

AGING OUT WITHOUT A SAFETY NET: ADDRESSING THE ECONOMIC INSECURITY OF YOUNG WOMEN+ AGING OUT OF THE CANADIAN CHILD WELFARE SYSTEM (REPORT 2)

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A QUALITATIVE REPORT

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INTRODUCTION

There are very few Canada-wide statistics estimating the number of children and youth placed in the child welfare system. Child welfare services fall under the jurisdiction of provincial and territorial authorities, and significant variations in child welfare mandates persist across jurisdictions.¹

In 2016 Statistics Canada reported that 43,880 foster children and youth lived in the child welfare system across Canada, with almost half (20,810) identifying as female.² In the province of Ontario alone, every year approximately 800-1,000 youth age out of care without permanence.³

Those who age out of care without a permanent family are known to experience higher rates of poverty and discrimination, which can result in adverse outcomes with cumulative and devastating impacts compounding across the lifespan.⁴

A litany of reports and research studies demonstrate that as these youth age out care, barriers to economic security undermine their physical, emotional, and social wellbeing. Economic insecurity, homelessness, incarceration, low rates of completion of postsecondary education, and under-employment are among the barriers they too often face. They also face exposure to interpersonal violence, higher rates of early parenting, and report poorer mental health and higher rates of substance abuse, in comparison with their peers.³

And yet, despite these barriers, we know that youth also have many strengths, and have ideas for change and action. Instead of focusing on solutions that attempt to shore up youth, building individual resilience amidst a broken system, these youth demand that the system itself be the focus of change.

Through this initiative, the Adoption Council of Canada (ACC) and Centre for Addiction and Mental Health (CAMH), collaborated with diverse women+ across Canada to learn of their experiences in the Canadian child welfare system, including their experiences aging out of care. Most importantly, we wanted to harness their ideas for change and action.

Purpose

The objectives of this study are two-fold:

- 1) To identify barriers to economic security that young women+ face once they are no longer in child welfare system, and solutions they believe will support them; and
- 2) To clearly identify effective policy solutions, at provincial and federal systems levels, that will address the economic security of young women+ aging out of the child welfare system care.

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Summary of Key Findings

Young women+, aged 16-32 years old, shared their experiences in 9 focus group-based workshops across Canada, by mapping their journeys aging out of the child welfare system.

Their breadth of experiences highlight the challenges and barriers they face at all levels – impacts on their individual health and wellbeing, in their relationships and across social institutions, revealing systems that more often than not failed to adequately address their needs. As their journeys show, these impacts are cumulative, starting early in life, and compounding across time in the child welfare system, providing an unstable foundation that leads to the challenges that are documented for youth as they age out of the child welfare system. Their experiences mirror those documented in the literature, from economic insecurity, unemployment, homelessness and under-housing, to poor physical and mental health.

These dynamic young women+ also demonstrated many of their strengths. They shared experiences that had fortified them, and made compelling arguments to address change at all social and economic levels.

Taking a multilevel approach – relying on the Bioecological Systems Theory outlined by Bronfenbrenner – allowed us to capture the experiences, barriers, and protective factors (i.e., facilitators) described by the young women+ across individual, relational, social, and systems levels, and across time in their experiences of the child welfare system, and aging out of care. These levels also mapped onto youth-led solutions for change.

Key recommendations by young women+ at each level include:

Individual level

- Improve programs that focus on life skills and preparation for independent living
- Create opportunities to learn from living experience and contribute to change
- Develop programs that support (re) connection with cultural roots
- Facilitate access to personal files
- Raise awareness about available supports

Broader systems

- Enhance training and support for social workers, including new standards of practice
- Provide wrap around supports and services for youth transitions from care
- Revamp social and subsidized housing programs, and explore new housing models such as communal living programs
- Revisit the curriculum and educational policies
- Implement universal basic income and other governmental programs that aim to alleviate poverty and replace other need-based social programs
- Actively challenge systemic racism and discrimination
- Expand health benefits programs for youth transitioning from
- Develop national standards for aging out of care

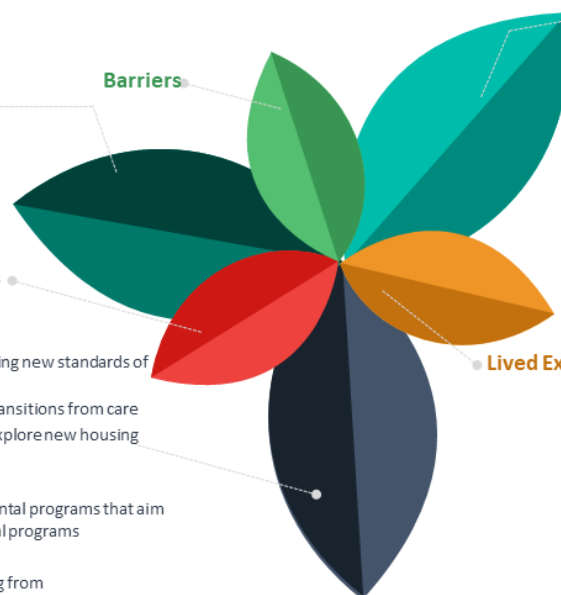
Barriers

Facilitators

Relational and interpersonal levels

- Create networks and pathways for mentorship
- Access to counselling and therapy for all (therapy for first families, youth in care, youth who have aged out of care)
- Educational/schooling (Additional supports, flexible schooling, consistent education and curriculum)
- Promote consistent and sustained connections with workers
- Develop structured supports for reconnecting with first family
- Introduce new standards for screening and monitoring foster parents
- Develop parenting skills program and resources to guide youth in and from care who become parents
- Cultivate trauma-informed approaches and sensitivity training in hospital and other healthcare settings

Lived Experience



RESEARCH METHODS

This reports foregrounds the words, stories and journeys shared by young women+ who navigated transitions from the Canadian child welfare system with varying degrees of support. We employed an exploratory, descriptive approach to provide both a broad overview of contemporary issues and deepen understandings of the experiences of youth.

From 2019-2021, nine, full-day workshops were held with young women+ in and from the child welfare system across Canada (see Appendix A for a sample workshop outline). A convenience sample of English and French speaking youth aged 16-32 years, who were crown or permanent wards in the child welfare system and aged out of care, and who identified as women+ (i.e., women and gender diverse or non-binary youth from the 2SLGBTQ+ community) took part in the workshops. Provided these criteria were met, there were no additional exclusions from study participation.

Study recruitment and data collection were conducted by the ACC. The study was advertised through networks of youth in care, partner agencies, community organizations, professional and personal networks, and social media notices. While these workshops were initially designed to be held in-person, 4 sessions were held virtually due to COVID-19 pandemic constraints. All meals were provided during the workshops (e.g., catering for in person sessions and delivery for virtual sessions). Workshops were free of charge and participants received \$25 gift cards.

Qualitative data collection involved two distinct but complementary methods: Focus groups discussions or interviews, and collaborative journey mapping. Secondary analysis of data was conducted by the Centre for Addiction and Mental Health (CAMH). Research ethics approval was granted by the CAMH Research Ethics Board for the secondary analysis of data.

Focus Groups & Interviews

Focus groups and interviews were facilitated by two staff from the ACC with extensive experience in the field. A mental health professional was either present at each session or available by phone/email to provide emotional support and debriefing to participants, if needed.

Focus group discussions were structured using a question guide of open and close-ended questions to elicit group discussion and interaction (see Appendix B for focus group guide). The same guide was used during interview sessions.

Questions and discussion topics were informed by the existing literature and reviewed for content validity by two subject matter experts. Focus groups and interviews were audio-recorded and transcribed verbatim for analysis.

Journey Mapping

Journey mapping, based upon customer experience and human-centered design approaches, is emerging as a useful method within healthcare to create detailed visual representation of how individuals and groups navigate health-related experiences. This method allows for the exploration of life stories and experience from beginning to end, highlighting “moments that matter,” or points of contact within broader systems from the perspective of participants themselves. Journey maps can clarify complex experiences, and illustrate and identify instances that may normally be taken for granted including obstacles, barriers, facilitators, and supports to treatment or care.

To frame the activity, two moderators from the ACC described the journey mapping process and prepared all materials (poster-sized sheet of paper, pads of sticky notes, markers and other arts materials). They encouraged reflection using a series of open-ended prompts (see Appendix C for Journey Mapping prompts), and the mapping process was structured to flow from past experiences, to present realities, and to imagined futures for supportive transitions.

Participants were invited to write and/or draw their responses, feelings, thoughts, experiences, and policy recommendations on the group map. These exercises resulted in the co-creation of 5 group maps and 3 individual journey maps.

Image 1. Section of a group journey map



Table 1. Data collection method and characteristics

Workshop #	Type	Date	Group size	Setting	Virtual / in person
1	Focus Group	Oct, 2019	8	Saint John, New Brunswick, at Saint John's Library	In person
2	Focus Group	April 2019	3	Ottawa, Ontario – at ACC office	In person
3	Interview	Dec 2019	1	Ottawa, Ontario – at Inuit Family Resource Centre	In person
4	Focus Group	Mar 2019	7	Ottawa, Ontario – at Community Centre	In person
5	Focus Group	Nov 2019	8	Edmonton, Alberta - rural and urban	In person
6	Interview	Oct 2020	1	Quebec City, Quebec	Virtual
7	Interview	Dec 2020	1	Gatineau, Quebec	Virtual
8	Focus Group	Jan 2021	5	Greater Toronto Area (suburban, urban, rural), Ontario	Virtual
9	Focus Group	Feb 2021	4	Manitoba (rural and urban participants)	Virtual

ANALYSIS

Focus group & interview transcripts

Data analysis was an iterative process. First, a subset of de-identified focus group and interview transcripts were reviewed by two trained qualitative researchers with the aim of exploring the data for repeating themes and connections. The research team then met to discuss their impressions of the data and emergent themes, and proposed a preliminary analytic framework to structure the analysis.

Informed by emergent themes and guiding research questions, we identified the Bioecological Systems Theory⁵ as a relevant framework to guide data analysis. This ecological framework emphasizes the environmental and policy contexts of behaviour, which incorporates social and psychological influences. According to this bioecological view, people experience events or happenings within specific contexts, and as such, personal experiences cannot be separated from the larger social settings in which they occur; individuals both shape and are shaped by social contexts.^{6,7}

De-identified transcripts were imported into NVivo and coded using the framework, while remaining open to the emergence of new codes. Once initial coding was complete, secondary coding was conducted to identify themes and sub-themes in the data.

Each theme and sub-theme was summarized in detail to identify latent meanings, related concepts, and contrasting views. Supporting quotes were selected for each theme and sub-theme.

At this stage, the research team also considered how each theme fit into the overall story of the entire data set and in relation to the guiding research questions.

To enhance trustworthiness, peer debriefing was conducted throughout, findings were triangulated across the data sets, and a detailed audit trail was maintained.

Analytic framework

Informed by the Bioecological Systems Theory, our framework explores factors at each of the four following levels:

- *Individual-level*: biology, health status, demographics, as well as differences in cognition, attitudes, beliefs, and expectations
- *Relational and interpersonal level*: the relationships and settings in an individual's life, and the activities the individual engages in within these settings. The immediate setting includes, for example, school, foster home, work, peer groups, and community engagement.
- *Broader systems level*: the social systems beyond the immediate environment that shape the individual, including social services, medical systems, educational systems, justice system, and media. Most broadly, this includes cultural beliefs and customs, social policy, political occurrences, and social ideologies.
- *Time*: the passage of time, individuals' chronological age and developmental stage, historical period and transitions. Transitions include, for example, changes in family structure, different places of residence, or changes in socioeconomic status.⁸ For the purpose of this study, time is being explored through the use of journey maps.

Barriers, facilitators and recommendations for change are identified at each of these four levels.

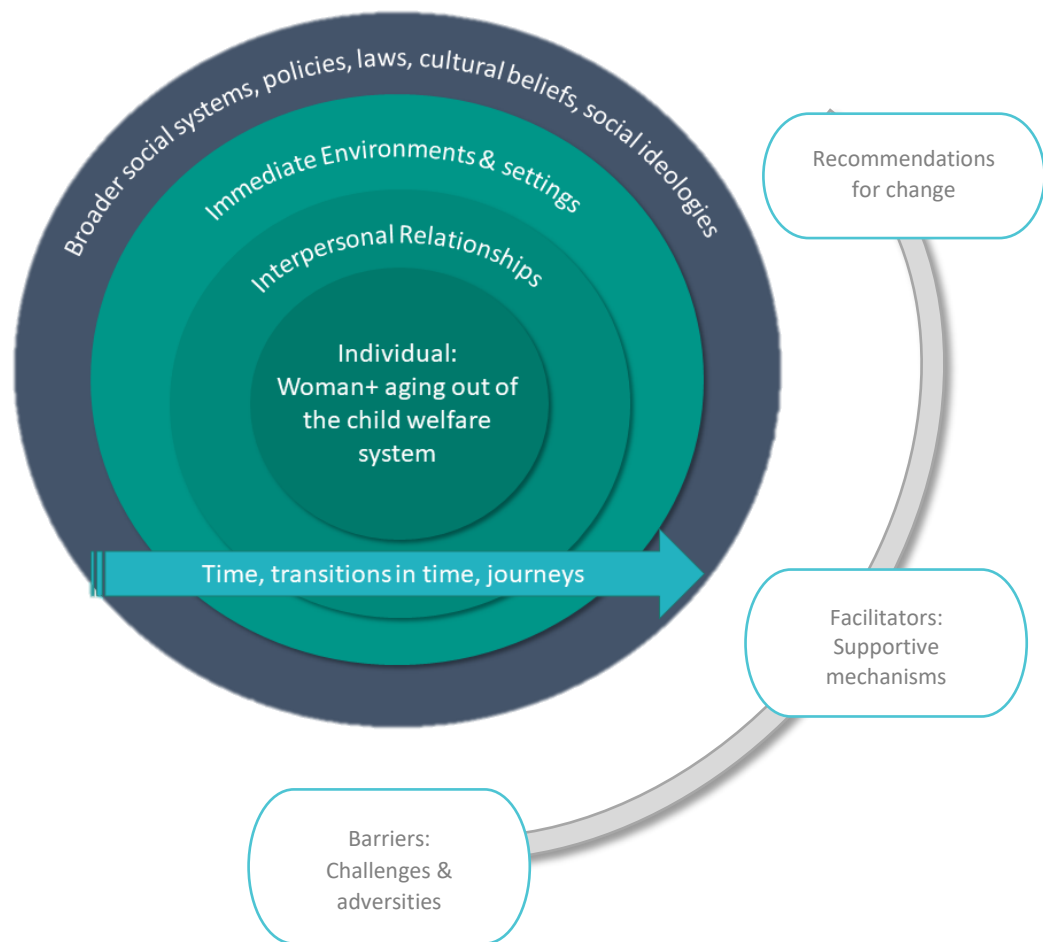
5- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.

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Figure 1: Analytic Framework



Analysis of journey maps

To generate initial themes, two researchers worked systematically through the entire set of journey maps, identifying sections relevant to the guiding research questions and applying codes to index theoretical dimensions.⁹ Codes were assigned to barriers (past and present), facilitators (past and present), and recommendations for change. Member-checking was then conducted with the two moderators from the journey mapping exercises.¹⁰ They were invited to review the maps and our preliminary codes, and provide additional context and detail regarding the images and words on the maps.

Once preliminary codes were distilled across the data sets, they were organized inductively into themes and sub-themes. The research team met with the workshop moderators again to discuss themes emerging from the analysis.

When consensus was reached, the research team met with a graphic artist to render the original journey maps into two composite, thematic maps. This was an iterative process of co-creation, exploring key themes, elements of metaphor, and creative data visualization techniques. The two composite thematic maps were reviewed by the workshop moderators to invite any further feedback or revision before the maps were finalized.

The artistically rendered composite journey maps allow for the distilled and thematic representation of key concepts in a way that is aggregated and de-identified. The two final maps, entitled 'The Living Experience Landscape' and 'The Trans-Canadian Railway of Policy Change & Future Directions' can be found on pages 26 and 27.

9- Cassell, C., & Symon, G. (2004). *Essential guide to qualitative methods in organizational research*. Sage

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RESULTS

Focus group and interview findings

A combination of structured focus groups and interviews were conducted with a total of 38 young women+ from five provinces across Canada. Group sizes ranged from three to eight participants, and three additional 1-on-1 interviews were conducted.

Focus group and interview results are organized by category to explore barriers, facilitators, and recommendations for change at each of the three levels of the framework: individual, relational and interpersonal, and broader systems.

Barriers describe the challenges and adversities faced by young women+ as they aged out of the child welfare system.

Facilitators describe supportive mechanisms accessed by young women+ as they transitioned out of care.

Recommendations for change describe changes and policies that young women+ feel would support transitions from care. The most commonly discussed themes are presented in detail by category, with supporting quotes used whenever possible to foreground the voices of participants. Workshops (W) number and participants (P) number are referenced to identify the speaker.

When interpreting findings, it is important to note that policies and programs vary by province and region. In the absence of national standards, youth across Canada receive varying degrees of services and supports. The range of experiences is reflected in some of the findings.

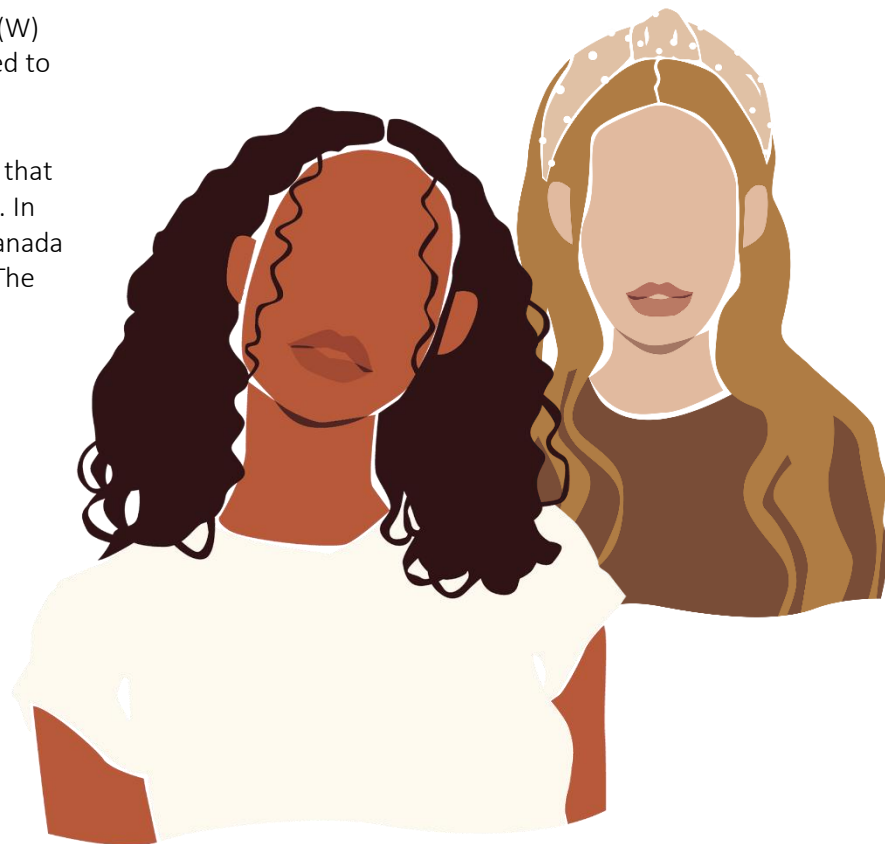
Participant demographics

The mean age of workshop participants was 26.2 years (SD= 3.75), with roughly half being 25 years or older. Approximately 40% of workshop participants had completed post-secondary education.

Demographic data reported presented as percentages and frequencies (n), in Table 2.

Table 2. Participant Demographics

Demographic Variables	Percentage (Frequency)
Gender Identity	
Woman	86.84% (n=33)
Genderfluid	5.67% (n=2)
Two-Spirit	2.36% (n=1)
Missing data	5.67% (n=2)
Race	
White (European descent)	28.95% (n=11)
Indigenous (First Nations, Inuk/Inuit, Metis)	26.32% (n=10)
Black (African, Afro-Caribbean, Afro-Canadian descent)	15.79% (n=6)
Mixed	13.16% (n=5)
Other	5.36% (n=2)
Missing data	10.72% (n=4)
Educational Attainment	
Middle school	7.89% (n=3)
High school	44.74% (n=17)
College	13.16% (n=5)
University	26.32% (n=10)
Other	2.63% (n=1)
Missing data	5.26% (n=2)



Barriers: Challenges and adversities faced during and following transitions from care

Navigating complex social services after aging out of care was challenging for all participants. This was often compounded by the loss of connections, past experiences of trauma, and perceptions of stigma. Some young women+ felt that their actions and behaviours were scrutinized, pathologized, or even criminalized to a greater extent than their peers outside of the system. This influenced how some participants came to see themselves, the world, and their futures.



Individual: Biopsychosocial characteristics, personal beliefs, perceptions, motivations, own resources, skills, abilities

- Recognizing histories and impacts of abuse and trauma
- Poverty, Financial barriers, social assistance
- Mental health and addictions issues
- Perceptions of self, others, and responsibility
- Mistrust of the system and unclear information
- Housing instability and homelessness
- Experiences of stigma and discrimination
- Experiences of homelessness and housing instability



Relational and Interpersonal: Family, community, school, services, programs

- Interactions with workers
- Loss of connections, relationships, and separation of siblings
- Unsafe neighbourhoods
- Interactions with the mental health professionals
- Interactions with healthcare providers



Broader Systems

- Access to safe, stable, subsidized housing
- Trauma-informed mental health supports
- Educational resources for specialized needs
- Distance from culture and language
- The abrupt end of support
- Mechanisms for reporting gender-based violence
- Interactions with the legal system
- System inequities

Individual-level

Understanding histories and impacts of abuse and trauma

The vast majority of workshop participants described experiences of abuse and trauma, perpetrated most commonly by their biological families, foster parents, foster siblings, or other adult males. Several young women+ spoke to the impacts of cycles of intergenerational trauma, connecting their family histories and their own life experiences.

“My father is a survivor of the residential school system, my mother has schizophrenia and is also a survivor of mostly generational abuses. Both of them [have] suffered from addictions and mental health issues for their entire lives, as a result of their experiences. Those were very much passed on to me through the forms of abuse, negligence, human trafficking, and a whole laundry list of other things.” W1, P6

At times, the lingering impacts of trauma constrained their engagement in services. Several participants described physical and emotional reactions triggered by men in positions of authority, including landlords, case workers, teachers, and physicians. There was agreement that service providers should incorporate trauma-informed perspectives in their practices to enhance the quality of care: *“I hope that they can equip teachers in schools with better training to handle people with abuse or mental health issues, etc. and like doctors”* W1, P7.

For some, untreated past traumas influenced their beliefs about the future, health and wellness, and sense of safety and stability.

“I have such a hard time with it now. Like, I can’t have a male doctor, I can’t have a male teacher. Like I hate males with a passion. Like, me and my boyfriend now, like we have such big problems because he’ll sit there and he’ll tell me, like I am the one who has to protect you, and everything, and I am like: well the last person who said that to me physical beat me. They sexually abused me my entire childhood.” W4, P9

One participant detailed the significant disruptions and long-term consequences stemming from past traumatic experiences. They described a state of hypervigilance and perceptions of danger while navigating daily life:

“If I move out on my own and like the landlord is a man, like I will not move into that apartment because I cannot have a man, like, authoritative over me, and like I won’t sleep at night or anything, so it’s hard because like I feel like it wasn’t like desensitized because it was just like, “oh, well the file shut down, it’s over.” But no, I still—still until this day, if I’m walking to the bus stop and there’s some old man just walking behind me, I freak out (...) It’s still something I face that I never really received helped for. So that’s really hard.” W1, P5.

Poverty, financial instability, and navigating social assistance

Most participants commented on the abrupt reduction or termination of supports, funding, and access to services at select time points (i.e. reaching the age of majority), or when certain conditions failed to be met (i.e. enrollment in school). The lack of transitional preparation or tapering of supports resulted in resources gaps and experiences of financial instability for many women+ aging out of care without permanence:

“This will be like, no your funding’s going to get cut for this, your funding is to get cut for that, and I’m like: Yesterday, I had all this funding, today I don’t. Like literally, yesterday I actually had the funding because I was, I only turned 18 yesterday. Today, like if I go to ask for those same resources, I don’t have them.” W1, P5

Gaps in the provision of tangible supports were also noted as barriers to accessing resources. One participant outlined the challenges associated with the absence of basic documentation such as government identification, proof of residence, and evidence of steady income. This was a barrier to accessing housing:

“The chances of anyone renting to me is like this much, so I think that’s why you have youth that are continuously couch surfing, homeless, like for myself I just stuck with what I guess was easiest, and that was using my body for housing, which is really unfortunate. Yeah so the transition was, yeah so again, there really wasn’t any transition, but I still feel similarly, like I didn’t have access to photo id, a health card, all I had was that little card that the agency gives you and they’re like, oh just show it to everybody, everything is covered. [...] so it’s just a very awkward, unorganized, cluster of, I don’t even have a word for it...” W9, P4

While participants noted numerous financial assistance programs and services available to youth who aged out of care, systems were not always easy to navigate and access was sometimes a challenge without a social safety net in place: *“Once they turn 18 and it’s just like, yes we can have all these resources but if nobody’s there to help the youth get them to there, then realistically these resources are never going to be used”* W1, P3.

Further, young women+ acknowledged that some supports were impractical or not tailored to their needs. For instance, those in independent living valued grocery subsidies, but the logistics of the voucher program hampered its use:

“Can anyone explain to me how you’re supposed to use the voucher once and it’s supposed to last you all month? Cause I like only get 1 for 1 month and I get like 300 and something dollars... like just let me take \$300 worth of groceries on the bus.” W4, P9

Some participants experienced food insecurity: *“We would go to school without like eating, still hungry after few days of not eating, then we would go to food bank”* W3, P1. This participant continued on to described the use of food relief programs, such as the food bank: *“the food at the food bank wasn’t that great but we had no choice to like, eat it because it was the only thing that we would have”* W3, P1.

Another commented on the stress associated with balancing competing demands in the absence of external support:

“Navigating life with little to no safety net causes so much fucking stress in your life when you age out. Like, [...] when I’m doing a practicum and working full time and going to class, I have an 88 hour week. I don’t have a mom to make me dinner or stop by so I can do some laundry, like no I literally work for 88 hours, and sleep 3 hours a night and keep that going for an 8 month stretch. It’s awful. I have no break” W4, P6

“...it was like floating in free space and like it’s really hard to form an identity and feel comfortable or safe when you have nothing” W9, P2

Relational and interpersonal factors

Interactions with service providers and workers

Participants spoke at length about their interactions with workers in the child welfare and social service sectors. While some reported positive experiences connecting with excellent case and social workers, many were left feeling inadequately supported.

“So, transitioning was hard because there was really no support after a certain point and even though I did get money and some program support, which I’m really grateful for, um there is no relationship or emotional support. There was no, it was like floating in free space and like it’s really hard to form an identity and feel comfortable or safe when you have nothing” W9, P2

Negative interactions with workers were perceived as extremely detrimental. Some participants were made to feel more like tasks or objects than individuals as they aged out: *“...by the end of the fact that I was leaving care, that’s when I definitely became a case number, for sure!”* W6, P1.

Another reflected the level of engagement of their worker as they aged out: *“this is our life, this is just their job and they get to go home to their fucking families and we just sit back and just watch our whole lives get destroyed”* W4, P9.

Several young women+ shared disappointment at the abrupt end of support from their workers and inadequate preparation to take on full responsibility for their own care.

“It’s just the constant problem when you age out of care, everyone says, oh well we’re there for you, but where are you when we need you, where is that worker who is supposed to be there to help me figure out my budgeting for the month? Where was that worker when I needed to go and get groceries but she wasn’t there to come and help me because you know I had a different dietary [needs] at that time? Or you know it’s like endless things and I just see it happen so often and I hear so many stories of youth who aged out and they’re like, well my worker just kind of stopped. My worker decided that I was 18--I was an adult, therefore it is my responsibility to figure these things out” W4, P6

Loss of connections, relationships, and the separation of siblings

Participants described the relative instability of living in care, as family composition changed frequently, hindering the development of sustained relationships. *“When you’re in foster care, it’s constantly changing. One day you’ll have like 3 brothers and then the next day you’ll have like 3 brothers and like 5 sisters and then the next day they’re gone because there was an emergency placement”* W1, P5.

This participant continued on to describe the lasting impacts of impermanence and inconsistent connection with a family:

“I would have wanted to live in a family where you know like generations of family recipes that were passed down and stories upon stories of great-great-great grandchildren, grandparents like passed down. But we don’t get that so it’s hard for us because you know you’re sitting in a classroom with other kids that are like, “oh yeah my great-great grandpa sailed here”, and I’m like “I don’t know who anybody is”. So you don’t really feel connect so you can’t really comprehend the real true meaning of family because you don’t know the history of it” FG1, P5.

Many participants shared that they assumed excessive familial and caregiving responsibilities as children. This affected their relationships and family dynamics.

One participant noted the lasting impacts of growing up without a sense of parental care or support: *“I literally raised myself. So like, I don’t know how to build relationships with people. I don’t know how to talk to people properly, like I don’t”* W4, P6.

They continued on to share the effects of feeling disconnected from family or guardians after aging out:

“Even now, as an adult, like I was in a hospital, like not last November but the one prior [...] I was in the hospital for 4 days before, one of my friends called me like why aren’t you at work? It did not even occur to me to call anybody, not a single person because it’s like well I got to deal with this. They’re like who is your emergency contact and I’m like nobody:” W4, P6.

Many participants also contended with the loss of siblings once placed in care, as they were rarely placed within the same setting or household. In some instances, siblings were placed in different cities or provinces. A number of participants were unable to locate their siblings or discouraged from seeking them while in care. This was regarded as damaging to their relationships with siblings, even after aging out:

“I didn’t get to be in touch with my biological siblings a lot, like two of them only who I’ve started talking to, after 13 years. So like, when we all like split up, it was kind of like, they broke us up and they didn’t stay in contact, and when we try to get in contact they will try to stop. So, definitely that was a barrier to me because I don’t have anyone to connect to or connect with” W1, P7.

One participant shared their experience reconnecting with and supporting their siblings after years apart. As the first to age out of care, they were able to provide guidance and stability to their siblings as they too aged out. They considered this support instrumental to promoting resilience, navigating systems, and overcoming obstacles.

“Um well, my brother and I still have contact like his foster care experience was much different from mine. Um so when he aged out, he’s two years younger than I am, and when he aged out, he really struggled, so he lived with me for two years. And then we finally got him a job and got all his documents, so he’s moved out, he’s doing ok, he lives just down the street from me. Um my sister lives in another, I mean she struggled too, and I mean going back into care and then almost got adopted and then the person backed out and then it was just a whole bunch of stuff for her, but she’s doing um really great...” W8, P5.

Broader Systems

Access to safe, stable, subsidized housing

The inaccessibility of safe, stable, and affordable housing posed significant challenges for many young women+ as they aged out of care. Beyond financial barriers, participants noted a variety of housing-related barriers: the lack of availability of subsidized housing, selection biases by landlords, unregulated housing, and placements in neighbourhoods perceived as unsafe. Participants often faced housing instability, with periods of short term rentals and stays in temporary shelters. Affordable or subsidized housing was frequently located in areas of high crime, leaving young women+ in and from care feeling vulnerable. For some, their monthly income prohibited them from accessing housing in areas they believed to be safe and stable.

“In order to get a professionally managed place, you have to fill out a rental agreement and a rental application, and then the lease and very familiar with this right now because I’m going through it at the moment. So we’ve been looking at houses, extensively, and anything that’s cheaper than \$1500 at the moment is primarily located in regions of the city where there are high crime rates, which if you’re a youth in care means that you’re made further vulnerable to those issues and those systemic problems” W1, P6.

Requests to avoid placement in particular areas or neighbourhoods could not always be accommodated. One participant encountered significant delays, housing instability, and shelter stays due to the lack of tailored supports, individualized care planning, or choice:

“Housing doesn’t help you with any of that and the worst part is like I asked for Safe Housing because I was sexually assaulted last year, and I wanted be near a major bus route, I wanted to be out of the area (...) I had to wait again, I’m still waiting in the shelter, and then it’s just like, it’s just all these things like they don’t listen to you and they put you in really bad areas, so now I’m on a rent supplement program, I have to find my own place. I moved out, it’s a lot better but like that was work that I had to fight for myself” W2, P6.

Several young women+ living in subsidized housing described unsanitary living conditions, coupled with unresponsive city housing administrators. They had to advocate for improved living conditions and faced numerous barriers in doing so.

“The home that I was in, is really bad, there was like constant, there’s bed bugs, there’s cockroaches, the windows were always drafty... you call in for maintenance, they don’t show up for at least like 3 weeks or something. You know, you call in to people and you try to explain your situation, you’re always getting bounced to like different persons (...) then my problem was, well I have a 6-month old child who’s crawling, there’s literally cockroaches crawling on over the wall. I’m like my daughter is going to pick that up and eat that.” W1, P6

“I think one of the challenges is, like the invisible disabilities with having the trauma history or having attachment struggles, and maybe social workers and other people not helping you understand that so you’re not able to access the resources that you need” W1, N1

Access to trauma-informed mental health supports

Some young women+ accessed quality mental health supports while in and/or aging out of care. That said, others commented on the glaring absence of mental health support available to them while in care. They felt strongly that timely engagement in mental health services would have carried lasting benefits.

“With mental health, when I was introduced into foster care, it was a really weird time for me with the grey area like I mentioned but the support aspect could have really come in handy around that time. I think around that time was when I developed depression, I didn’t really know how to articulate that” W1, P4

Others recognized the need for mental health supports and advocated them, with varying degrees of success.

“Social services never provided me with anything, or allowed me to get the therapy or anything like that. I had to literally be on my own. I remember when I was about 7 years old, and it was around a year after my dad died. I was like begging for them put me in therapy and they wouldn’t [...] I ended up basically advocating for myself to my social workers, to the supervisors, to the supervisors’ supervisors, to get me the assessment. And now they’re like finally giving me the ok for it. So like yeah, I literally had to do everything, like it’s ridiculous” W4, P9.

For some, the inability to access mental healthcare resulted in delayed diagnoses and long-term, unmet mental health needs. The cost of mental health services once out of care introduced new barriers:

"I didn't have therapy back then, I could have worked it out with my therapist but now I'm the one that has to pay for therapy, and that's expensive" W1, P3.

Educational resources for specialized needs

While low educational attainment is strongly associated with underemployment, many participants still faced significant barriers in the school system. Academic struggles, without formal assessments of learning needs or tailored supports, were described by several young women+.

"I had educational gaps too right, like I, the last thing I was thinking about is doing homework or, I didn't—I had anxiety in school like, I very much just didn't you know, comprehend a lot and so I just wish that support was there too, like realizing "okay, she's struggling, but why is she struggling" you know is it because she needs extra support or is it something going home. You know, like what is it that's making her not perform or you know what I mean? So, I guess that support would have been nice" W5, P6.

One participant questioned whether gaps in specialized educational supports stemmed from broader issues of funding and the need for advanced teacher training regarding at risk-groups.

"I also really believe that schools need to be better funded and taught how to deal with foster kids and foster care. Um I was really lucky in that my school was very engaged with me but I had to work really hard and be very charming to get them to pay attention to me. It lead to me developing a disorder that led me into this thing where I would people please, just so I could get what I needed, um but it's a really bad habit to take into adulthood and it got me into a whole lot of trouble" W1, P2.

Conversely, those who received assessments of learning needs and/or diagnoses of learning disabilities benefitted from access to specialized services. These services included supports such as school-based disability workers, special classes, teaching assistance, and enrollment in alternative schools.

"...I got a lot of help because I have a learning disability, so I was put in contact with a disability worker who was able to connect me to certain people and resources and eventually recommend you need to go to therapy, like you have some issues, this is here to be resolved and that you don't have to deal with any disability." W9, P2

Distance from culture

A number of participants described the challenges of transcultural placements and their foster parents' inability to support their cultural needs. For some, being distanced from their cultural was regarded as damaging to the development of cultural identity.

One participant shared that, of their many placements, only one foster parent brought them to centres created by and for Indigenous people.

"One of the main barriers that's kind of sticking with me now is being Cree and being placed in so many foster parents who didn't really necessarily want to like acknowledge that I was Cree or acknowledge that I have other sisters who I was really close with [...] now I'm 26 and I want to learn more, but like, myself from, I don't know, I'm very, I don't know what the right word would be, like I'm not as Cree as everybody, like I'm not very in tuned with my culture so everyone calls me like white-washed, right? My language is not very much like them so I'm automatically an outsider and when I go to certain events, like nobody will talk to me" W1, P6

Another participant shared their experience being placed in homes and communities lacking representation from black communities. As such, they had limited opportunities to engage with black culture and only developed a sense of cultural identity in their teenage years:

"So, I understand the difficulty to find black foster homes or placements but I would say surround me with black people. You know, they put me in a place where there was no black community, I've never had a friend for like 14 years and just introducing me to my culture, whether it was introducing me to my food, you know I never heard of ox tail until I was 15, I think. 15 and like, I didn't know what that was and like how to take care of our skin, how to take care of our hair..." W8, P1.

This participant felt that cultural receptivity and the potential to support the cultural needs of children and youth were essential to parenting:

So having an understanding of my culture or just the black culture in general and to be able to raise your children like that, raise your foster child and having that education that you need, because if you don't have the education of black culture, you can't raise a child" W8, P1

Facilitators: Supportive mechanisms accessed by young women+ during and following transitions from care

The presence of at least one stable and trusting relationship emerged across all focus groups as the most critical facilitator to transitioning from care. Young women+ believed that supportive and consistent relationships with adults provided opportunities for mentorship and role modeling, and contributed to positive development and outcomes.



Individual: Biopsychosocial characteristics, personal beliefs, perceptions, motivations, own resources, skills, abilities

- Sense of self-efficacy
- Engagement in therapy and mental health services



Relational and Interpersonal: Family, community, school, services, programs

- Supportive, sustained, stable and trusting relationships
- Circles of support
- Culturally meaningful programs and services
- Occupational supports for workforce transitions
- Programs focused on financial literacy



Broader Systems

- Emergency funding opportunities

Individual-level

Sense of self-efficacy

Young women+ in and from the child welfare system described a range of early adversities and traumatic events which continued to affect their self-esteem and capacity to cope as they aged out of care. As one participant noted:

“The path that a lot of youth in care are currently on is full of a bunch of barriers and blocks and mistrust and not enough accountability and it’s just too chaotic and too just unorganized and what youth really need is to be sustainable on their own, right? To be able to rely on themselves and to do what they really need, they, they, I don’t know they need to regain confidence, it’s hard to explain...I think self-confidence” W8, P2

The belief in one’s ability to meet and overcome challenges, and complete required tasks successfully, was thought to result in smoother transitions when aging out of care.

“My transition was kind of, I was luckier than most, because I did grow up in one place and I had the chance to develop connections, also because of just being who I am, a lot of administrators and school people were very interested in making sure I graduated into a post-secondary schooling, um that was something that was really um developed with me because a lot of people saw um potential and they didn’t want me to give that up” W9, P2

Engaging in therapy and mental health services

Participants expressed divergent views on therapy and mental health services during focus group discussions, and as noted above, a large number of participants were unable to access trauma-informed mental healthcare while in the child welfare system. That said some participants found therapy and mental health supports extremely beneficially. One participant reflected on the advantages of ongoing therapy while aging out:

“I would definitely recommend trying not to do it alone because although it is empowering and although it’s great for you, it is also good to have somebody who you can rely on, from like a more clinical stand of point you know? That’s just personally for me it’s a lot to handle when you’re, especially when you’re in your mid 20’s and you’re still figuring out finances, home, may or may not be in a relationship, and you still have your 30’s to figure out [...] I think you need to keep an open mind towards therapy” W1, P6.

“At about, I would say, 9 or 10, I really started exerting...um, and honestly I’d say a lot of the root of my delinquency was emotional distress. A lot of it. I was very, like I was very sad, very down, dark, very pessimistic in a way” W7, P1

Another participant recalled making informed decisions about their mental healthcare, beginning as a teenager. This involved advocating for mental health assessments and access to therapeutic programs and services that were not always readily available:

“I was doing art therapy for a little bit but I was the one who found the art therapy. Um, I was doing Adderall therapy for a little bit, I was the one who found the therapy. I was 15 years old doing all this research on it” W4, P9.

One participant reported waiting 10 years to access trauma-informed therapy to help them identify their trauma triggers (W2, P3). Another took part in different forms of therapy until they found approaches that met their needs:

“Art therapy and play therapy are the ones that work for me. I didn’t say anything but like, drew my great creations, I was saying how, speaking my feelings pretty much and now that I look back on all things the things I created, about my parents and stuff, I’m like, “oh, so this is how I was feeling”. You can tell by the colour I was painting and all that. That’s how I got to accept myself” W1, P7.

Relational and interpersonal factors

Supportive, sustained, stable, and trusting relationships

Participants spoke at length about the absence of supportive relationships, loss of connection, and disorienting effects of frequent placements and moves. That said, those who developed trusting and supportive relationships with at least one adult in their life (e.g., workers, service providers, etc.), recounted the many benefits of these relationships.

Developing trusting relationship required an investment of time, particularly with support workers: *“It took me years to find somebody, but once you finally find somebody who you can talk to, it makes a difference because sometimes those like healthy placements that you have for yourself, isn’t always enough”* W1, P6.

Faith was discussed at length—from the sharing of examples in which trust was violated, to describing turning points where trust was reinforced. For many, the early experiences of trust (or the lack thereof) impacted their beliefs in the reliability of others and the development of future relationships.

Having a reliable and non-judgmental source of support to call on in times of need was identified as a trust promoting factor. One participant recounted how meaningful it was to know that they could count on their social worker to provide emotional support and instrumental support, under regular circumstances and at times of crisis.

“She came through. She would tell me she was going to do something and do it. She would believe what I was saying. She would help me get stuff [...] She came there, it was like 3 in the morning. 3 in the morning she showed up for me and was there with me in the hospital, was there when I was getting a CT scan, I was 15 or 16 or something like that. Was there through all of this, while I was dealing with it and still helped me, didn’t judge me for it [...] She was like “no, I understand it’s okay. You will get through this. I will be here. I will help you”. So that was one of the biggest things, is the support that she showed me.” W4, P8

Some participants found informal role models, and sources of support and stability during and following points of transition in the child welfare system, through community based, youth-focused programs.

“It’s what helped me recognize the need was having healthy behaviour modelled for me. So I had sort of joked earlier that in being with the ACC for 5 years, you know the first form of permanency that I’ve had, and as much of a joke as it is, it is also quite serious like I’ve been there for 5 years, that’s the longest I’ve been anywhere, it’s the longest I’ve ever known anyone [...] Seeing it in action and seeing that healthy behaviour modelled presented and provided. To find that support made me recognize that that is actually something that I need, because I convinced myself for years, for my whole life that I do it by myself, and I could, I could do it, but it sucked and it wasn’t a whole self” W1, P8

“Oh right, if I had of known, I wouldn’t have had to sell drugs, I wouldn’t have ended up in jail.

If I had those support systems in place be there for me, I don’t think I would have gone through all of those things” FG9, P1

Other participants shared notions of **circles of support**, or the development of multiple trusting and continuous connections that contributed to a sense of safety, confidence, companionship, and social support. One participant attributed many of their positive outcomes to the development of a supportive community, and contrasted their experiences with those of a sibling who was placed in a different setting with less social support:

“They say it takes multiple, like it takes a village to raise somebody, I’m not just talking about childhood, I’m also talking about adulthood, so multiple mentors, I had my worker, my worker was very, very gracious and everything he provided for me and I wouldn’t be here today without him, as well as my foster mother, I also had good friends right. I also had people in the community you know cheering me on but without those, I wouldn’t be where I am today. And I think about, for example, I have other siblings and you know we have, I have other siblings that are around the same age as I am and their not where I am today, nowhere near and it’s because we were separated and because my sister didn’t have the support that I have [...], so you think about somebody your age or the same age, technically the same path but it has been divided somehow and if you look at the comparisons, I had the supports and a family member of mine didn’t and you can see how far along that’s come” W8, P1

Broader Systems

Access to emergency funds

Aging out of the child welfare system without a sense of permanence was described by participants as a time of heightened vulnerability. Some participants experienced the absence of a social or financial safety net, having to assume all responsibilities for their own care when they reached the provincially determined age of transition.

A number of participants had to access emergency funds within their community, municipal or provincial policies. While they reported feeling reassured that emergency funds were available as a contingency should they need them, they felt that specialized resources should be made routinely available to young women+ from care.

One participant recounted how accessing emergency funds allowed them to leave an unsafe living environment: *“I had an alcoholic in my apartment and he was scaring me and we weren’t safe. So my worker was like if you want to leave now there’s a fund for you” W4, P7.*

Another participant described a situation involving intimate partner violence, and the use of emergency funds to support leaving the relationship: *“Fleeing domestic abuse. I had nothing when I left my ex. So I had access to fleeing domestic abuse fund” W4, P8.*

Emergency funding programs were highly valued and offered a sense of reassurance to young women+ who transitioned out of care without permanence. Funding provided a financial safety net in times of crisis—which was regarded as necessary but insufficient.

While thankful for access to emergency funds if needed, some participants found the channels for accessing funds unclear. Others felt that, in addition to financial resources, other forms of specialized support and resources should be made available to young women+ from care at time of crisis.

“So like, we could be doing good and something happens and we take it harder because of our past than someone who has supports. I feel like maybe not just money either, we should have emergency resources which is like a full package, not just like financial. I want to be able to connect with a worker who specializes with people in care, hopefully a good one, instead of going to a therapy session who works with a broad spectrum” W4, P5



Recommendations for change

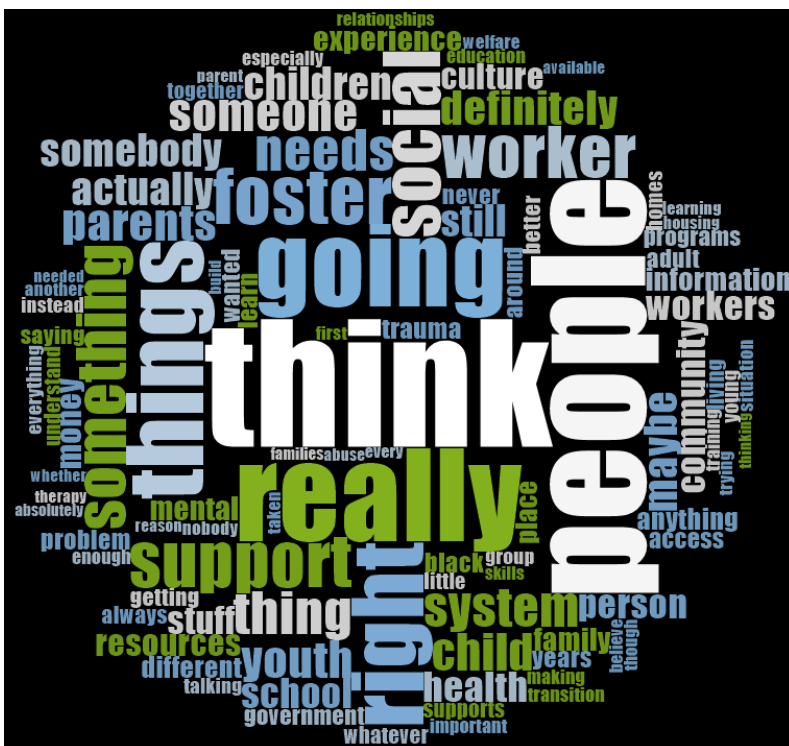
When engaged in conversations about hopeful futures, young women+ shared a multitude of recommendations for improving the child welfare systems and building stronger communities of support for youth as they transition from care.

Young women+ discussed notions of empowerment and the desire to be engaged actively in change, rather than regarded solely as recipients of services or products of the system.

Persistent stigma surrounding young women+ in and from the child welfare system was deemed highly disempowering. A shift in perspective to frame young women+ with lived experience as valued agents of change was considered essential to improving systems and policies for future generations of youth in care.

“You’re in the system and you’re at a foster place and the stigma around it and someone looks at you and says oh you’re a foster kid, you’re a problem kid, so you get treated that way like, it’s like, like you don’t even have a chance to like be a person, you’re just treated like a product of the system” W1, P1.

Figure 2. Word cloud of most frequently occurring words in passages coded to the ‘recommendations for change’ theme and sub-themes in NVivo



“I guess I just hope to make a difference and be successful and in terms of successful, not just financially but like in terms of health and happiness, because you know like, obviously I still have a lot of trauma and stuff to deal with and I’m learning everyday how to be a better person and work on my healing journey, so you know. I just hope to be successful in that way one day and be able to make a difference for other kids in the future”

W9, P1

Across focus group discussions, young women+ shared beliefs that their combined experiential knowledge could shed light on systems of power and oppressive barriers, and identify mechanisms to help navigate widespread challenges across local environments and broader systems. These young women+ felt well positioned to identify necessary changes to current social policy.

One participant, who felt themselves to be more supported than many of their peers who aged out of care, described a sense of duty to leverage resources and make change:

“We have privilege and I have been more fortunate to fall into a more positive pathway from all of this, but just recognizing that I have a lot that I could be giving to others to also help them fall into the more positive pathway. So ya, just continuing with that and using my education and experience to help other people experiences as well” W9, P4.

Young women+ called for representation at all levels and active engagement in decisions-making. They spoke of prevention, rather than intervention once systems failed. They felt uniquely positioned to share stories, raise awareness, and educate others, but at times felt exhausted by this role—particularly when change was slow to come or when their recommendations would “fall into paperwork on someone’s desk” (W9, P4).

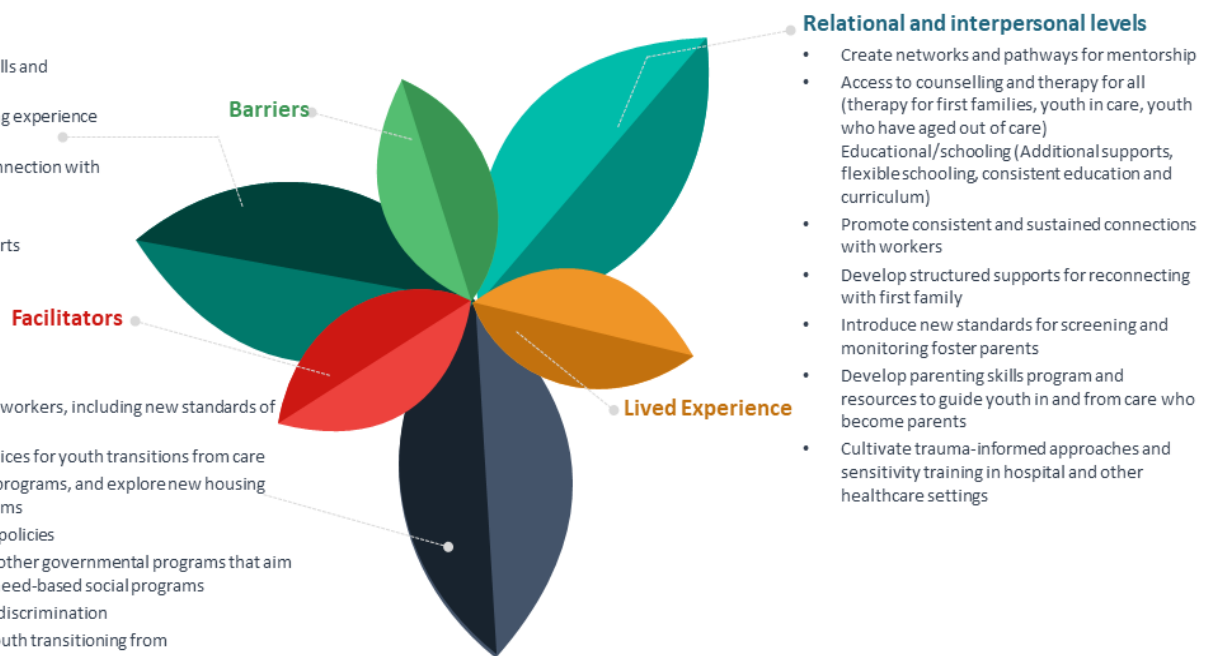
Given that so many recommendations for change emerged, the most deeply and richly discussed themes are presented in detail. Additional recommendations are presented in table form, along with supporting quotes, in Appendix D.

Individual level

- Improve programs that focus on life skills and preparation for independent living
- Create opportunities to learn from living experience and contribute to change
- Develop programs that support (re) connection with cultural roots
- Facilitate access to personal files
- Raise awareness about available supports

Broader systems

- Enhance training and support for social workers, including new standards of practice
- Provide wrap around supports and services for youth transitions from care
- Revamp social and subsidized housing programs, and explore new housing models such as communal living programs
- Revisit the curriculum and educational policies
- Implement universal basic income and other governmental programs that aim to alleviate poverty and replace other need-based social programs
- Actively challenge systemic racism and discrimination
- Expand health benefits programs for youth transitioning from care
- Develop national standards for aging out of care



Relational and interpersonal levels

- Create networks and pathways for mentorship
- Access to counselling and therapy for all (therapy for first families, youth in care, youth who have aged out of care)
- Educational/schooling (Additional supports, flexible schooling, consistent education and curriculum)
- Promote consistent and sustained connections with workers
- Develop structured supports for reconnecting with first family
- Introduce new standards for screening and monitoring foster parents
- Develop parenting skills program and resources to guide youth in and from care who become parents
- Cultivate trauma-informed approaches and sensitivity training in hospital and other healthcare settings

Individual-level

Improve programs that focus on life skills and preparation for independent living

Young women+ identified major educational gaps when aging out of care without permanence regarding life skills and informational supports (i.e., cooking, financial literacy such as budgeting and doing taxes, healthy lifestyles, healthy relationships and relational skill building, and occupational skill building and interviewing tips). Transitions to independent living and self-sufficiency could be better supported through programs offering multidimensional education, role modeling, skills building, and mentorship in these areas. This was referred to by one participant as an “Adulting 101” primer that could be introduced and then reinforced over time.

“You can’t teach people things in like a day, like you can’t just do a workshop and you’re an expert and I mean of course that’s going to get you started but it’s not going to be a significant help unless you kept working at it so maybe instead of like, I don’t know, maybe like instead of a parenting class maybe like a— an adulting class, not even, just even like a life skills class” W5, P1

Participants’ upbringings varied significantly while in care, and cautioned program leaders

Education should be tailored and focused on individual needs. One participant shared an example of never having learned the fundamentals of the activities of daily living, such as bathing or cooking.

“So things like brushing my teeth, things like taking a shower, and it’s very embarrassing to say it but these were absolutely not things that were routine for me [...] So you just sit there ugh, but honestly like learning to use, to actually soap in my hair. I didn’t realize, I’d put it on and let the water, and that’s it” W7, P1.

Many participants felt that these types of skills would be best taught by others with lived experience of aging out of care. They thought that this type of training would be most effective and relatable if grounded in real-life examples.

“It needs to be a facilitated program that’s taught by lived experts, like former young people or former individuals that have similar adverse or lifestyles or in the past that their now able to grow from. And it can’t just be the random worker who is staying there after hours to be with a group of young people, it can’t be that set up, I think they need to put that effort into hiring individuals that know how to and can facilitate these programs and add the emphasis of current day every life issues, where we need to be better at, maintaining mental health and what it looks like to maintain your physical health and how we survive in the society that we live in and while learning about yourself and growing at the same time” W8, P4

Social, relationship and relational skills building were also identified as persistent gaps. Participants recommended that this type of program be delivered in conjunction with trauma-informed counselling, and explore relationship building, trust, and boundary setting. Given that many young women+ in and from care have experienced numerous relationship disruptions, they believed that this type of educational program would act as a buffer against poor outcomes or potentially predatory relationships, and yield long-term protective benefits:

"I feel like, teaching people, like teaching kids about what the difference between someone actually generally caring about you, rather than someone caring about you for a reason. Uh, a lot of my friends had gone through that, um the sexual trafficking, like human trafficking portion um, were lured by someone who made them feel as though they had someone, like that was their person, you know? Like it was a relationship, and then played that mind game into um, into putting like, starting drugs, or like doing something to make them think that what they were doing, putting them into human trafficking ring, was benefitting them because it was benefitting the guy, or know what I mean" W4, P8

Create opportunities for youth advocacy

Too often, young women+ felt that their strengths, perspectives, stories, and experiences remained unheard by their service providers and broader society. They felt strongly that the next generation of youth growing up in the child welfare system should have better outcomes than they had. So some, this fueled their desire to speak up and advocate for change:

"I'm really starting to be more open on telling my story not because I want people to notice me because I actually hate attention, but more so of I don't want hurt other kids going through this. They shouldn't go through this" W5, P2.

Equally, many young women+ recalled feeling inspired by the stories of others who overcame challenges and thrived when aging out. This inspired hope for a better future:

"I find with especially with youth in care, what really works and I mean this in just any type of platform, from addiction, from um CCSY's, from in terms of just in foster care system, homelessness, is people who have been in the foster care system, um it's, it's the people who really, I'm not going to say who know the most but who have the most diverse experience in living, in terms of, they've transferred to many homes, they've seen people who have been through addiction, they have their own story and how they've got out of it. So, I mean, people who've really been there, who've done that, and who've flourished from it" W6, P1

Several young women+ recognized the gap and dearth of platforms for youth advocacy, and so they created their own:

"The podcast I have is completely youth-led from the foster care system, we're really trying to take control of that conversation because whenever we have other adults speaking for us, you know our voice gets lost sometimes" W8, P2.

"If you go from being in care, to being 18 to being expected to be an adult, but you haven't been able to be a kid and you haven't been able to be a teenager, and now they're expecting you to be an adult...normal people in a normal situation who go to school and go to high school and have a family at 18 still don't know what they're doing.

So why is the expectation higher for children who don't have those resources in the first place?"

W9, P4

Relational and interpersonal factors

Create networks and pathways for mentorship

Young women+ spoke at length about the stigma associated with being in or from the child welfare system. This persisted across systems. Supportive persons who sought to understand and viewed them as 'more than just a foster child' were extremely valued:

"Like someone had mentioned earlier, you're in the system and you're at a foster place and the stigma around it and someone looks at you and says oh you're a foster kid, you're a problem kid, so you get treated that way like, it's like, like you don't even have a chance to like be a person, you're just treated like a product of the system" W9, P1.

Young women+ across focus groups described the need for formal mentorship models and peer-mentorship networks to connect youth in and from care. It was believed that relationships built between youth and their mentors could foster positive development, provide ongoing guidance and encouragement, and create opportunities for advocacy.

"I think it looks at, having it like, I don't know, a mentor? I can't be that mentor for everybody, I wish but like little people that are around that can be a support to those folks and that they're not crumbing and that they have somebody that can advocate to navigate the system right?" W5, P6.

Again, the value of shared experience emerged in discussions of mentorship models. Young women+ felt that mentors would ideally have understandings of, or lived experience with, the child welfare system.

"But for mentorship, we have someone from the community who's able to guide us. And who is mentoring the mentee, but in this case if we have a mentee who is like, you know transitioning, then they have someone who has the same interests as them, somebody who is motivated, who had the same experience as you have [...] It's hard to learn from somebody when they have no idea what you've gone through and their trying to relate, and I'm looking at them like you cannot relate to me, you cannot" W8, P1

Community-based mentorship opportunities focused on employment and/or occupational guidance were also detailed:

"I'm just thinking of [...] what would have helped us, so I still feel like I'm on my ideal, like we would have those mentors [...] so it wouldn't just fall on my social worker, no like that's just one more thing that they can't handle anyways. Um I definitely think something that would be beneficial anyways is the agencies themselves reaching out and making those partnerships, like finding those businesses and stuff within the community that are saying that yeah we will definitely look to your pool of eligible foster children first before looking at just city kids who are applying or we will reserve two summer positions for children who were or are in care. Um building those relationships, like I don't think it should just slowly fall on the kids" W9, P4



Similarly, young women+ felt that opportunities for peer connection and peer mentorship could be strengthened. One noted that the development of a network of youth in and from care would facilitate the building of stable and consistent relationships, and combat isolation:

"I want something to connect the youth from all the different, you know different group homes, different foster homes, different centers, so they can all connect with each other and build a family together because, I think like, the biggest thing is that lack of family and that lack of love and connection, is like, when it all boils down to is that and I think that's one thing that could help, right? [...] We are all siblings in a way, you know like, like we are all in this together, so I think it would help if you help us not feel so alone if we got to know other kids in similar situations or even situations that are completely different" W4, P4

Peer networks could generate collective mobilizing presence and ease transitions in place and environment: *"I would like to see like I said a network, a network better from kids transitioning out of rural areas into the city. You know, just creating a general environment of awareness and productive, like proactive involvement" W9, P2*

Prioritize access to counselling and therapeutic services for all.

Comprehensive counselling and mental health supports should be available and accessible to everyone currently or formally involved with the child welfare system. This would include, for examples, free or subsidized services and therapeutic programming for youth in care, youth transitioning from care, and first families.

Resources aimed at healing families were recommended, noting that these types of services could reduce child apprehension rates and/or promote reunification:

"I think also families that are dealing with abuse or drug abuse um the goals shouldn't be apprehension, I really believe that we need to start moving away from that to, and focusing on family healing. And you know, not only trying to help the kids, but help the parents get into healthier habits and healthier ways of living, to take them away from prostitution" W9, P2.

Many believed that the provision of comprehensive counselling while in care could have long-term preventative impacts and act as a buffer. For instance, one parenting participant shared that they were only granted access to counselling once their own child was apprehended, at which point it was mandated. They questioned whether earlier access to therapy would have resulted in different outcomes:

“Yea, if it had happened when I was younger, ‘cause I didn’t actually get the counselling I needed until after my son was apprehended and I did over a year of counselling, and that was required for me to get him back...” W3, P4.

Regardless of the type of therapy provided, participants felt that trauma-informed approaches were essential to mental healthcare tailored to youth in and from the child welfare system.

“So whether it’ll be something like mindfulness or CBT or anything of that sort. Someone who has access to a lot of these different trainings. So having somebody on site who could, who would be versed in those areas would be absolutely—someone being incredibly trauma informed as well” W5, P7.

But just to say that like, ‘you, xxxname over there’ are responsible for all of these needs of all of these children, that’s why it’s failing, they can’t do it and it’s unfortunate, because I feel like, they recognize it and we recognize it, government recognizes it but nobody’s moving, nobody’s doing anything about it” W9, P4.

Broader Systems

Enhance training and supports for case and social workers, including new standards of practice

Participants experienced tremendous variability in the quality of care and services they received from their social workers. They recognized the critical importance of this role to the safety and wellbeing of women+ in and from care: *“It comes down to treating—even though it is your job, it’s a person’s life so stop treating it as just a 9-5 job and realizing you know this is a person’s life that you have” W5, P6.*

One participant recounted how negative interactions with workers fostered a lasting sense of mistrust:

I know, some of them did not have the proper training. My first worker for example, he did not have proper training, the way he treated me. How young I was, how, you know what I mean, vulnerable, I didn’t know anything about the system, but yet he showed me that I couldn’t trust him either, I couldn’t trust the system either” W4, P8.

Some participants called for more training among workers in the child welfare and social service sector: *“I think that there should be some sort of training, so that they get the equivalent of knowing what it feels like, because not everyone that has their traumas, makes it out there and does things with their lives. Some of them get stuck in it. Like some of us are lucky to get out, and you know like see a different way and beat the odds, but the majority, it’s the majority of kids who get stuck in addictions, in group homes like were all in a cycle and it’s so hard to break out of it, so like I think there should be a certain type of, I can’t say what type of training because I don’t know, but like there should be an articulated type of training to teach about trauma, like not just a book” W4, P8.*

Others questioned whether the education provided to workers included up-to-date training or continuing education on trauma: *“they also go by the standards of people who haven’t been through the traumas because like with trauma it affects your development, it affects how you live your life, and people just don’t understand that” W5, P1.*

Others recommended comprehensive systems reform and felt that the framing of social services needed to shift to a model of support and prevention.

“How much of a big difference would it make if you had a social worker come into your hospital room asking, hey do you need any support? Do you feel like you are in a position where you would need some of our programs? I feel a lot more women would actually be going into the systems and asking for help if it wasn’t so negative, the way that they approach women, you know” W9, P1.

Given that aging out without permanence is a time of heightened change and vulnerability, some young women+ called for specialized training for workers to help navigate the transitions from care.

“I think they should have a special aging out branch of social workers to deal with exclusively like, maintaining connection and making sure that kids are like kept going afterwards and that everything’s secure” (P5). “That would be awesome because I could just contact them” W5, P6.

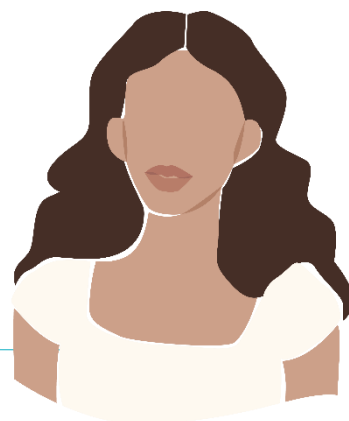
Participants also acknowledged the institutional constraints, underfunding, and systemic pressures placed on social workers:

“Caseloads for social workers need to go down, there needs to be more funding that they either hire on more workers or build a better support network so they’re not dealing with 150 different cases in like a region” W9, P2.

Others also commented that social workers were overextended in their scope, roles, and duties. This left gaps in person-to-person care that were experienced directly by youth in and from care:

“You know like there isn’t enough support, like there isn’t enough social workers because they have way too high of caseloads. And there should also be a set of workers specifically, like there should be, social workers should be there for the administration and the paperwork, but there should also be another worker for emotional support and make sure the child is actually ok because through the whole process getting apprehended, getting placed, does anybody actually stop and ask, hey are you ok, how are you? How are you feeling little girl, like?” W9, P1

“I definitely think there needs to be big changes within the system, if we want these things for our children like the expectations shouldn’t be put on a social worker to ensure all of these things are being met, like yes it is an easy expectation but it isn’t a feasible expectation. Like we need to have somebody who deals with the intake, we need to have somebody who deals with the housing, we need to have somebody who deals with like the individual child...” W9, P4.



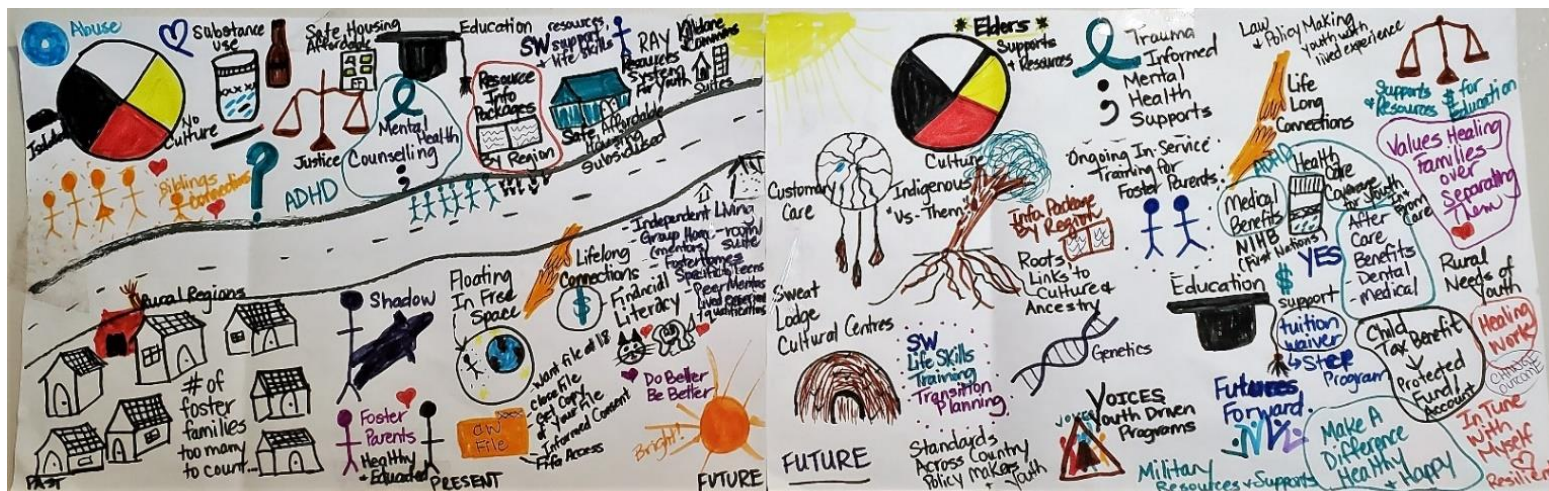
Journey Map Findings

Building on shared experiences and discussions from the focus groups, workshop participants engaged in the co-creation of group journey maps. These visual representations did far more than simply corroborate findings—they depicted the past, present state, and imagined futures. This provided greater context and depth of meaning to the body of research.

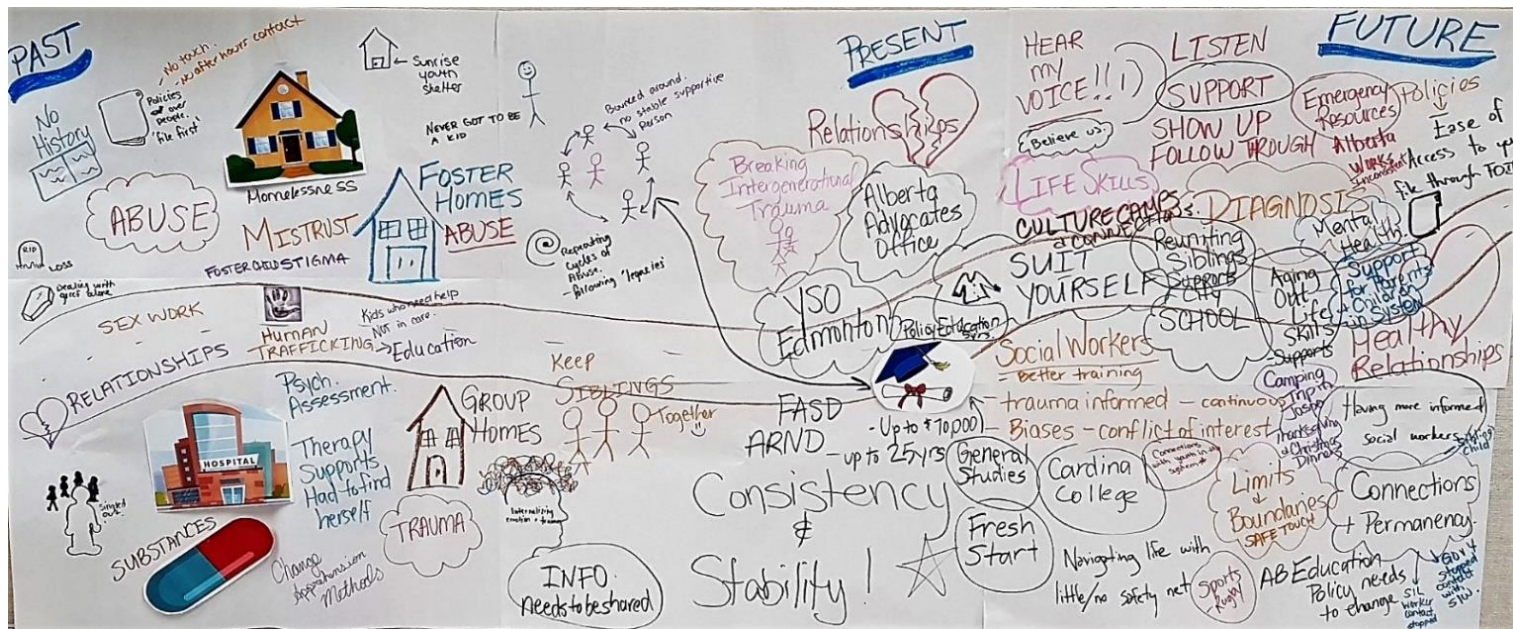
Five group journey maps were created by focus group participants (Manitoba, New Brunswick, Alberta, and two in Ontario), and three individual journey maps were created by interview participants. Here we present a selection of 3 group journey maps created during workshop and summarize key categories distilled across maps. We also present two composite, thematic maps rendered by a visual artist based on the dominant themes depicted in the maps.

Figure 3-5. Selection of Group Journey Maps

Group journey map created by young women+ in Manitoba



Group journey map created by young women+ in Alberta



Group journey map created by young women+ in Ontario



Key concepts and categories from journey maps

The following barriers, facilitators, policy and program recommendations, and hopes and dreams were distilled during the analysis of journey maps.

These categories, as well as the images, words, and phrases on the journey maps, informed the development of two composite, thematic maps [see Figures 6 and 7, below].

Facilitators

- Access to programs and therapy
- Experiences in nature
- Reconnecting with siblings
- Trusting relationships
- Youth networks
- Local programs: Ray, Voices, Futures Forward, Youth Speak Out, CAST Ottawa, CCSY workers, Voices found
- Supports for workforce transitions
- Educational supports
- Elders and mentors
- Funding

Hopes & Dreams

- Completing educations (degree, training programs, graduate school)
- Developing lifelong connections and healthy relationships
- Building a sense of community
- Starting careers
- Developing a sense of stability
- Living in safe and affordable homes
- Connecting with culture
- Reuniting with siblings
- Reconnecting with first families
- Healing from trauma
- Advocacy and mentorship programs
- Feeling hopeful for the future
- Inclusive and anti-racist systems
- Travel

Barriers

- Adverse Childhood Experiences
- Limited access to information and resources
- Loss of culture
- Lack of autonomy or decision-making power
- Limited access to mental health supports and trauma informed care
- Substance use, addiction
- Over-prescription of medications
- Access to housing
- Separation and loss of siblings
- Educational challenges
- Delayed diagnoses
- Intergenerational cycles
- Frequent moves and placements
- Disrupted relationships
- Human trafficking and sex work
- Experiences of abuse and violence

Policy & Program Recommendations

- Transition planning services
- No aging out of care
- Access to safe and affordable housing
- Opportunities for advocacy and mentorship
- Access to mental health supports and trauma-informed services
- Funding for youth networks
- Access to information and records
- Systems reform: Justice system, education, child welfare, group homes
- Coordinated and tailored information by region
- Sports, leisure and enrichment activities
- Training and education for foster parents
- Added resources for social workers
- Provincial Advocate's Office
- Culturally relevant programs
- Social Assistance and extended medical benefits

Rendered Composite Journey Maps

Figure 6. The Lived Experience Landscape

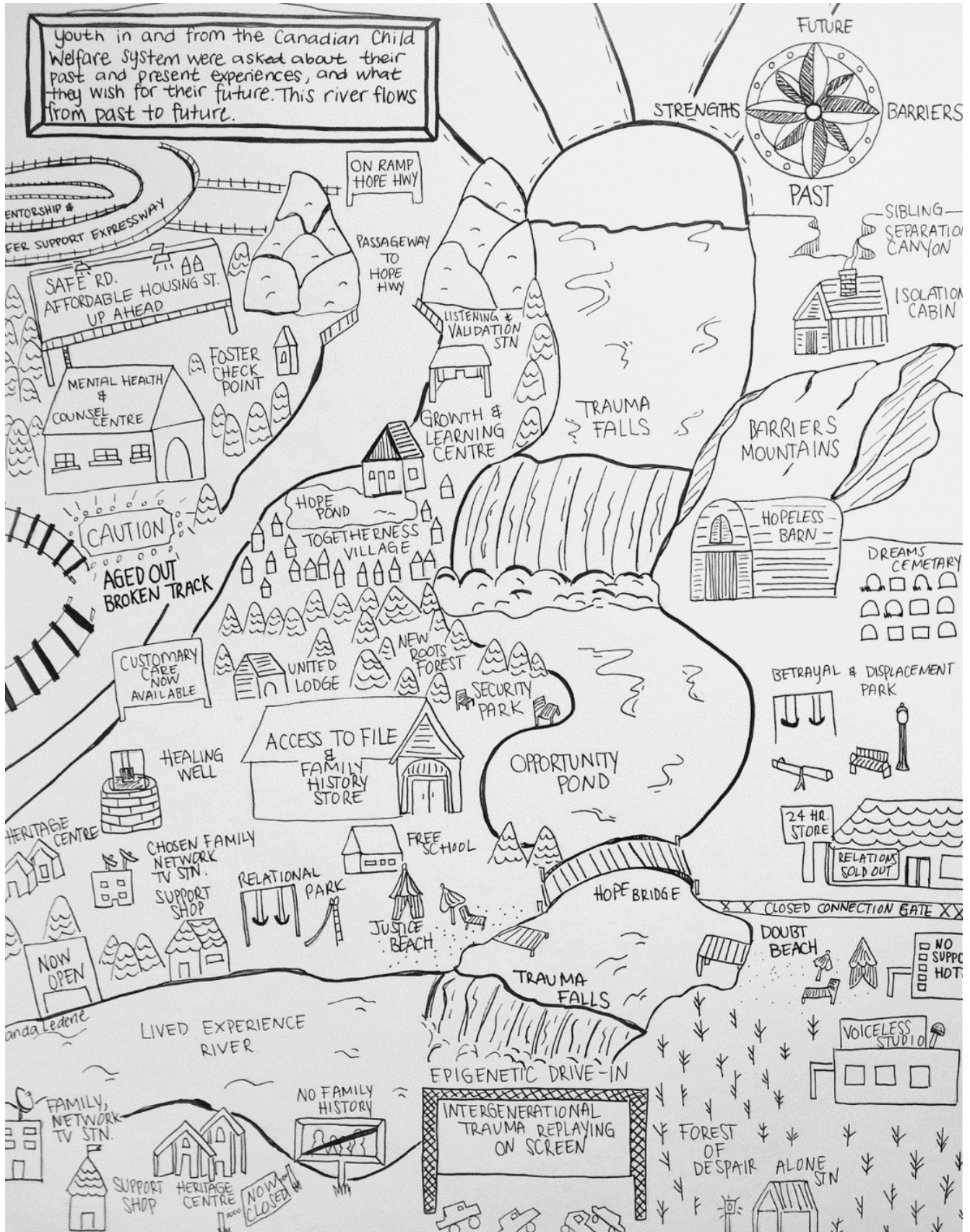


Figure 7. 'The Trans-Canadian Railway of Policy Change & Future Directions'



Each of these artist-rendered journey maps captures the richness and texture of feedback from participating young women+ across the collection of journey maps. The artist, Amanda Lederle, worked with the qualitative research team and ACC to co-create a cohesive organizing framework for each 'journey,' that captures the experiences shared by young women+, through the use of visual and textual metaphor.

In Figure 6, the *Lived Experience Landscape*, the viewer is taken on a representational journey from the past, through experiences of challenges, barriers, and strengths, towards an imagined future.

In Figure 7, *The Trans-Canadian Railway of Policy Change & Future Directions*, a rail line that crosses Canada pushes for national standards that will realize these hopes for the future.

Both maps align with biocological systems perspectives that fit so well with what young women+ told us about how their experiences were shaped at individual, relational, social, and systems levels, and that likewise, change needs to happen across these levels.

CONCLUSION

What diverse women+ across Canada shared through this study adds to the literature documenting challenges and poorer outcomes for youth in and from the child welfare system, particularly for those who age out of care without a permanent family. The current structures and resources under-prepare and fail to protect young women + through this transition to adulthood. Worse, these outcomes perpetuate the inequity and adversity into future generations.

What we learned with these young women+ is that their experiences, and the failures of social systems at multiple levels, chart a progressive course for these women+. Their challenges, and the social, economic, and health impacts of growing up in and out of a flawed system, are not their individual failings, but the failings of our systems of care.

In contrast to these challenges, we met young women+ who were vocal, vibrant, and demanding change at all levels. Next steps include continuing to meet with diverse women+, as well as understanding the perspectives of young men aging out of the system. While we will advance these ideas at governmental levels, and through social services, educational, and justice systems, we also see the potential for these women+ to make the kinds of changes they would like to see. We seek to support young women+ in and from the child welfare system not only as individuals, but as a growing network of peers interested in change.

Investments must be made to enact these changes. These investments should target the multiple levels highlighted by young women+, and should include future research that measures impacts of these investments.

Together with young women+, we charted their journeys, challenges and ideas collaboratively through conversation, and also through collective exploration through journey mapping. It was the shared hope of project partners—the ACC, CAMH, and young women+ who took part in the Aging out Without a Safety Net Project, that the final creative renderings of their journeys engage the viewer in new ways, taking them on a compassionate journey that highlights strengths, while also motivating change at local, provincial and national levels.

Appendix A: Sample workshop outline

Aging Out Without A Safety Net **Agenda**

9:00 a.m. to 4:00 p.m.

8:30 a.m. – 9:00 a.m.

✚ Set-Up/ Settle In

9:00 a.m. – 10:00 a.m.

- ✚ Welcome, Opening Ceremony Prayer with Elder
- ✚ Introduction to Aging Out Without A Safety Net Project, Ground Rules
- ✚ Ice Breaker

10:00 a.m. -12:00 p.m.

- ✚ Lived Experience Discussion/ Barriers to Economic Security
- ✚ Survey

12:00 p.m. – 1:00 p.m. **Lunch**

1:00 p.m. – 1:30 p.m.

- ✚ Breakout Sessions on policies/programs supporting young women and gender diverse youth

1:45 p.m. – 2:30 p.m.

- ✚ Group Discussion

- 2:30 p.m. – 2:45 p.m. **Break**

2:45 p.m. – 3:30 p.m.

- ✚ Solutions to barriers

3:45 p.m. – 4:00 p.m.

- ✚ Action Plan, Next Steps, Symposium, Resources and Staying Connected
- 4:00 p.m. **Day Ends**

*Schedule may vary and is subject to change

Appendix B: Focus Group and Interview Guide

Facilitators moderated focus group discussing with the following questions:

1. What are some of the reasons you came into the child welfare system?
 2. How many times did you enter into the child welfare system?
 3. How many homes did you live in while in care?
 4. How long were you in the child welfare system?
 5. Did you live in a foster or group home or some other living arrangement?
 6. What was your experience like living in care?
 7. Did you have contact with your siblings or extended family members while living in the child welfare system?
 8. Did anyone talk to you about finding you a permanent connection, attachment or re-connecting you with your culture/community or someone who had a significant impact in your lives?
 9. Did you understand what it really meant to aging out of the child welfare system?
 10. Would a connection of some sort have helped you transition out of the system to be stable enough on your own?
 11. When you were leaving care, how were you prepared to live on your own?
 12. What are some of the things you wish you were taught before leaving your foster/group home?
 13. What was it like to age out of the child welfare system?
 14. What were some of the experiences or issues you had?
 15. What were some of the positive experiences?
 16. What level of education did you complete?
 17. Did you have academic support/help (tutors, financial aid, etc.)
 18. Where there barriers in place that affected your ability to pursue post-secondary education (college, university, private agencies, trades, etc.)
 19. What are some of the programs or policies that have been helpful?
 20. How are you currently doing?
 21. Did you ever interact with the justice system?
 22. Did you experience abuse of any kind after aging out of the child welfare system?
 23. Were you a victim of human trafficking? Of domestic violence?
 24. Did you ever interact with adult services (Ontario Works, ODSP, etc.)
 25. Do you have a dis(ability) whether invisible or visible?
 26. Were you diagnosed while in care or after care? If not, how has that impacted your life?
 27. How is your mental health? Did you suffer any mental health issues while in foster/group care? Did you suffer any mental health issues after aging out of the child welfare system? Did you received enough support to help you through these issues? If not, what could have helped?
 28. Did you experience homelessness? If so, how did you overcome it?
 29. Did you have a child while in or after aging out of the system?
 30. Does your child still remain in your care or were they placed in the child welfare system?
 31. How could or did the child welfare system, or the systems you interacted with as an adult assisted you with your child?
 32. How much does your race and culture mean to you?
 33. Did you reside in a home where your race and culture heritage were accepted?
 34. How has your race or culture factored into your well-being after aging out of the child welfare system?
 35. What do you need?
 36. What solutions can we come up with? How can the federal or provincial governments take action?
 37. Did you have any difficulties finding employment opportunities? What caused this difficulties?
 38. How are you living now?
 39. Do you have dependents? If so, is or has there been involvement with a child welfare agency?
 40. Have you transferred to a different financial/support system (ie. Ontario Works, Ontario Disability, etc.)?
-

Appendix C: Journey Mapping Reflective Prompts

During the journey mapping process, the moderators prompted reflection using the following questions:

- What were some of the barriers you experienced before entering the child welfare system?
- Why did you come into foster/group care?
- What were some of the challenges/ barriers experienced while living in the child welfare system? What was it like for you?
- What is your current state? Where are you now? What's happening in your life now? For example, where are you living, where are you working, etc.
- What policies and programs supported your transition to independence? What policies and programs did not work to support your transition to independence? Why did it work well? Why did it not?
- If you were a youth in the child welfare system, what would you need to thrive and feel a part of the community? What did you wish you had? What would you have liked to have?
- What are your hopes and dreams for the future? What supports and resources do you need to get there?
- What are your hopes and dreams for the generations of youth aging out of care after you? What resources and supports should be put in place?

Appendix D: Additional Recommendations for change & supporting quote

Level	Recommendation and exemplar quote
Individual	<p>Develop programs that support (re)connection with cultural roots <i>"I would say, whether its information sessions, whether it's being around the black community, having a black mentor, an elder from the community whose able to come in, or somebody who's able to cook, someone who introduce me to my culture and it's not just information sessions where people come in but it has to be something consistent where it's me going out into the community and having someone like that, because the way I was introduced to my culture was my worker [...]So, that was the way I was introduced and um afterwards I was like, I want a black home, put me in a black home, I knew nothing about my culture, so you know creating programs for youth like this, you know creating programs so we can see our culture and where we come from, um and you know having our community on our side instead of it just being one way or another" FG8, P1.</i></p> <p>Facilitate access to personal files, records and health histories <i>"I think everybody across Canada should be immediately given their file when they turn 21. They don't even have to apply for it. Here's your file, for free" FG5, P1</i></p> <p>Raise awareness about available supports <i>"I really do believe that something we should be doing for kids is providing regional specific packets that contain information on programs that are available to you, resources you can access, and things should be tailored to the kids goals, like we should have one for kids who don't want to go to school or go to university, they just want to get a job and live their life and kind of be an adult, or those who want to go and get a secondary degree, here's a list of bursaries or tuition waivers available for, and you know, maybe a little section on, do you want to be a future foster parent, do you want to use your experience, do you want to be a part of a network or a community like. It's, it's all that information is out there, it's just not in one place for people and if you don't have a worker whose competent or who cares, because I found my social workers really apathetic, you're screwed, you're basically left out there on your own and you're lucky if somebody gets to help you" FG9, P2.</i></p>
Relational and interpersonal	<p>Develop parenting skills programs and resources to guide young women+ in and from care who become parents <i>"There needs to be prevention for parents, intervention for children [...] Having a parent aid come in there and literally, she's never been taught how to parent correctly right? So just even the beginning of the importance of getting up and feeding, you know or yes you're tired, what does that look like for you? What's self-care look like for you—when you are at the point of burnout because you're a single mom with two kids and you can't sleep" FG5, P6</i></p> <p>Promote consistent and sustained connections with workers <i>"If I had a youth worker, that had been consistent throughout, you know, the 15 years or whatever that I was in care, and then was able to stick around after, that would have helped me immensely, if I had, you know, one person" FG4, P4</i></p>

Structured supports to reconnect with first families

“What I needed other than an elder for support is like maybe someone like my social worker to like put those roots out for me, just because I was taken away from my family, doesn’t mean they couldn’t help me build bonds and relationships with the positive people in my family in my life, why is it, it’s not fair you know, I was literally taken and nobody had a choice or a say” FG9, P1

Expand funding to community-based programs

“The problem is there aren’t enough community programs, the problem is the government doesn’t care and more often than not, they cut funding and they don’t prioritize these organizations that are working really hard to support youth in care or support disadvantaged, or low income or those who are struggling and for me like my future is very clear, because I can’t not do anything anymore” FG9, P2

Cultivate trauma-informed approaches and sensitivity training in hospitals and other medical settings

“I believe there should be kind of like training or something - how to approach mother’s that are young in the hospital, there could be older ones, um but yea they tried, it was just bad. It escalated so quick and I don’t know the reasoning why, they said it had to do with the type of person I was growing up” FG4, P1

Broader systems

Provide wrap around supports and services for youth transitioning from care

“Given the state of the world um I would say, I would feel like, I want, I would want young people to have adults in their life to care about them where their encouraged to pursue what their good at and what their interested in and that their safe and ah that they have a voice, that their safe and that they have a voice and that their economy is respected and that their intelligence is respected and that people don’t infantilize them when a vast majority of them are very independent and very intelligent because of their trauma. Um and I think that like more educational supports, less um cookie cutter box, age out process and transition, there is a lot of support I would like to see, and I guess the reality is hoping that, and I’m even part of this profession, so I would hope my colleagues would also see the merit in doing those things and ultimately ya I think that’s what I would hope for” W8, P5.

Implement universal basic income and other governmental programs that aim to alleviate poverty and replace other need-based social programs

“The only other solution I can think of is our government actually needs to put a cap on what rental prices could be or there needs to be a universal income” FG8, P4

Actively challenge systemic racism and discrimination

“I would have benefited greatly from that, especially from the political climate that I became an adult in where like Black Lives Matter and we’re dealing with lots of police brutality and like even being in the child welfare system theirs tons of over representation and tons of systems and like I’m fortunate enough that child welfare is the only one that I interact with but ya there’s definitely a lack of understanding and like exposures to other cultures and that refers to, in my case in adulthood, not being able to show up for yourself and show up for other people in your community um and I think that would have been important” FG8, P5.

Expand health benefits programs for youth transitioning from care

"I think like they should have a medical benefits program for kids who age out of care, I really think they do, because they don't have help. You have to work for like 6 months before you get benefit's, so like you know, so there are kids stuck in between, I don't know how many kids I know in the welfare system who have you know cavities and they can't get them fixed because they can't afford dental, and it's like you know they need to work to be able to afford those things because welfare won't pay for them to get stuff fixed and it's like, there's not really a whole lot of support for people in the system, they tell you, you have to work hard to get everything, and you know it's so, so expensive, what is there for foster kids? There's not really a lot because they don't have the work experience, they don't have the means to hold a stable job, you know"FG9, P1