating suitable employment.

Due to a shortage of housing and resources on Reserves, most youth in care are placed outside their Reserves and continue to live in Thompson or Winnipeg when they leave care. Staff are concerned about the readiness of youth leaving care at the age of 18. Extensions of care are increasing because many youth are not emotionally and socially ready for living independently at the age of majority. As one Worker stated, “some of the youth can’t even fill out basic forms”, not to mention dealing with institutions and adult systems. There is also concern about the lack of resources for youth after they leave care. Many youth have disabilities. While some are referred to adult supported living programs, more are discharged from care with no supports. For youth that are eligible for services from the Adult Supported Living program, assurance that they will get the support is not always there. That system is not able to “pick up” the youth readily and youth remain on a waiting list for lengthy periods of time.

The majority of youth aging out of care in northern Manitoba is referred to the Employment and Income Assistance program.

Independent Living Services – Winnipeg

The Winnipeg Child and Family Services Agency has been operating an Independent Living Program for over 15 years and has designated staff solely for that purpose. With this many years of experience, staff have developed a structured and established practice method and operating procedure. However, this is not provided in written form and there is significant reliance on the skill and expertise of staff working in the program. The Independent Living Program has two components:

- a). Individual preparation, and
- b). a Life Skills Group

Referrals to the program are made by Social Workers using a specific Referral Form. As referrals of all youth approaching the age of majority is not mandatory, discretion by the Social

Worker is used to determine who should be referred to the program and at what point in time. The preferred referral process includes a referral to the Life Skills Group followed by an assignment to an Independent Living Worker and individual preparation. A youth must be between the ages of 16 and 18 years and remaining in care until the age of majority. Approximately 88 youth were referred to the Independent Living Program between May 2005 and September 2006. Unless the referral is only for participation in the Life Skills Group, the youth is assigned to an Independent Living Worker who develops an individualized plan with the youth for independent living. The plan includes finding a place to live, purchasing furniture and household supplies, supporting the youth in continuing with an education program or preparing for employment, teaching basic life skills and how to manage in the community. Once the youth is living independently, Independent Living Workers monitor the youth's progress and provide assistance, support, guidance, crisis resolution and advocacy as required until the youth reaches the age of majority.

A Life Skills Group is offered four times a year and provides specific skill training such as finding a place to live, developing a resume, job search skills, problem solving, education in managing health, substance misuse, getting along with landlords and related life skills and coping strategies required to live independently.

7.2 Independent Living Budgets

As there are no standard independent living budget rates, most agencies set budget allowances in accordance with the current provincial per diem rates (\$23.60) for youth over the age of 11 years living in foster care. This amount closely resembles the budget for a single adult through the Employment and Income Assistance Program.

Start-Up Costs

Youth in care are eligible for a one-time age of majority allowance of \$1000 when leaving care. This money is to be used for setting up an independent living situation such as an apartment. Generally it is used for a damage deposit and for purchasing furniture and household items necessary to live independently. The allowance is discretionary and is issued upon the presentation of an itemized list of purchases the youth needs to establish an independent

residence. Youth who leave care to move in with their families, or have no fixed address may not be eligible for this money.

Living Allowance

Monthly independent living rates differ among agencies. The monthly living allowance for a single youth on independent living was reported as follows:

Agency 1	\$466.00
Agency 2	\$478.64
Agency 3	\$599.65
Agency 4	\$528.72

7.3 Externally-Operated Independent Living Programs

Several Child and Family Service Agencies purchase independent living services from external organizations in their communities due to a lack of internal programs, inability of internal programs to provide the intensity of services a youth requires; workload demands or because of the special needs of some youth. Several external organizations provide independent living services to high-risk youth and youth with disabilities. These programs will continue to work with the youth after the age of majority through funding arrangements with Adult Service programs. This review looked at the options available for independent living preparation for youth. It should be noted that three of the organizations provide independent living preparation only to youth who are residing in one of their placement facilities. In addition, most are located in larger urban centres and, as a result, are not available to all youth.

Marymount Independence Options Program

This program prepares youth, who are residing in one of the placement facilities that the centre operates, for independence as they approach the age of majority. Preparation for independence begins at the age of 17 or 17 1/2 and includes group life skills programs and individual assistance with locating and setting up housing. Staffs provide support and guidance until the youth reaches the age of majority. Youth in the Marymount program may be eligible for the Marymount Bursary to continue post-secondary studies.

B&L Supported Independent Living Program

The B&L Program offers three types of independent living services: semi-independent housing, individual preparation and a life skills group. Youth are accepted into the program at the age of 17 and must be either attending school, working or in a day program. Youth are expected to be involved in the program and actively participating. Life Skills Group attendance is mandatory. Youth in the program are able to access counselling through arrangements with a community counselling program.

Knowles Centre

Independent living services are available to youth who are in placement facilities operated by the Center and are approaching the age of majority. Life skills training, educational assessments, career planning, locating housing and advocacy and support services are offered.

Macdonald Youth Services (MYS)

A number of different services are available to youth, including assistance to youth who are not in stable foster or group home placements or are unable to participate in working on independent living skills. MYS offers a range of services including supported independent living for young adults.

a). Emergency Shelter Beds

Short-term emergency shelter is available to youth from ages 12 to 18. Youth using these services are able to access crisis intervention counselling, food, hygiene needs and clothing.

b). Support Toward Education/Employment Participation (STEP)

STEP is a training program for youth between the ages of 15-20 who are not employed, underemployed and/or not attending school and who have a goal of returning to school or finding employment. Participants learn life skills, cooking, and employment preparation, develop confidence and set personal goals for their futures.

c). Specialized Individual Program (SIP)

This program is geared toward youth 16-18 years of age who require a gradual transition from structured care to supported living. Through Transition Homes, supervised independent living programs and assisted living programs, the needs of youth who do not fit into regular independent living programs are addressed. Youth are guided toward learning basic life skills, awareness and use of community resources, personal safety planning and developing the confidence to live independently. Program supports vary depending on the needs of the youth. Supported community living can be 10 hours a day to 24 hours a day. Youth eligible for supported adult living services can remain in this program past the age of majority.

New Directions for Children, Youth, Adults and Families

New Directions offers several different services for high needs youth and young adults.

a). Treatment Resources and Individualized Living Supports (TRAILS)

Individualized treatment plans are developed for youth with high needs and services range from semi-independent living placement resources to supported independent living in the community. The range and intensity of services are determined by the actual needs of the youth.

b). Resources for Adolescent Parents (RAP)

This program provides services to female youth under the age of 18. Support and services are provided in order for the youth to continue with their education while parenting. Support groups, parent education, employment preparation and life skills training is offered to the youth

c). Transition, Education and Resources for Females (TERF)

TERF is a transition program for young women and transgendered youth who have been sexually exploited through prostitution. The program accepts youth at the age of 14 and is not limited to the age of majority. Youth learn how to stabilize their living situations, develop healthier lifestyles and build confidence necessary to return to school or the workforce.

Ma Mawi Wi Chi Itata Centre Inc.

Youth in foster care placement with Ma Mawi are taught independent living skills through collaborative working relationships between foster parents, case managers and community resources. At risk youth participate in youth programs that do not end at the age of majority.

Through group programs and activities youth learn healthy role modelling, cultural inclusion and how to build and maintain positive relationships. The Community Helper Program provides outreach to youth and their families in their own homes. All though it has not to date, this program may be able to provide support to youth living independently.

Villa Rosa

Villa Rosa provides pre-natal and post-natal services and supports to youth who are pregnant or have recently given birth. It offers a safe and nurturing environment for young women to learn skills to care for their babies and form an attachment. The Centre offers post-natal accommodations for up to 3 months while youth and their babies are making plans for independent living. During this time life skills and infant care is taught. Additionally, a day program is available where a variety of life skills are taught and the young mothers find support in others dealing with similar situations.

7.4 Programs for Youth with a Disability

Youth living with a disability may require support services after they leave the child and family services system at the age of majority. Several programs and services are available to assist youth with a disability or with special needs. Planning for a transition to an adult program should begin when the youth has reached the age of 15 years. Because services in the adult system are discretionary and operate within a fixed budget based on projected need, assurance of receiving these services is dependent on planning and early referral. The young person who is found eligible may be placed on a wait list until resources are available. Despite placement on a wait list, the program would continue to manage the case and provide services such as case management. Agencies may request to extend care past the age of 18 if a youth is approaching the age of majority and requires adult supported living but is not accepted into the program before reaching the age of majority.

Adult Supported Living Program

To receive adult support living services, the individual must be an adult and have a mental disability and require assistance to meet their basic needs. A mental disability is defined as impaired intellectual functioning (IQ<70), existing concurrently with impaired adaptive behaviour and manifested prior to 18 years of age. Support services include residential living,

supported independent living, day services, supported employment and transportation to day time service activities. The individual receives financial support through the Employment and Income Assistance Program and may be appointed a Substitute Decision Maker by the Office of the Vulnerable Person's Commission.

Vocational Rehabilitation Services

This program supports employment-related needs of individuals with disabilities by providing employment opportunities in structured and supported settings. Eligibility for the program requires that the young person is living with a mental, psychiatric, physical or learning disability and has reached the age of 16. A medical doctor must substantiate the disability. An employability assessment is completed and a transition plan developed identifying supports required, projected costs, the continuity of supports that need to be coordinated and confirm referrals to appropriate adult resources. Participation in this program is voluntary.

Special Needs Program

The Special Needs Program is a recent provincial initiative supported by the Departments of Family Services and Housing, Justice, and Health. It provides case coordination across a multi-system base for persons who have a substantiated mental or psychiatric disorder and who are in serious conflict with the law. Referrals are made to this program only after eligibility has been denied in the Supported Living Program and/or Community Mental Health Program. Eligibility for referral to the program requires that the individual present a serious threat to themselves or others or is a threat to public safety and a high risk to criminally re-offend. This includes a history of violent behaviours dangerous to the public. Referrals can be made to the program when a youth is between the ages of 15 and 17 years and is already a "candidate" for meeting the above eligibility requirements.

7.5 Community Mental Health Services

Provided by Regional Health Authorities, Community Mental Health Services are available to individuals who are experiencing mental health problems that compromise their capability to participate in major life activities such as family life, employment, education, community or social relations. Examples of such conditions include Schizophrenia, Major Affective Disorders, Bipolar Disorders and Anxiety Disorders. These services are available to individuals over the age of 18 years who voluntarily participate in the program. Community Mental Health Workers provide therapeutic community-based mental and emotional health

services to assist persons with psychiatric illnesses to achieve success in their living, learning, working, and social environments. Community Mental Health Workers also provide assessment, service planning, short-term counseling interventions, rehabilitation and recovery planning, crisis intervention, community consultation, and education.

7.6 Voices: Manitoba Youth in Care Network

The Manitoba Youth in Care Network provides advocacy for youth as they transition from the child and family services system to independence. Youth in Care Networks across the country have been diligently working on presenting the alarming outcomes for youth who are leaving the child and family services systems to administrators and policy makers. Through research studies and reports by youth in care, or formerly in care, the Network is trying to raise awareness of the challenges youth in care face in getting an education and finding suitable homes.

The Manitoba Youth in Care Network has a membership of over 30 youth, who form an Advisory Committee. Services include housing information, advocacy, educational bursaries and information. A website is available for youth to contact the director and newsletters are sent out to over 300 youth and adult supporters bi-monthly.

8. PREPARING YOUTH FOR ADULTHOOD

Results of search studies, experiences of professionals working with youth and the voices of youth themselves tell us that at the age of 18 youth are not fully prepared to live independently without some support. What preparation do youth require to provide them with an opportunity to succeed in independent living? The Casey Family Programs based in Seattle, Washington have provided leadership in developing resources and programs to assist youth in transitioning from care to adulthood. The process of preparation for adulthood is a conscious, purposeful and collaborative process including practical strategies and methods of intervention that are implemented in order to achieve a set of goals. In assuring that youth in care are successful in adulthood, the following outcomes are desired:

- Employment: Young people generate a sufficient income to support themselves by obtaining and retaining steady employment leading to a viable career path.
- Education: Young people acquire sufficient education, training and opportunities that provide them with choices to pursue post-secondary education and the means to obtain and retain steady employment.

- Housing: Young people have access to safe, stable, appropriate, affordable housing in the community that is near public transportation, work or school.
- Life Skills: Young people demonstrate mastery of basic study skills, work skills, money management, social development, self-care and practical daily living skills.
- Personal and Community Engagement: Young people have in place supportive relationships, are able to access services in the community to achieve their personal goals and are supported in their efforts to contribute to the civic life of their communities.
- Personal and Cultural Identity: Young people demonstrate a healthy sense of ethnic or cultural identity, personal identity (including sexual orientation and gender identity) and spiritual identity.
- Physical and Mental Health: Young people are aware of where to get health needs met and these services are accessible to them.
- Legal Information and Documents: Young people have the skills, information and assistance to access essential legal documents pertaining to their personal, family, medical and educational histories.

An integrated and strategic approach to planning for adulthood must be guided by a sound understanding of its role in permanency planning for children in care. Planning for adulthood must begin at the point of system entry, remain continuous until youth exit the system and be flexible enough to change according to age and need. Integrating permanency planning with preparation for adulthood must be entrenched in policy with established funding, standards, case practice guidelines, staff training and tools to do the work. Foremost, comprehensive assessments of each youth's individualized needs, including exploration of the youth's feelings, fears, relationships and goals for the future set up the foundation for case planning. An integrated planning process for each youth must include the participation of the youth, parents, family members and any other significant adults or professionals that are involved in or committed to the youth and wish to contribute to a successful future. The youth should be the central player in his or her independent living plan and identify the essential team members that will be involved during the transition and remain involved afterwards. This process promotes a vision of shared responsibility during the transition process and engages partners that may be the source of emotional support to the youth after leaving care.

Although there are a variety of ways to prepare youth for transitioning to adulthood, several key features tend to be present in independent living programs associated with successful outcomes. The use of assessment tools, such as the Ansell-Casey Life Skills Assessment

Scale (ACLSA), along with caregivers and with youth input identifies needs more accurately and establishes goals for life skills preparation. Addressing life skills as a goal through out the case planning process, ensures that the youth and care provider are actively working on learning particular skills that will be helpful to the youth at a later time in life. Making life skills training a strong component of services provided to youth in group and foster home placements and creating life skills training curricula to ensure that life skills are be taught in a systematic and consistent manner to all youth leaving care. Youth need caring and concerned people in their lives. Matching youth with mentors and preparing youth for continuing contact and reconnections with biological families and supporting the development of new connections with significant people strengthen the youth's support network and ensure a greater chance of success. Finally, providing concrete assistance to youth in locating housing, continuing education or finding work and providing post-discharge services such as transitional apartments, mentors, and other after care support services increase the chances of a successful transition for youth in care to adulthood.

9. FINDINGS AND CONCLUSIONS

The population of youth aging out of the child and family services system is relatively small; however these young people face multiple barriers to becoming self sufficient adults. They are at risk for many negative outcomes that could affect their present and future well being. Many of the youth have already suffered physically and emotionally from the lack of a stable and supportive family. By the time they leave care, many youth in care are still trying to deal with the anger, sadness and despondence that lingers from earlier life experiences. Due to reasons related to their initial home life, reasons for coming into care and experiences while in care, emotional and social growth is slowed down hindering their ability to succeed in educational programs and learning skills that are necessary to secure and maintain employment, locate housing and participate successfully in adult society. Unfortunately, in our society, success is measured by educational attainment and employability and failure is living on "welfare". With 50% of youth leaving care referred to the Employment and Income Assistance program, a future of poverty and despair is being laid out for them. In a society that is economically and socially advantaged, a large percentage of youth aging out of care are sure to add to the statistics of marginalized individuals in the community.

Countries, such as the United States and the United Kingdom have introduced legislation mandating child welfare Authorities and Agencies to provide specific services to youth in care preparing them for independent living including the availability of post care services. This legislation includes accountability provisions and non-compliance penalties to ensure that the services are provided as well as assistance in measuring the outcomes of former youth in care. Some Canadian provinces are taking a leadership role in initiating legislation that regulates specific services to youth leaving care. Most promising are the extensions of care, up to the age of 25, to enable youth to complete high school and enrol in post-secondary education programs. Manitoba has taken steps to ensure the availability of adult service programs that support youth with special needs, mental health issues and disabilities after the age of majority. However, the province is lagging behind in setting policy that would provide consistent and systematic independent living services, educational support, housing and post care assistance to youth that are aging out of the child welfare system in the province. Services to help youth prepare for independent living in the province are sadly lacking, inconsistent at best and limited to programs set up by specific agencies for the youth in the care of those agencies or placement organizations for the youth placed in their programs. Independent living services for high risk youth are limited in space and located in larger urban centres.

A consensus on the lack of educational achievement and availability of housing for youth leaving care suggests a need to focus on both raising the priority of educational achievement for children in care and on improving cooperation between the Department of Education and Family Services and Housing. The appointment of designated teachers within schools to liaise with Child and Family Service staff in the development of mandatory individualized education plans for youth in care would set an example of a commitment to action for improving educational outcomes for youth in care. Such plans would ensure educational continuity during placement moves.

Youth leaving care have a variety of different needs, abilities and challenges. As a result, they have varying housing needs. While some youth are able to live independently, others may require support and assistance. There is a need for specialized and designated housing units specifically for youth formerly in care. Safe and affordable housing, transition homes and semi-supported living arrangements, geographically accessible to allow for proximity to schools are needed to meet the housing needs of youth leaving care.

For the most part, youth in care do not have a functional social support network upon which to rely during the transition from dependence to independence. They feel isolated and disconnected from supports that were once a part of their daily life in care, and at the same time, are unprepared for establishing new connections. Social support is particularly critical during times of stress. Having a significant person in their lives, improves outcomes for youth leaving care. As a result, reunification services should be available to open the doors for youth and their biological families to establish contact. When birth parents are embittered by losing efforts to prevent the termination of their parental rights, children in care may lose a valuable resource in their lives. Outreach to birth family members should be part of casework with permanent wards.

Adolescence is a time of rapid neurological development. Neural pathways, brain structure and brain functions undergo change and development. As a result, environmental factors can influence this process for better or worse. Because the brain is still developing during adolescence, particularly in areas such as motivation and impulse control, this age group is especially vulnerable to forming addictions, challenging authority, resisting changes and using anger to deal with issues. The role of adults during this time of development can influence the way in which adolescents respond to different situations. Adults should be there to help young people meet the challenges of adolescence and adulthood by encouraging this stage of exploration, mentoring basic life skills, celebrating developmental advances, guiding the development and rehearsal of new skills and providing protection from inappropriate disapproval. This requires an inherent belief in the worth of youth and in the importance of young people exercising control over their lives. Through collaborative case planning, the involvement of key persons in the youth's life and a "wrap around" methodology where a team of individuals are involved in preparing with the youth for leaving care, the likelihood that the youth will have access to supportive individuals after leaving care is increased.

Youth should not be the bystanders or participants in decisions that affect them. Believing that youth are competent, have strengths and are able to participate in decisions related to their lives will restore their sense of worth. The inclusion of youth in independent living preparation increases the likelihood that the process will actually apply to them. Every effort should be made to create opportunities for youth to be part of their own independent living planning at every level. This requires that the relationship between youth, caseworkers, and caregivers be

based on active collaboration, mutual respect and shared decision-making. Youth will have the opportunity to actualize their own strengths and capabilities while still receiving support and guidance from the significant adults in their lives.

Most discerning is the gap that exists between the opportunities available to youth in care and to those in the general population. Youth aging out of care rarely have access to the type of sustained support provided by most families. Generally, parental support is not limited to the years of childhood and adolescence but frequently is provided through young adulthood and beyond. According to the *Statistics Canada Census (2001)*, 93% of young Canadian adults live with a parent at the age of 18 and 57% of young adults between the ages of 20 and 24 still resided with a parent.

In the general population of youth, the transition from living in the parental home to other arrangements tends to take place as youth enter their mid-20s likely due to the fact that post-secondary studies delay reaching the point of, and certainty in, earning a stable income sufficient to support a household (Statistics Canada, 2001). Leaving the parental home is not always final and young adults can return home until they are ready to make the transition again. Living at home is regarded as beneficial to a successful transition to adult life. It allows for young people to complete their education, experiment with relationships and obtain employment (Boyd and Norris, 1999). As Goldscheider (1997) points out, "home is the major site of the socialization of children. It is the safety net young adults need as they embark on the complex set of transitions involved in their progress." In the absence of family, youth are left floundering. It is incomprehensible that governments can so easily abandon their parental responsibilities to youth in care when they reach the arbitrary age of 18. Youth in care, completing education programs or searching for employment should be able to remain in their foster homes until they are ready to move out and the foster parents compensated at the same rate they received before the youth attained the age of majority.

At the same time that studies on youth transitioning from care show unusually bleak educational outcomes (Rutman et al, 2001, 2003), (Kufedlt, 1990), (Martin et al, 1997), research studies on the general population of Canadian youth show that youth do quite well in the educational arena. The median age at school completion in Canada is 21.8 years for women (Ravanera et al., 1998) and 22 years for men (Ravanera et al., 2002). Eighty five percent of youth in Canada complete high school (Bowlby and McMullen, 2002). Enrolment in

post-secondary education continues to increase, with 62 percent of graduates going on to post-secondary education within a year, and another 20 percent after a one-year delay (Tomkowicz and Bushnik, 2003). International comparisons show that Canada is at the very top of economically stable countries in terms of the proportion of the population at various age groups who have completed a post-secondary qualification, diploma or degree.

All children and youth in care should be encouraged to continue their education. Preparation for post secondary education should begin several years in advance of the youth's anticipated graduation from high school. This should be included in case planning for the child. An education plan should be an important component of all care plans for children and developed with input from the child. Youth in care need to know in advance what educational options are available to them. They need to see going to University as a viable option for them. In addition to individualized education plans, assistance such as tutoring and counselling should be available to keep children in care from falling behind their peers. Funding incentives, such as scholarships and bursaries to post secondary education programs, information on funding options and career counselling will emphasize the priority placed on education for youth in care. Efforts directed towards supporting and preparing youth for post-secondary studies should begin with establishing an educational fund for all children in care, such as a Registered Education Savings Plan (RESP). The new Canada Learning Bond is designed to help with the cost of post secondary education. Children eligible for the National Child Benefit are eligible for this, including children in care. The federal government contributes \$500 for each child born on Jan.1, 2004 or later, and \$100 a year until the child reaches 15 years of age.

There is no question that youth in care are denied many of the opportunities enjoyed by youth in the general population. In addition to the growing pains all adolescents experience, youth in care face unbelievable obstacles and hardships in their journey to become competent and independent adults. Despite the adversities, youth in care move on to build futures for themselves. The resilience of some youth in care cannot be ignored or minimized. They are amazing. Below is an example of such resiliency and conviction.

"Hi, my name is #####. Most people call me ##### and this is my story. I was born in Kasama, Zambia. My father died of AIDS in 1995 and my mother died of AIDS in 1999. My older brother a younger brother and a younger sister and myself were adopted by my moms sister here in Canada. It all began in 2001 when I got kicked out of my aunts house. It was a

very uncomfortable feeling staying with strangers as I was put in a temporary home (Macdonalds youth service, mayfair). I stayed there for about 3 days, then I was taken to a group home. I was not a fan of staying the north end. People look at you like you are a savage when you live in a group home. I hated living in a group home as I was not one to be pushed around, one pushes me and I push back and the worse things got. I was not used to having to lock my stuff in a room or worrying what is going to happen to my stuff. I started to run and was placed in another group home. By the time I went there I had already wised up so it was easier to see what the other kids were all about. I come from an educated family. Both my parents were Professors and both grandparents from my mothers side were Professors and both grandparents from my fathers side were Teachers. So failure was not an option. All through my time being in group homes all I was hearing from people around me was, "he's a bad kid", "he's going nowhere". Well, I wasn't having any of this. The more I heard people bringing me down the harder I worked. With all my time in the system I had four Social Workers and each time I had to tell the Social Worker my story again. My suggestion, when a child has a social worker have that social worker work with 2-3 cases at a time and if you lack social workers recruit more people because some kids don't like confiding in more people than they already have. In conclusion, in June 2005, I graduated from Grade 12. I was candidate for athlete of the year but unfortunately someone had better grades than myself. I was also the winner of the Manitoba youth in care scholarship which I gave back because I had got another scholarship, for aerospace. I took aerospace for a half year before I figured that's not really what I wanted to do for a living. Then last year second semester I got an \$500 basketball scholarship. I wanted to decline the scholarship but I loved basketball so I took it and all I concentrated on was basketball. I did some school but basketball was the one thing on my mind. I failed all my courses. well got 2 C's and a D. I wasn't proud of that. The one thing that really matters the most to me, I wanna help kids like myself. I want to go into Social Work."

-19 year old former youth in care

10. RECOMMENDATIONS

10.1 Policy Implications

It is ironic that youth in care upon attaining the age of majority at 18, suddenly step outside the jurisdiction of *The Child and Family Services Act*, and the child and family services system assumes no more responsibility for them. They age out of the system of public care. This does not happen to most of the children in care, who return to their parents after a relatively brief time in care. Many find alternative care within their extended family. Some find other families through adoption. Children with a developmental delay that is severe may begin to receive services through Adult Supported Living Programs. But the majority of youth approach the age of majority without any of these outcomes and many of them face profound challenges. These children may not have recovered from the effects of abuse and neglect. They may continue to have diagnosed (or undiagnosed), disorders such as attachment disorders, oppositional defiant disorders, borderline personality disorders or fetal alcohol spectrum disorders to name only some. They may be anxious, depressed or suicidal. Because of the difficulties they have lived through they may be involved with alcohol and drug addiction and they may be struggling with school if they are attending school at all. However, they arrive at their 18th birthday and stop being the responsibility of government. The lack of services for youth who have been in the care of the child and family services system and had to leave the system at the age of majority is an example of a practice that creates both individual hardship and a host of ensuing problems that are preventable through the provision of appropriate services. Other initiatives, particularly in the US and the United Kingdom, where responsibility for the outcomes of youth leaving care has been acknowledged and legislated, have demonstrated that the outcomes for youth leaving care can be turned around to give them more opportunity and a brighter future outlook.

RECOMMENDATIONS:

- 1. That the Department of Family Services and Housing develop a policy outlining responsibility for children in care who are reaching the age of majority and leaving care.**
- 2. That the Department of Family Services and Housing develop a policy outlining responsibility for post age of majority support and assistance to youth formerly in care.**

- 3. That the Department of Family Services and Housing develop a policy on youth leaving care. It should outline the responsibilities of Agencies and Authorities for services to youth leaving care including independent living preparation prior to leaving care and post care services up to the age of 21 years.**
- 4. That the Department of Family Services and Housing develop a policy on youth leaving care, enrolled in educational or training programs. It should outline the responsibilities of Agencies and Authorities for services until the age of 25 years.**
- 5. That the Department of Family Services and Housing extend the maximum age eligibility for Extended Care and Maintenance (ECM) from 21 to 25 years, to enable youth to achieve higher education and develop work skills.**
- 6. That the Department of Family Services and Housing ensure that the policies for youth leaving care and the Extended Care and Maintenance provision is consistently applied across all Child and Family Service Authorities in the province.**
- 7. That the Department of Family Services and Housing broaden the Extended Care and Maintenance provisions to include temporary wards of the province that will be in care until the age of majority.**
- 8. That the Department of Family Services and Housing, along with the four Authorities develop standards to prepare youth for leaving care and incorporate these standards as a regulatory requirement.**
- 9. That a Committee with representatives from the Department of Family Services and Housing and the Authorities, along with service providers, youth in care, or formerly in care and stakeholders, be established to develop standards for youth leaving care, including post care services. The Committee should embark on a review of national and international policies, programs and services to learn from these experiences and incorporate strategies that have proven to be effective for sustained positive outcomes.**
- 10. That standards for services to prepare youth for leaving care provide for the diverse needs of Aboriginal youth in care, and youth with disabilities who are not eligible for adult supported living programs.**
- 11. That standards for services to prepare youth for leaving care outline a flexible and functional process for graduating from dependence to interdependence and include mandatory needs assessments; individualized transition plans and post care services.**
- 12. That standards for services to prepare youth for leaving care have provisions for the active involvement of the youth leaving care and for the inclusion of a team of individuals significant to the youth and willing to be a part of independent living planning with the youth.**

10.2 An Accountability Framework

As provincial legislation is scant in defining its legal obligation to youth in care reaching the age of majority, day to day practice is guided by standards and policy manuals that outline case planning principles but provide little direction on preparing youth for adult responsibilities and life after care. This review found that there is no consistency in when a youth starts receiving preparation and training in independence, or how the youth is prepared for entering adult life. With little direction and lack of accountability procedures, it is possible that youth leave the system at the age of majority without any preparation or assistance for independence. Most often independent living preparation occurs with little direction, and at the discretion of the caseworker. There are no measurements within the child and family services system to assess a youth's readiness for independence, no expectations for documenting how the youth is being prepared for independence, and no outcome measures to evaluate how the youth is doing in independent living, or most importantly, after aging out of care. Reports from service providers and youth in care clearly identify gaps in this area and the majority of youth leaving care feel unprepared for life after care.

Standards are key for the establishment of policy and practice. Operational procedures and quality assurance standards and outcome measurements are needed for effective service provision. Accountability and compliance standards should allow little room for discretion in ensuring all youth in care are adequately prepared and supported through the transition process and following entry into adulthood. All youth in care must leave care in a planned and supported manner to enable a successful and sustainable transition.

RECOMMENDATIONS:

- 13. That the Department of Family Services and Housing develop compliance and quality assurance standards for services to youth leaving care, including post care services.**
- 14. That a comprehensive and consistent tracking system be implemented for all children in care measuring their progress in key areas of development while in care. The Canadian Looking After Children (CanLac) is an example of a nationally endorsed measurement of progress in seven key areas of development – education, health, identity, family, social relationships, social presentation, emotional and behavioural development and self-care skills.**

- 15. That a comprehensive and consistent tracking system be implemented for youth leaving care measuring their progress in preparing for independence while in care and after leaving care. The tracking system should be based on the determinants of health.**

10.3 Cooperation and Coordination between Departments

Youth in care issues cross several government departments providing an opportunity for a coordinated government-wide effort for an effective and efficient response to these issues. Cooperation and coordination must occur across jurisdictions for successful outcomes. Although, collaborative planning and integrated approaches are already in place, or in development, in many service areas, these tend to miss the youth aging out of care that are not eligible for supported adult living programs or special needs programs. As the majority of youth leaving care are not connected to supported adult programs, integrated services are required to assist and sustain them in adult living. Youth in care utilize a wide array of services such as social, educational, medical, none of which are coordinated to operate together. Due to privacy restrictions little information is shared between agencies often leaving the youth as the only substantial connection between these organizations. Working together government departments can more effectively address the issues faced by youth leaving care. Partnering in developing adequate housing for young people, paving the way for former youth in care to access health, mental health, and financial systems without having to deal with rigid expectations and eligibility requirements, providing educational opportunities and supporting involvement in the workplace are only a few of the responses that can develop through joint initiatives between government departments or within government departments.

RECOMMENDATIONS:

- 16. That the Department of Family Services and Housing, along with the Manitoba Housing Authority, develop a number of housing units in the province solely for youth leaving care.**
 - a) Housing units should include short-term transition and emergency housing options and long-term apartments, and**
 - b) Housing units must be affordable and located in areas that are safe and in close proximity to transportation services.**
- 17. That the Department of Family Services and Housing, create a program within its Employment and Income Assistance Program, with flexible and supportive admission rules and expectations, providing counseling, guidance and emotional support to former youth in care, to engage them in planning for a career. It is essential that the program is responsive to issues**

of youth development, youth engagement and the varying needs of this special population group.

- 18. That the Departments of Family Services and Housing and Education develop a policy paper on reducing school moves due to placement changes, supporting youth in care to complete high school and improving academic outcomes for children in care.**
- 19. That the Departments of Family Services and Housing and Education launch a review of the poor education outcomes for children in care and make recommendations on improving these outcomes.**
- 20. That the Departments of Family Services and Housing, Education, Health and Healthy Living launch an exploratory research initiative on the health and mental health needs of street-involved youth.**
- 21. That Healthy Child Manitoba extends its Healthy Adolescent Development Strategy to address the needs of youth in care and former youth in care.**

10.4 Preparing Service Providers and Caregivers

While child and family service providers are keenly aware of the issues facing youth transitioning from care, the availability of tools, intervention methods, resources and strategies for preparing youth for independence are sorely lacking. As a result, preparation services for independent living vary across the province creating inconsistencies in services and causing havoc in the lives of the youth leaving care. As indicated earlier, standards for preparing youth leaving care would help ease the debilitating effect of these transitions. The provincial government must take the lead in providing education and support to establish a consistent standard of service delivery to prepare youth leaving care. These standards must include education and training for service providers, the availability of assessment tools, intervention skills and outcome measurements. Social Workers should have the opportunity to receive training in developing skills and competencies for facilitating and supporting the transition to adulthood. Foster parents and youth care workers would benefit from learning strategies for ways they can play a larger role in helping youth develop toward adulthood including optimizing decision-making, teaching problem-solving skills and maximizing opportunities for personal growth. Sufficient funding is necessary to ensure that these standards are applied and reviewed as needed. Furthermore, these standards must be supported and claimed by Authorities and agencies in the province if they are to be successful.

A review of services to youth leaving care in several international jurisdictions points to the advances that have been made in this area. Some jurisdictions have set best practice standards for services to youth leaving care; others have designed training programs and developed competencies in life skills beginning at the age of 15 years. Service providers and caregivers are required to work with youth as early as 15 years developing life skill competencies, setting goals for independence and establishing relationships with parents, extended family and other key individuals who can be a support for the youth.

RECOMMENDATIONS:

- 22. That the Department of Family Services and Housing develop training programs for Social Workers, Support Workers and Youth Care Workers on preparing youth for transitioning from care.**
- 23. That the Competency-Based Training (CBT) program includes a module on preparing youth in care for independent living.**
- 24. That the Child Protection and Support Branch, or designate, develop a core set of life skill competencies for youth aged 15 years, 16 years, 17 years and the age of majority. These competencies should provide guidance to caregivers in developing appropriate life skill activities with youth at each age level.**
- 25. That the Manitoba Foster Parent Association receive funding to develop training programs for foster parents to assist youth in care with achieving life skill competencies and preparing for independent living.**
- 26. That Authorities and Agencies ensure that all youth in care are aware of Voices, Manitoba Youth in Care Network by providing information material to all new admissions and having information brochures available at all agency offices and placement resources.**

10.5 Independent Living Preparation for all Youth Leaving Care

A successful transition to adulthood requires that the development of independent living skills begin as early as possible. The process of acquiring these skills is ongoing and subject to trial and error. Although it may be considered as a separate activity, occurring in the last two years of a youth's life in care, it is essential that we begin to view independent living work as an integral part of the child's daily life. To be a constructive participant in society, each individual needs to master skills for self-directed living. Preparing youth for this should be incorporated into the day-to-day practice of social workers, foster parents, youth workers, teachers and

others in regular contact with the youth. The preparation for the transition to adulthood and the development of independent living skills is an ongoing process beginning when a child enters adolescence and continuing through to adulthood. The gradual acquisition of these skills needs to be incorporated into the care plans for each child.

RECOMMENDATIONS:

- 27. That Authorities and Agencies review their case management practices to ensure that all youth in care, at the age of 15, have a transition plan for leaving care. This plan should contain an assessment of the youth's needs, a plan for acquiring life skills, time frames and goals for independent living.**
- 28. That Authorities and Agencies develop a practice standard that involves youth, upon reaching the age of 15, to participate with the case worker in developing a transition plan for independence from care.**
- 29. That Authorities and Agencies develop a practice standard that promotes educational achievement as a priority for children in care, and support this by providing practical assistance such as educational assessments, tutoring, counselling, learning aids and tools and assistance with learning.**
- 30. That Authorities and Agencies develop a practice standard that promotes reconnections with biological and extended family, former foster parents or other significant persons in the life of the youth. Every effort should be made to ensure that youth leaving care have a support system.**
- 31. That the Department of Family Services and Housing increase funding to reduce the workload of Social Workers enabling them to increase time in direct service work with youth in care.**
- 32. That the Department of Family Services and Housing provide funding to Authorities to develop independent living programs for youth leaving care.**
- 33. That Authorities and Agencies increase the number of specialized foster homes for youth over the age of 15 preparing for independent living.**
- 34. That foster parents, caring for youth preparing for independent living, are provided with a clear description of responsibilities and attend training in strategies and methods for effective independent living preparation.**
- 35. That foster parents caring for youth preparing for independent living be paid an increased per diem rate, established through a review of responsibilities, training expectations and the needs of the youth preparing to leave care.**

36. That Authorities review the transition plans for youth in care aged 15 and over and based on the identified needs, develop a range appropriate independent living services or programs to ensure successful transitions to adulthood.

37. That the Department of Family Services and Housing develop a directory of independent living programs and resources in the province.

10.6 Favouring Positive Outcomes

Along with prescribed independent living standards, educated staff and supportive practice methods, social and life skill programs, independent living preparation services based on best practice standards, and post care services are needed to assist youth in care in their transition to adulthood. Problems associated with the transition of leaving care are well documented, through research, surveys and national statistics; and are widely known to professionals working with young people in care. Many young people leave care to face imminent hardship, social exclusion and vulnerability. Generally, evidence from comparative studies points to the fact that former youth in care are over-represented in statistics showing young adults at risk of homelessness, lost attachments with family, poor educational attainment, unemployment, dependency on social welfare, imprisonment, young parenthood and incidence of self-harm. Some countries have taken steps to take responsibility for youth in their care after the age of majority. Through the introduction of very strong legislation like the *Foster Care Independence Act (1999)* in the United States and the *Children (Leaving Care) Act (2000)* in the United Kingdom, youth leaving care in those countries have a safety net allowing them to obtain an education and find employment. These youth can receive financial support and personal advice and assistance until the age of 25 years. Researchers and organizations supporting youth in care in Canada have strongly conveyed the negative outcomes of youth aging out of care in this country and have received favourable responses from many Canadian provinces. Several Canadian provinces are extending the age limit for extended care and maintenance, introducing incentives for youth to remain in education programs and assisting with support and guidance after the age of majority.

Preparation and planning and the availability of essential resources that support youth after leaving care are associated with more positive outcomes for youth. In addition, stability and continuity are important prerequisites to achieving positive outcomes and youth in care should be able to leave on a gradual basis, with supportive social networks and with financial stability. Equally important is the availability of and access to post care services. Not all resources in the community are available or accessible to youth. Many have inflexible policies and rigid

eligibility criteria or are simply not youth-friendly. Although considered to be adults when leaving care, most of the youth function well below their chronological age. Once the youth has left care, they have few resources to turn to in the event of a crisis or problem. Post care services provide additional support to youth if they need it. Some youth may require more intensive support after the age of majority such as a mentor or support worker. Aftercare is an integral part of the transition process and should be available to all youth in care. This program should be detached from the child and family services system and available through external community organizations.

RECOMMENDATIONS:

- 38. That the Department of Family Services and Housing work with the Social Planning Council to establish a Committee to review the independent living rates for youth in care and, based on a review of actual living costs, adjust the living allowance in accordance with the recommendations of the Committee.**
- 39. That the Department of Family Services and Housing, through the Employment and Income Assistance Program, provide the same adjusted living allowance to youth leaving care until the youth is able to earn a comparable or better living allowance through employment or the youth reaches the age of 21 years.**
- 40. That the Department of Family Services and Housing introduce financial incentives to enable youth in care to pursue higher education or training. This can include tuition waivers, education vouchers, bursaries, grants or loans.**
- 41. Education funds should be started for all children in care with those born after 2003 eligible for the Canada Learning Bond.**
- 42. That the Authorities review the admission to care standards at JIRU, Intake Services, to allow for the admission of youth under the age of 18, in need of shelter and support.**
- 43. That the Department of Family Services and Housing provide funding to increase the number of transitional and emergency bed spaces in the province for youth under the age of majority.**
- 44. That the Department of Family Services and Housing establish a fund for aftercare services to former youth in care. This funding should be available to community organizations to develop programs offering services to meet the varying needs of former youth in care.**
- 45. That the Department of Family Services and Housing increase funding to Voices-Manitoba Youth in Care Network to develop a peer support program,**

that is, matching former youth in care with those who are preparing to leave care for support, mentoring and role modeling.

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