



Adoption Council of Canada
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Women and Gender
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Aging Out Without a Safety Net:

Addressing the Economic Insecurity of Young
Women+ Aging Out of the Canadian Child
Welfare System

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Part 1

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A MESSAGE FROM YOUNG WOMEN+ AND

A MESSAGE FROM THE ADOPTION COUNCIL OF CANADA

We wanted to be involved with *Aging Out Without a Safety Net* because many of us began to advocate and use our voices at a young age. We want to raise awareness, educate the public and inspire politicians to make changes for youth living in and from the child welfare system.

Many of us have been on our own since we were 16. That's too young to be on your own. We weren't ready or properly prepared. We don't have a safety net of resources and support to fall back on. Since the COVID-19 pandemic, our lives have been even more difficult. We want to change the system. It's long overdue. Together we are stronger!

We need all levels of government to listen to our recommendations. Please act on them. Those of us who have aged out need resources – but most of all, we need connections and support. We need you to care about us.

- Young women+

It has been a privilege to work with the young women + who participated in this project over the past four years. We hope their experiences and their stories will spur improvements in services, programs and policies for youth living in and from the child welfare system. We dedicate this report to each of the young women+ and to their hopes and dreams for the future.

Thank you for listening to the voices of these lived experts. We ask that you personally and professionally act on these recommendations and work towards a brighter future for our children and youth living in, and aging out of, the child welfare system in Canada.

- Adoption Council of Canada

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 Dans la rue

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● ABOUT US

THE ADOPTION COUNCIL OF CANADA

The Adoption Council of Canada (ACC) is the only national voice advocating for a permanent, supported family for every waiting child and youth in Canada. As Canada's only national, non-profit, charitable organization serving children and youth across the permanency community, we raise awareness about the children and youth in government care across Canada who need permanent families, whether through customary care, kinship care, legal guardianship or adoption.

The ACC works with provincial and territorial governments, community organizations and lived experts to improve barriers to socio-economic security and permanency outcomes.

For more information on the Adoption Council of Canada, please visit: www.adoption.ca

Diversity, Equity and Inclusion

The Adoption Council of Canada strives to create a culture that embraces equity, inclusiveness and diversity and is representative of all persons. We value and foster a diverse and inclusive environment, recognizing the importance of intersectionality of various forms of discrimination.

Our staff and our Board of Directors embrace and embody this philosophy. All have either professional or lived experience in the child welfare system – or both. Board members sit on committees that address the key communities in which we work, including our Indigenous Inclusive Strategic Planning Committee, and our African Canadian Equity and Inclusion Permanency Committee.

Young women + from the BIPOC community who had aged out of the child welfare system led and informed *Aging Out Without a Safety Net*.

The ACC is committed to reconciliation and to establishing and maintaining mutually respectful relationships with Indigenous peoples, including the important work undertaken in partnership with non-Indigenous allies. We acknowledge our history and the harm inflicted on our Indigenous communities. We will continue to work toward change and support the Truth and Reconciliation Report's recommendations, particularly those relating to child welfare. We are committed to learning about Canada's history of colonialism, and we acknowledge and respect Indigenous rights and titles.

We hope that *Aging Out Without a Safety Net* will inspire individuals, agencies, politicians, child welfare organizations and other stakeholders to develop new methods of intervention, support and resources to remove barriers to the transition of young women+ from the care of the child welfare system to adulthood.

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ABSTRACT / PROJECT OVERVIEW

Aging Out Without a Safety Net is a four-year project (2018 - 2022), funded by Women and Gender Equality Canada.

The project explores how transitioning to independence, also known as “aging out” of the child welfare system, affects the economic security of young women+.

For the purposes of this research, we have used the term **young women+** to include study participants who identify as female, gender-diverse or non-binary. We have also used the pronoun “they” whenever possible.

The project identifies barriers to economic security and includes policy and program recommendations to remove those barriers.

We intend this report to respect, involve and amplify the voices and experiences of young women+ across Canada who age out of the child welfare system.

BACKGROUND AND SIGNIFICANCE

We conducted the *Aging Out Without A Safety Net* project to better understand what is happening to young women+ who age out of/transition from the child welfare system without support, and to learn about the barriers they face to their economic security. Using surveys, interviews and workshop-based focus groups, we also explored the policies and programs that were in place and the gaps that exist in the services and supports provided to young women+ who are aging out.

Aging Out Without a Safety Net focuses on the economic insecurity that awaits young women + when they age out of the child welfare system across Canada. Aging out is the process of transitioning or leaving the child welfare system before, or after, reaching the legal age of majority, which differs in every province and territory. Unless those who age out are on extended maintenance agreements, they lose their financial support and may also lose their housing and other supports, including connections to social workers and mental health supports their province or territory previously paid for because of their child welfare status.

Before we began this project, no reliable information existed in literature pinpointing the number of youth who age out of the child welfare system annually.

The child welfare system falls under provincial and territorial jurisdiction, although the federal government has a fiduciary responsibility for Indigenous children and youth.

Nevertheless, neither the federal government nor any national organization collects or regularly publishes data detailing the number of youth who age out, the number of young women+ aging out, or their outcomes.

However, in 2016, Statistics Canada reported that 43,880 foster children and youth live in or are accessing services from the child welfare system across Canada, with almost half (20,810) identifying as female.¹ (It is not clear whether this statistic includes all children and youth in care who live on reserves, in group care, or in residential treatment centres.)

Indigenous children and youth are vastly over-represented in the child welfare system. According to that same 2016 Statistic Canada publication, the Ontario Human Rights Commission reported approximately half – 48 percent – of children and youth in care are Indigenous, despite only eight percent of the Canadian population identifying as First Nations, Inuit or Métis².

One systematic review in British Columbia found Indigenous youth with relatives who were in residential schools had twice the odds of being in care when compared to Indigenous counterparts who had not experienced the intergenerational effects of residential schools.³

Colonial practices of assimilation, including residential schools, which dismantled the structure, language, culture and communities of Indigenous peoples, and current child welfare practices, such as birth alerts and structural racism, have resulted in this over-representation and a cycle of care.

As a result, disproportionate numbers of Indigenous youth also age out of care every year.

There is no national data on the representation of African, Caribbean and Black children and youth in the child welfare system, although we know they are over-represented in care in Ontario at twice the

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rate of the general population. African, Caribbean and Black youth are also more likely than their white peers to age out of care without permanency.⁴

This history and current child welfare practices have magnified the socio-economic insecurity of young women+ who age out of the child welfare system.

Aging out feeds into critical social issues facing our society: homelessness, housing instability, poverty, poor mental health, justice system involvement, intergenerational trauma and care, substance use, and poor educational outcomes. For some, aging out even means death.

In 2018, the BC Coroners Service Death Review Panel found that there were 200 deaths between 2011 - 2016 of young people as they transitioned to independence from government care. These youth, aged 17-25, died at five times the rate of the general youth population in British Columbia. The report found high rates of accidental death from drug use and suicide among the causes of death.⁵

There are few national studies or even snapshots about what youth who age out experience, and none specific to the aging out experiences of young women+. At the start of this project, however, we scanned current research to stitch together a sense of the conditions and experience of these young women+.

We are drawing this background from research that is not gender-specific, for the most part, and may be provincial or issue-specific. We are also making some assumptions and comparisons to U.S. and international studies of young people who age out of government care.

Youth as young as 16 age out of foster or group care without the financial means to afford the cost of living and safe housing. According to the Canadian Observatory on Homelessness study in 2017, “nearly three out of every five homeless youth were a part of the child welfare system at some point in their lives, a rate almost 200 times greater than that of the general population. Two of every five respondents eventually aged out of provincial or territorial care, losing access to the sort of support that could have kept them from becoming homeless”⁶.

In 2016, the Homeless Hub found that of 8,000 surveyed youth who experienced homelessness during 2015, 58 percent had some previous involvement with the child welfare system. Of those youth, 70 percent identified as Indigenous, 63 percent as 2SLGBTQ+, and 71 percent as transgender or non-binary.⁷

No national studies exist around the number of African, Caribbean or Black youth, or young women+, experiencing homelessness and their connection to the child welfare system. However, identifying as a BIPOC woman in Canada means being 52 percent more likely to live in poverty than a male counterpart.⁸

Furthermore, Rosenberg and Kim’s (2018) study on aging out and homelessness in the United States associated greater experiences with homelessness to African Americans, and those who had prior housing instability, or were parents - 28 percent of former foster youth identifying as African American experienced a homelessness episode within 12 months of aging out, and 30 percent reported living on the streets by the age 26.⁹

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In Quebec, within 13 months of aging out of government care, one in five youth experienced a period of homelessness.¹⁰

The picture is drastically different for Canadian youth who are not in the child welfare system.

Forty-two percent of Canadians 20 to 29 remain in their family homes.¹¹ Some have never left. Others return after completing their education or between courses and degrees. Others travel and then come home, or return during periods of unemployment.

These young adults have a safety net. They find stability, a chance to save for their future, and, often, support to recover from difficult experiences.

Youth aging out of the child welfare system do not have the same luxury. Many are fighting to survive each and every day.

We know that many of the youth in the child welfare system live with visible/invisible disAbilities, including mental health challenges. These challenges do not disappear when they age out of care. In 2008, Newfoundland, for example, reported ~ 62 percent of the children under 18 in the province's care had invisible/visible disAbilities.¹²

A 2018 paper published by the Canadian FASD Research Network cited studies describing Fetal Alcohol Spectrum Disorder (FASD) prevalence ranging between 3 percent and 11 percent in children living in the child welfare system in Ontario, Alberta, Quebec, and Manitoba¹³, although the same paper estimates prevalence in the general population at 4 percent. However, many practitioners in the field believe that percentage is underestimated, underreported, and point out that children in the general population are undiagnosed.

For young women+, aging out of care also carries the risk of sexual exploitation and human trafficking. Involvement with the child welfare system is a risk factor for human trafficking and sexual exploitation.

A North American study conducted by Covenant House found 68 percent of youth who had either been trafficked, engaged in survival sex, or commercial sex had done so while homeless, which made them more susceptible to victimization. Youth with a history in the child welfare system accounted for 27 percent of those reported to be in the sex trade¹⁴.

The traumatic experiences that led to a child or youth entering the child welfare system can also make them more susceptible to sexual exploitation and/or trafficking while they are in care and when they age out of care.¹⁵

Young women+ who age out are also at risk of incarceration. A three-year study of British Columbia youth who aged out of care, published in 2007, found 66 percent of young women had been arrested or charged with a crime. Of those, 85 percent had seven or more foster or group care placements while in care.¹⁶

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We need further national research to explore the prevalence and risk factors for youth aging out of the system, as these relate to criminal victimization that can affect their economic security for the rest of their lives.

We also know youth are aging out of the child welfare system without the education they need to prosper and thrive in adulthood. In Ontario, only 44 percent of youth in the child welfare system graduate from high school, compared to 81 percent of their peers in the general population.¹⁷ Only five percent of youth leaving care even attempt post-secondary education.¹⁸

The results of this educational gap are apparent almost immediately. In British Columbia, just 42 percent of youth in care graduate high school, and almost half access income assistance within months of turning nineteen.¹⁹

In Manitoba, where 90 percent of children and youth in care are Indigenous²⁰, educational outcomes for these youth are also dire. Only 46.5 percent graduate high school when compared to 89.7 percent of their peers²¹.

Youth who age out without achieving higher education face employment barriers.

The Midwest Evaluation Study (Courtney and Dworskey et. Al 2011), found that by age 26, only 70 percent were reporting employment income when compared to 94 percent of their peers – earning about \$18,000 less per year. Furthermore, 45 percent of participants had experienced at least one economic hardship when compared to fewer than one-fifth of their peers. Economic hardships included not having enough money to pay rent, utility bills, or being evicted. Those experiencing hardship further faced food insecurity and either put off bills to pay for basic needs and/or accessed emergency food pantries and meals at shelters.

According to that same report, three-quarters of young women and less than half of young men participants received at least one means of social assistance, and one third of participants lived in debt (excluding student, car, and home loans).²²

In the BC Representative for Children and Youth's 2014 study, the Conference Board of Canada projected that a youth leaving the child welfare system will earn \$360,000 less over their lifetime than their peers with no child welfare involvement. They estimated that the reduced earning potential of a young person aging out will cost governments more than \$126,000 in lower tax revenues and higher social assistance payments.²³

In 2019, the Yukon Child and Youth Advocate Office released a report documenting the territory's experience that "youth from Group Care often end up living in poverty, struggle to find consistent work and housing, and become reliant on social assistance for income. Emotionally, these young adults tend to report feeling unsettled, uprooted, overwhelmed and sad, grieving the loss of connections to safety, routine, staff and other residents from Group Care."²⁴

Overall, letting youth age out of the child welfare system without permanency and without adequate preparation and supports costs us all.

BACKGROUND AND SIGNIFICANCE

In British Columbia alone, for example, Simon Fraser University's School of Public Policy estimated that allowing youth to age out into adverse circumstances costs the province \$268 million annually in additional health and social services costs, as well as increased tax revenues from reduced earning potential.²⁵ If B.C. invested \$57 million (approximately 33 dollars per householder per year) into mental health supports, stable and affordable housing, and educational access for youth aging out, it would improve both their future employability, and the public purse.

METHODOLOGY

Aging Out Without a Safety Net uses a multiphase approach to describe the economic insecurity that results for young women+ who age out of the child welfare system without a permanent family or other core connections.

We explored a number of factors that contribute to that economic insecurity: housing instability or homelessness, incarceration and other contact with the justice system, visible and/or invisible disAbilities, developmental and intergenerational trauma, inadequate education, reliance on social assistance, exposure to domestic violence, intergenerational care/ teen parenting, mental health challenges, addiction and substance use, and sexual exploitation and human trafficking.

In this six-phase study, we first built on existing ACC partnerships with child welfare and community organizations across Canada, and established new connections with organizations whose focus programs intersected with the issues we were examining, i.e., homelessness (not limited to youth homelessness). From 2018 to 2021, 46 child welfare stakeholders agreed to work with us to examine the economic insecurity of young women + aging out without permanency. Of those, we interviewed 16.

In Phase 2, from 2018-2019, we surveyed all 13 provinces and territories to gather data about the number of youth who age out of their care and any services or programs they provide to transitioning youth, as well as to inquire about any outcome tracking they conduct.

In Phase 3, which was concurrent throughout the project, we scanned peer-reviewed journal articles and grey literature (reports from provincial/territorial child advocates, child welfare stakeholders, and media articles), using a GBA+ analysis, to determine how many young women+ aged out across Canada during 2016-2018, to learn about the barriers they experienced to economic security, and to identify any best practices and recommendations.

In Phase 4, from 2019-2020, we held focus groups and a few individual interviews with young women+ aged 16-30 who had aged out or were on the verge of aging out of the child welfare system. All focus group participants participated in one of three surveys identified below (survey 1, 2, 3). Because the global COVID-19 pandemic intervened, some of those focus groups and interviews were held virtually.

In Phase 5 we conducted a national, on-line survey (survey 3) of young women+ who were on the verge of, or who had already, aged out of care. We developed our survey tool based on our scan of the literature. The national survey was informed by feedback we received from participants in focus groups who had responded to two earlier surveys, and added additional questions related to participants' experiences during the pandemic.

Finally, in Phase 6 we analyzed the data. During this phase we strengthened our partnership with the Centre for Addiction and Mental Health (CAMH). CAMH analyzed the qualitative data (transcribed discussion) we generated from focus groups with 38 young women + involved in our project. The CAMH analysis resulted in a separate report, describing barriers and recommendations for change.

In Phase 6, we also partnered with Dr. Jemila Hamid from the University of Ottawa to conduct a quantitative analysis of all three surveys administered to young women+ who aged or were in the process of aging out.

METHODOLOGY

Below, we provide further details about each phase.

In Phase 1, we conducted guided interviews, using predetermined questions, individually or in focus groups to mine the organizations' expertise about barriers confronting young women+ aging out of the child welfare system. We asked interviewees to identify the barriers and needs of young women + they served. We also asked them to describe the resources, policies and programs within their organizations and their provinces/territories that exist to support these young women +. Those not interviewed assisted with recruitment, research, mental health support and additional reports.

In Phase 2, we contacted provincial/territorial child welfare directors and agencies, via emails and follow-up telephone calls, asking them to participate in a survey with open-text fields. The survey asked respondents to share provincial/territorial data on the number of youth aging out of their jurisdiction without permanency, broken down by gender/sex, and race/ethnicity, over a two-year period between 2016-2018. We also asked about the policies and programs they deliver or finance to support youth who were aging out or had aged out of their province or territory.

All provinces/territories participated in our survey to some degree except for Quebec, Northwest Territories, Manitoba, and the Yukon. Saskatchewan partially completed a survey. The ACC received non-identifying aging out data from British Columbia, Alberta, Nova Scotia, and Saskatchewan. A few of the remaining provinces/territories only provided adoption data. Other provinces said they did not collect aging out data.

In Phase 3, we used the following search terms during our literature scan: aging out of foster care + 2SLGBTQ+ Canada, aging out of foster care young women disAbilities Canada, aging out of foster care homelessness Canada, young adults aging out of foster care in Canada, aging out of the child welfare system Canada, aging out of foster care young Indigenous Canada, African Canadian youth aging out of the child welfare system, permanency youth aging out of foster care, best practices youth aging out of foster care, after care for young people in transition, aging out and economic insecurity, after care around the world.

In Phase 4, we worked closely with community and peer-support organizations to recruit young women+ who were going to age out of the child welfare system in their province, or who had already aged out, to participate in day-long focus group-based workshops. We also asked youth leaders involved in previous ACC programming to share the project with their peers. We ensured that we recruited BIPOC young women+ to participate in the focus groups.

METHODOLOGY

We held six focus groups in person or (during the pandemic) virtually, and three individual interviews. They covered the following locations:

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

Young women+ registered on our website's landing page for the focus groups, or contacted the project manager via email to register. At all stages from registration to the day of the event, the project manager kept participants informed about the day's agenda, answered questions, and received written consent prior to participation (Appendix A, B, C).

Focus group eligibility included self-identifying as a young woman, or gender diverse / non-binary youth from 2SLGBTQ+ community between the ages of 16-30. For the purposes of inclusivity, focus groups accommodated a few young women+ between 16-32 years of age. We also included two young women+ who were adopted from the child welfare system - however, we excluded their survey data from the quantitative analysis. All participants had lived in the Canadian child welfare system as a Crown or permanent ward, or were still in the system about to age out.

We used a participatory approach as we facilitated focus groups to discuss barriers participants had experienced to their economic security, and to glean information about any helpful programs and policies they had experienced before, during, and after their transition from the child welfare system.

We structured focus groups to accommodate a maximum of 10 participants. The day of the focus group included a one- to two-hour survey, a group discussion facilitated by the program manager with lived experience, and a journey-mapping exercise. One individual interview followed a similar structure. The two Quebec interviews excluded the survey component – participants were recruited after participating in the national survey.

A semi-structured focus group guide (Appendix D, E) served as a starting point for group discussion. The focus groups evolved in accordance with flow and feedback. Focus group discussions were audio recorded for verbatim transcription, and all transcripts were transcribed, anonymized and coded prior to secondary analysis.

The focus group-based workshops varied in length, as determined by the availability of support that community and peer-led organizations provided. All participants had structured breaks and check-ins throughout the day. The focus groups included breakfast, lunch and snacks. We paid for travel to and from the groups, and invited young women+ who were parenting to bring their children, increasing participation and accessibility. At the end of each focus group, participants completed feedback surveys to evaluate the day.

METHODOLOGY

During the focus group-based workshops / individual interviews, we incorporated a journey-mapping exercise. Moderators invited participants to draw, place sticky notes on drawing paper or write words illustrating their experiences. We photographed nine journey maps, secured the originals, and then Dr. Allison Crawford and Dr. Chantalle Clarkin, our partners at Centre for Addiction and Mental Health, analyzed them and Amanda Lederle created two journey maps consolidating those the focus groups prepared. Please refer to CAMH's report for detailed results from the focus-group based workshops and journey mapping activities.

During the workshops, focus group participants completed one of three surveys. The demographics of three surveys are described below. The surveys included open text responses and questionnaires. The surveys were available in both official languages (English and French) and participants completed them either in person prior to the group discussion, with a paper-based questionnaire, or virtually using Survey Monkey.

Survey Number	Appendix #1	Workshop Type and Number
<i>Survey # 1</i>	F	Focus Groups 2, 4 (Ottawa)
<i>Survey # 2</i>	G	Focus Groups 1, 5 (Saint John, Edmonton)
<i>Survey # 3</i>	H	National Survey, Focus Groups 9, 8 (Manitoba and Toronto), Interview 6 and 7 (Quebec)

Survey questions were designed based on expert opinion and priority areas identified in the literature scan. Questions explored education, employment status and income, culture, race, disAbilities, and experiences with homelessness, mental health, substance use, sexual exploitation, childhood sexual abuse, human trafficking, victimization, intergenerational trauma and care, disAbilities, parenting, justice system involvement, accessing social assistance, aging out and Covid 19. Questions also related to programs, resources and support participants felt they required to improve their economic security (Appendix F, G, H).

We were mindful of the possibility of re-traumatizing youth, so both the questions and facilitation were trauma-informed. Mental health professionals were either present or standing by during focus groups to prioritize the safety, comfort, and on-going healing of the young women+. Participants also received a self-care toolkit, and area-specific resources (Appendix I).

Over the course of the project, we incorporated feedback we received from the first young women+ who participated in the surveys, and adapted them, using a person-centered engagement model. For example, we separated compounding questions discussing disAbilities, added a section on Covid-19 and added definitions above questions in the victimization section of our survey.

During the focus group-based workshop, facilitators answered questions and clarified survey questions as needed. Participants were free to skip, to stop completing the survey, or to leave the focus group. The moderator, a mental health professional, or a local community organization representative provided emotional support as needed. None of the survey items were mandatory to complete, and participants could skip or end the survey at any point.

METHODOLOGY

In the spirit of reconciliation, to meet the cultural needs of participants, and to create a safe space, Indigenous Elders opened and closed our focus groups with a blessing, dance, song and drum ceremony. We offered elders tobacco and a \$100 honorarium or gift card to thank them for their time. Mental health professionals involved in this project donated a significant portion of their time, and offered subsequent on-going sessions at a sliding fee to participants.

We encouraged focus group participants to remain in contact with other participants/peers, community networks, facilitators and mental health professionals through social media, email and phone. We also offered participants the opportunity to be involved in a national symposium to release project findings. They chose whether or not to be named in the report, or to be identified via a pseudonym.

In Phase 5, during the COVID 19 pandemic in 2020, we launched a third survey (survey 3) online, to reach participants in more remote communities, and to fulfil project requirements. This survey added pandemic-related questions to the content in the earlier two surveys. The ACC and mental health professionals offered all survey respondents support. Survey 3 was also employed during virtual focus groups conducted via Zoom in Winnipeg and Toronto. Some focus group participants completed the survey in advance of the group discussion.

Upon reviewing location findings from national survey participants, we reached out via email to all young women+ from Quebec to gauge their interest in participating in a focus group. Outreach resulted in two individual interviews.

In total, 107 young women+, who completed one of three surveys, were qualified to participate in our study. Further details on each survey composition can be found in the demographics section of this report.

In Phase 6, we collated and anonymously coded all survey data in an Excel database for management and placed it on a secure server for secondary analysis. Dr. Jemila S. Hamid, a professor of mathematics and statistics at the University of Ottawa, analyzed quantitative survey data. All data from the 107 young women+ was used. Where data did not exist, in Surveys 1 and 2, variables were removed and findings recorded reflect the participation of 84 young women+.

Dr. Hamid summarized quantitative data from the surveys descriptively. For continuous data, mean and standard deviation or median and inter-quartile range were used as appropriate. Categorical data were summarized using frequencies and percentages. Key findings were also presented graphically. Subgroup analyses were performed to facilitate a comprehensive understanding of the results with respect to several relevant subgroups of the survey participants. Qualitative responses were coded when possible and the results presented in tables as well as word clouds. Open ended qualitative responses from participants were also summarized and presented in tables and paragraphs. All statistical analysis were performed using the R statistical package.²⁶

Dr. Hamid's analysis helps to inform part 1 of the *Aging Out Without A Safety Net* report.

Throughout this project, the ACC project manager and the executive director offered on-going communication and support to participants who reached out.

METHODOLOGY

Lastly, based on initial focus group findings, we were funded by the McConnell Foundations Investment Readiness Program and Ontario Trillium Foundation to conduct a feasibility study on piloting a holistic youth hub for young women+ aging out of the child welfare system in Ottawa.

Compass Rose Group, under Jacquie LaRocque, Bea Vongdouangchanh and Tajwar Mazhar, conducted a three-month study and issued a separate report that is informed by our recommendations. The report was finalized in July of 2021, and is titled 'Better Supports, Better Futures: A feasibility study of the Adoption Council of Canada's proposed holistic hub for young women and gender diverse persons aging out of care'.

FINDINGS

The ACC collected surveys from provincial and territorial child welfare agencies over the course of three years and gathered data from annual reports and peer-reviewed journal articles. One of the major pieces of information we were looking for was the number of youth who age out of the child welfare system across Canada every year.

Based on the incomplete data we received from provinces/territories, we believe around 6,000 youth age out of the child welfare system in Canada every year (Figure 1).

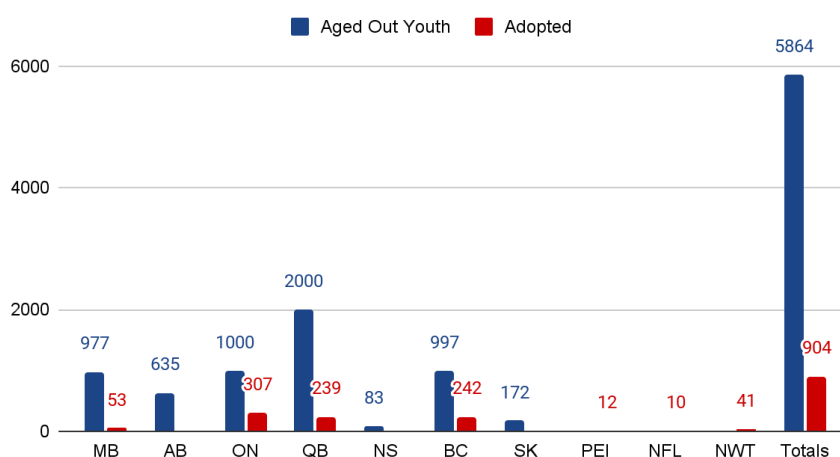
However, in 2016, Statistics Canada reported 8,150 foster children and youth 18 and older living in private homes.²⁷

Figure 1: Number of youth aging out of the Canadian child welfare system each year compared to number adopted each year, per province.

Most youth age out of the child welfare system when they reach the age of majority, which varies from province to territory. Some then enter into extended service agreements.

This means 8150 foster children were accessing extended services from the child welfare system in 2016. Of those youth, 3,525 were young women 18 or older.²⁸

Aging Out Project Data



It is not clear if this number includes youth in group homes and residential treatment centres, or youth in care on reserves.

By contrast, 904 children are adopted from foster/group care every year, according to the figures we received from the provinces/territories that responded to our survey between 2016-2018. This is not a complete figure and does not reflect all other forms of permanency, such as kinship and customary care, since some provinces and territories track those numbers separately – and some do not track them at all.

A child or youth can remain in the child welfare system until the age of majority if they have not been reunited with their birth family, or if their province/child welfare agency has not found them a permanent family once their birth family's parental rights were terminated. Some youth enter into independent living arrangements younger than the age of majority, often between the ages of 16 to 18. Our above figure does not account for those who enter extensions of care earlier, or who may leave the child welfare system entirely.

FINDINGS

These are known as the transition years - when youth begin the process of aging out.

All provinces and territories, but Quebec, offer extensions of care and support past the age of majority. There are currently no national standards for child welfare policies, or for how extended service agreements are delivered. As a result, there are inconsistencies surrounding the type and names of services each province/territory offers, the amount of financial support they provide, and the length of time a youth can receive extended services and support.

Our survey of provinces/territories indicates that in 2018-2019, when we asked the question, the monthly extended care payments youth received ranged from \$850 to \$1250. Given the skyrocketing costs of rental units across Canada, there is a clear discrepancy between what young women+ who have aged out are receiving in provincial/territorial support, and what they need to live above the poverty line.

Extended service agreements are not accessible for all youth who age out. Often, there are conditions to receiving this extended financial support, such as being in school full-time, or working. For some young people who age out, neither of these options is possible, especially not immediately after they leave a foster or group home.

British Columbia currently provides the most resources, services and support for youth as they transition out of the child welfare system. In B.C., that support can last until a youth reaches 26. British Columbia has recognized that many youth in/from care have unique needs, stemming from a history of developmental trauma, and may not be able to meet or fit into narrow program parameters other provinces stipulate.

B.C.'s Agreements with Young Adults (AYA) program not only offers extended financial support to youth who are working or going to school after they exit the child welfare system, it also offers support to youth attending rehabilitation, mental health, or life skills programs.

By contrast, Quebec is at the other end of the continuum. Once youth age out of the child welfare system in Quebec at the age of majority – which is 18 - they receive no further financial support from the province.

Although Alberta used to provide extended services and support to youth leaving the child welfare system until they turned 24, the province has recently reversed that policy. As many as 635 youth who age out every year in Alberta can now only receive extended services until they reach 22.²⁹

Our research suggests some provinces/territories are not considering the way severed connections, mental health challenges and visible/invisible disabilities may affect a youth's housing, education and/or employment prospects when they age out of care.

Social workers are encouraging young women+ to pursue education or employment in order to meet extended services criteria. Then, if they fail courses or lose jobs, they may lose their extended financial support. This approach leaves young women+' unable to take the time they need to process their experiences in care, to take risks, or to make mistakes in the same ways as their peers who did not spend time in the child welfare system.

FINDINGS

The pressure and expectation that they will complete a diploma or degree before extended care ends, while juggling the cost of living, and figuring out who will or won't be in the young women's lives, can negatively affect the mental health of these foster/group care alumni.

We asked the provinces/territories if they offer therapy and counselling as part of their transitional planning/extended care services. Most replied that they refer young women+ who have aged out to community resources or adult mental health services.

Nova Scotia, however, offers youth who are aging out access to counselling, on a case-by-case basis, before they transition to community-based service providers.

The government of Alberta also offers mental health services through their Advancing Futures bursary, if youth are pursuing post-secondary school.

In Ontario, although the province's extended service agreements end on a youth's 21st birthday, the province offers a full health and dental benefits package. Ontario's After Care benefits Initiative (ABI), includes dental, vision, prescription coverage, life skills support, and counselling to youth aged 21-29 who were adopted, or who aged out of the province's child welfare system. The benefit is not restricted to only those enrolled in post-secondary education.

Nunavut, in contrast, told us the Territory has limited resources to meet the mental health challenges, complex trauma and addiction needs of youth its territory – both youth aging out of care and those who are not in care. Nunavummiut youth must often be flown out of their communities to receive services.

Very few provinces/territories prioritized connecting and building relationships for young women+ aging out of care, except for those seeking to meet the cultural needs of Indigenous youth aging out of the child welfare system.

We asked all the provinces/territories if they had a formal process in place to develop significant relationships for young women+ accessing transitional services. Of the governments that responded, Nova Scotia and Newfoundland and Labrador responded 'No' and Saskatchewan failed to respond. Ontario, British Columbia, PEI and Alberta stated that developing relationships was a goal during transitional planning and said they tried to encourage social workers to build those relationships, or connect them to community organizations.

Nunavut is developing a formal permanency planning committee. Nova Scotia stated that a 'Youth in Transition Project' was underway, informed by lived experts, to improve the aging out experience and focus on the value of connections and maintaining relationships.

New Brunswick was the only one who responded 'Yes' to the question of whether it builds relationships for youth aging out. In that province, a social worker supports youth to engage with immediate family, extended family, Indigenous communities or other significant people in their lives. The process may also include permanent reunification to biological families, and must be approved by their Permanency Planning Committee or instituted in Family Group Conferencing.

FINDINGS

We also asked provinces/territories if they engaged youth in care in their ministry's policy development. Ontario, Nunavut, and Newfoundland and Labrador responded 'No'. Saskatchewan did not respond. British Columbia, PEI, and Alberta responded that they have youth networks they consult about child welfare policy. Ontario, New Brunswick, and British Columbia said they refer youth to local non-profits or networks. Nova Scotia stated that their youth in care have found positive connections with their 'The Voice – Youth in Care Newsletter Project'.

During the COVID-19 pandemic, a majority of provinces/territories - British Columbia, Manitoba, Saskatchewan, North West Territories, Yukon, Ontario, Nova Scotia, New Brunswick, Newfoundland and Labrador - responded to pressure by the National Council of Youth in Care advocates, and put in place moratoriums on aging out for the duration of the pandemic. However, Alberta, and Newfoundland and Labrador have since resumed the aging out process.

In the process of putting these moratoriums in place, the provinces/territories who imposed them learned more about the socio-economic impacts of aging out. Some provinces and territories, such as Ontario, have accepted the need to transition youth from care into adulthood more slowly – when they are truly ready to be financially independent.

We hope this trend will solidify and help to develop national standards of practice for supporting youth who age out of care.

BARRIERS CHILD WELFARE STAKEHOLDERS IDENTIFIED

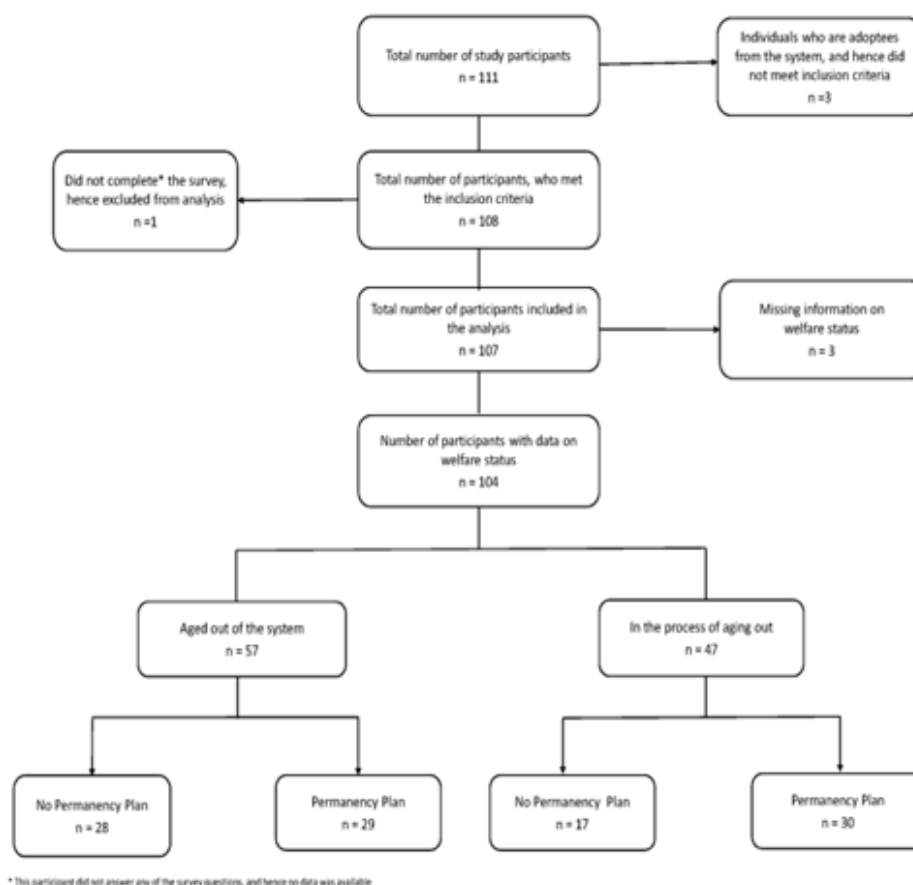
We interviewed 16 child welfare stakeholders working to improve the outcomes of youth in and from the child welfare system. Many have dedicated their limited resources to filling the gaps in service delivery for young women+ who age out of the child welfare system. Those partners identified the challenges they experience when delivering services to young women+ aging out in their province or territory. Their solutions can be found in the recommendations section of this report.

Core barriers to improved service delivery:

- No national standards
- Lack of national youth poverty/homelessness prevention strategy
- Fallacy that an age determines independence
- No after-care services in some provinces with different policies and supports offered across Canada
- No evaluation of transition services
- Lack of budget increases if you are on fixed monthly support
- Child welfare agencies and community organizations work in silos
- Provincial/territorial governments underfunding child welfare agencies to meet the critical needs (mental health and housing) of biological and permanent families, and youth in/from care
- No mandated funding towards child welfare, permanency, or prevention
- Lack of knowledge on attachment-based issues and a need for more trauma-informed approaches in child welfare
- Culture of protection versus one that considers how to support Crown/permanent wards through the process of reunification with families of origin
- Gaps between policies and administration/lack of coordination and training
- Inconsistent or failed communication about resources and supports available to young women+ especially during the COVID-19 pandemic
- Policy development that is uninformed by participation of lived experts (young women+ who've aged out)
- Lack of funding and resources in Indigenous communities and on reserves to address needs and extended services
- Systemic racism
- Lack of understanding around family privilege
- Federal government failure to recognize Canadian children and youth in and from care as a marginalized, vulnerable population requiring specialized core funding
- Lack of transition workers focused solely on ensuring youth are prepared to age out into adulthood
- Child welfare agencies are unaware/not prioritizing connecting youth to peer-support networks, foundations, and municipal, provincial, territorial and federal services that could serve as after-care support.
- Criminalization of all young people in care; failure to separate youth in care due to protection from those in care because of justice-related challenges.

EXPERIENCES OF YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Figure 2.
*Current child welfare
status of survey
participants*



Our findings from *Aging Out Without a Safety Net: Addressing the Economic Insecurity of Young Women+* project indicate that young women+ who age out of the child welfare system across Canada without a permanent connection to at least one stable, safe and loving adult are experiencing high rates of economic insecurity. They are earning, on average, half as much as their peers who did not age out of the system.

The following section we will highlight the top five barriers to economic security for the 107 young women+ who participated in our project.

Data consists of 111 participants, of whom 11 (9.91 percent) are from the Survey 1 (Ottawa survey), 15 (14 percent) are from Survey 2 (Edmonton and St. John survey), and 85 (77 percent) are from survey 3 (Toronto, Manitoba survey and National survey). Three of the 11 participants were adoptees from care, and hence removed from analysis. The remaining 108 participants have either aged out of the child welfare system at the time of the survey administration or were about to age out of the system, meeting study participant requirements for this study. One of the participants did not respond to any of the items in the surveys, and hence was removed from subsequent analyses.

Analyses, therefore, consisted of **data from 107 individuals**.

Overall, there are only a small percentage of missing data across all the variables. However, some questionnaire items in Survey 3 were not included in the earlier surveys (Survey 1 and Survey 2). We discussed these differences in the Methods section. As such, some of the descriptive statistics are provided based on available data from survey 3 alone, with the denominators (for calculating percentages) adjusted accordingly. We noted these adjustments among the results.

Study Demographics

More than half of the participants in *Aging Out Without a Safety Net* project (**~ 53 percent**) **had already aged out** of the child welfare system at the time they participated in our focus groups/national survey.

Forty-four percent of participants **were about to age out or were in the process of aging out** at the time of survey administration. Three participants did not provide data about the state of their child welfare involvement. (Figure 2)

All 57 participants who had already aged out reported they were formerly permanent/Crown wards.

One of the 47 youth aging out of the system indicated they were in the process of being adopted.

We provide additional descriptive statistics on demographic characteristics of the survey participants in Table 1.

Of the 107 participants who aged out or were aging out of the system, 58 percent (n = 62) reported they participated in transitional planning with their social worker.

The remaining 42 percent (n = 45) said they did not have the opportunity to discuss a transition plan. Of the 47 who had already aged out, only about half of them (51 percent, n = 29) said they discussed a permanency plan.

We define permanency as kinship care, customary care, guardianship, adoption, or a connection to a significant person.

Table 1. *Descriptive statistics on characteristics of survey participants. Frequency (n) and percentages are provided.*

On the other hand, almost two-thirds (64 percent, n = 30) of those in the process of aging out said they did not discuss permanency options.

We note that a limitation in our study design may affect this figure.

Demographic Variables	Frequency (Percentage)
Age: median (IQR*) (n = 107)	25.11 (22.94, 27.51)
Age < 18	2 (1.87%)
18 ≤ Age < 25	45 (42.06%)
Age ≥ 25	55 (51.40%)
Gender (n = 107)	
Female	97 (90.65%)
Transgender Female/ Trans Woman	2 (1.87%)
Genderqueer / Non Binary	2 (1.87%)
Two-Spirited	2 (1.87%)
Gender Fluid	2 (1.87%)
Sexual Orientation*** (n = 84)	
Heterosexual or Straight	52 (61.90%)
Bisexual	13 (15.48%)
Gay	2 (2.38%)
Lesbian	11 (13.10%)
Pansexual	2 (2.38%)
Queer	2 (2.38%)
Fluid	1 (1.19%)
Racial Identity (n = 107)	
Indigenous	33 (30.84%)
Caucasian	25 (23.36%)
Black (African and Caribbean)	16 (14.95%)
Hispanic	8 (7.48%)
Chinese	5 (4.67%)
Mixed	12 (11.21%)

*IQR=Inter-Quartile Range

** Only two of the surveys (with 84 participants) provided data on sexual orientation. The denominator used here, therefore, is 84.

Given the project's focus on transitioning/aging out, the data is more likely to reflect that more than half of those who had already aged out or were in the process of doing so had received transition planning rather than permanency planning. Further details about transitional planning can be found below.

The majority of the survey participants (93 percent $n=100$) are adults 18 or older. More than half (51 percent, $n=55$) are older than 25 (Table 1). The average age of participants was 25, with the youngest participant aged 17, and the oldest aged 32. Age was missing (or incorrectly entered) for seven participants.

Data on sexual orientation was gathered only in Survey 3, consisting of a total of 84 participants. More than one-third (37 percent $n=31$) of the participants identified their sexual orientation as other than heterosexual or straight (Table 1).

Among participants who provided data on racial identity ($n=102$ of the 107 participants), 75 percent ($n=76$) identified as Black, Indigenous, or a Person of Colour (BIPOC), and 25 percent ($n=26$) were Caucasian, white or individuals of European descent (Figure 3).

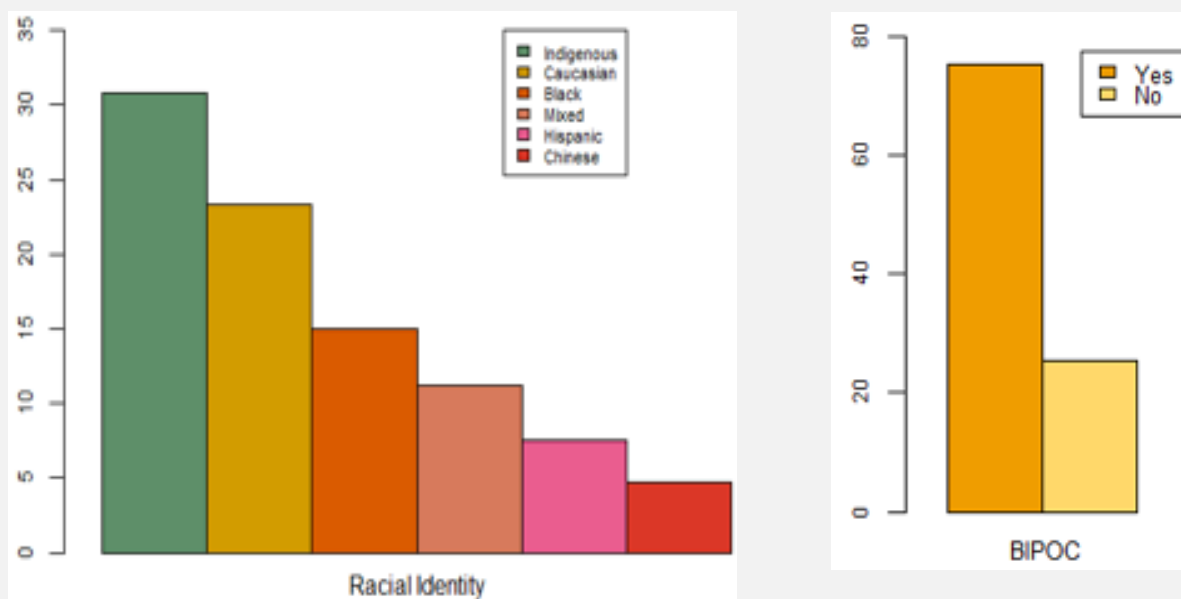


Figure 3. Racial identity of the survey participants. Below panel shows the percentage of survey participants with respect to whether or not they are of BIPOC heritage, while the right panel provides the distribution with respect to specific racial identities.

Of those who identified as BIPOC, 16 percent ($n=12$) described their racial identity as mixed, of whom half (50 percent, $n=6$) stated they were of mixed Indigenous heritage.

Hence, 39 out of the 107 (36 percent) of the survey participants have Indigenous heritage.

Two individuals responded “unknown” and were assumed to belong to the BIPOC community.

One responded Canadian and was considered not to belong to the BIPOC community.

Five participants did not provide data on their ethnicity.

CHALLENGES EXPERIENCED

Survey 3 included specific questionnaire items related to participant's experiences. These included whether participants experienced socio-economic inequality, abuse, trauma and discrimination. Participants were also asked if they experienced these challenges before entering the child welfare system, while in the system, or after they aged out of the system.

The results are included in Table 2 above and in Figures 4 and 5, below.

An overwhelming majority (**99 percent**, n = 83 of 84 participants) experienced **at least one** of the specified challenges. Moreover, the majority of the participants (**81 percent**, n = 68) reported experiencing **multiple (two or more)** challenges. Nearly two-thirds (**62 percent**, n = 52) of participants experienced **three or more challenges** (Figure 4).

The median number of challenges experienced is three (IQR: [2, 5]).

Figure 4. The number of life challenges, abuse, trauma, and discrimination survey participants experienced.

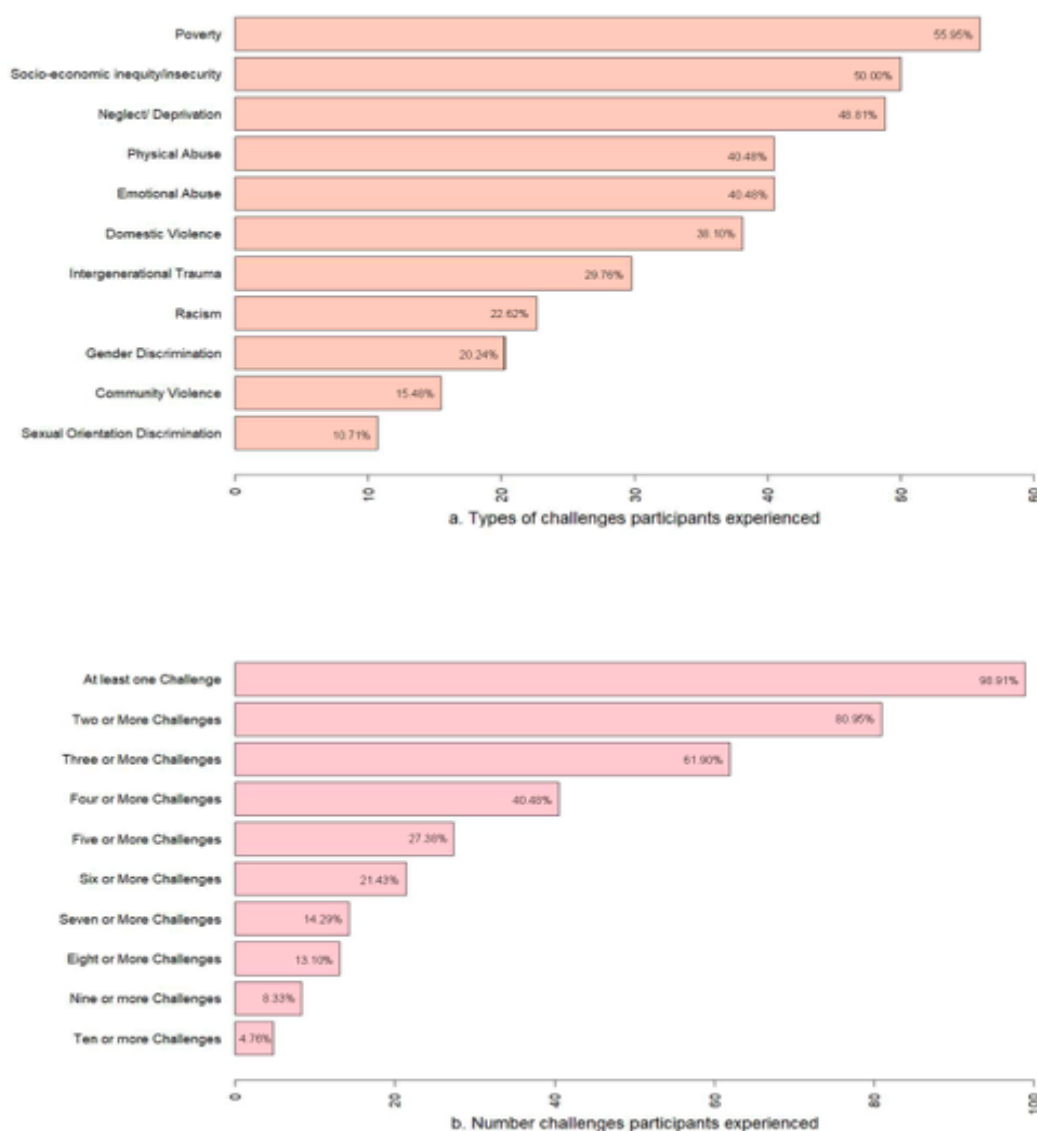
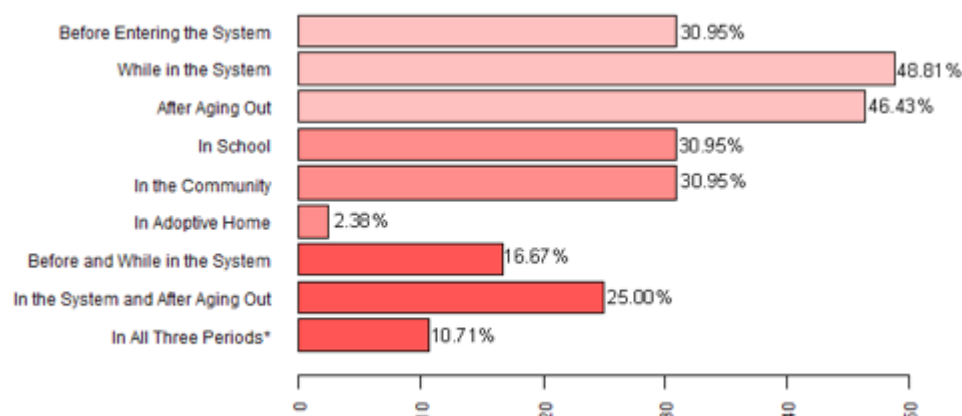


Table 2. Reasons for entering the child welfare system, experience in the welfare system and after aging out of the system.

Participant's Experience	Frequency (Percentage)
Reasons for Entering the Child Welfare System* (n = 107)	
Provided Response	82 (76.64%)
Neglect	28 (34.15%)
Abuse	20 (24.39%)
Mental Illness and other Health Issues	12 (14.63%)
Substance Abuse and Addictions	11 (13.41%)
Orphaned/No family	15 (18.29%)
Poverty and Other Economic Issues	10 (12.20%)
Homelessness	6 (7.32%)
Other	24 (29.27%)
Provided No Response	25 (23.36%)
Socio-Economic Burden, Trauma, Abuse and Discrimination (n = 84)	
Domestic Violence	32 (38.10%)
Poverty	47 (55.95%)
Intergenerational Trauma	25 (29.76%)
Socio-economic inequity/insecurity	42 (50.00%)
Emotional Abuse	34 (40.48%)
Physical Abuse	34 (40.48%)
Neglect/ Deprivation	41 (48.81%)
Community Violence	13 (15.48%)
Racism	19 (22.62%)
Gender Discrimination	17 (20.24%)
Sexual Orientation Discrimination	9 (10.71%)
Time and Place of Experience** (n=84)	
Before entering care/ in birth home or with relatives	30.95% (n = 26)
While living in a foster/group home	48.81% (n = 41)
After aging out of care	46.43% (n = 39)
In school	30.95% (n = 26)
In the community	30.95% (n = 26)
In adoptive home	2.38% (n = 2)

As depicted in Table 2 and Figure 4a, more than half the survey participants (56 percent, n= 47) experienced poverty. Half (50 percent, n=42) experienced socio-economic inequality/insecurity. Almost half the study participants (49percent, n = 41) experienced neglect/deprivation, 40 percent (n=34) experienced emotional abuse and 40 percent (n = 34) experienced physical abuse. A considerable percentage reported domestic violence (38 percent, n = 32) and intergenerational trauma (30 percent, n = 25).



* Participants in this category stated they experienced these challenges before entering the system, while in the system and after aging out.

Figure 5. Period and circumstances in which participants experienced the challenges, abuse and discrimination.

When participants were asked about when they encountered the challenges and experienced abuse and discrimination, significantly larger proportions of participants answered that they experienced these events while in the system (49 percent, $n = 41$) and after aging out of the system (46 percent, $n = 39$), rather than before they entered the child welfare system.

Close to a third of participants (31 percent, $n = 26$) experienced these challenges before entering the system (Table 2, Figure 5). A considerable percentage also reported experiencing challenges in school (31 percent, $n = 26$) and in the community (31 percent, $n = 26$). It is not clear whether the experiences with poverty, socioeconomic security, neglect and abuse in the system took place before they reached the age of transition, after signing an extended service agreement, or both.

Participants were asked to provide open-ended responses related to their positive and negative experiences while living in the child welfare system. Abuse, discrimination, neglect, deprivation, and lack of stability/permanency are the most common negative experiences the survey participants shared. (Figure 6a). In terms of stability, some of the individuals with positive experiences (e.g. good foster homes) also reported constant moving from home to home, either before they found one good foster home or after they left the good foster home (e.g. because of foster parent illness).

The types of abuse the participants reported included emotional, physical and sexual abuse. Trauma, mental health challenges, lack of support and overall bad experiences were also common negative experiences a significant percentage of the survey participants reported. Some of the participants indicated they felt the system is not trauma-informed; hence, they felt their trauma was not recognized and they were misunderstood.

Some participants reported inconsistencies in the system, lack of proper communication, lack of information related to transitional programs (or pathways), availability of social workers, and an overall negative experience with the child welfare system, social workers and service providers.

Other major negative experiences include isolation, family separation and feelings of not belonging. Some individuals reported being separated from siblings even after many years of living together in the same foster/group homes. Similarly, some of the participants reported feeling they lacked a real sense of family as well as being treated differently than what they referred to as “real” family members. A significant number of participants also reported manipulation (including being lied to or being provided misinformation) and lack of resources (including lack of funding and information). A considerable percentage of participants indicated they felt invisible, had no voice and/or felt that their voice went unheard, especially when they were younger.

Participants reported some positive experiences (Figure 6b). The majority of survey participants reported getting involved in group activities, receiving overall support and financial support, as well as establishing connections, as some of their positive experiences while living in the system. Positive foster families, social workers, making friends, educational activities, school support, sports and acquiring skills were also positive experiences.

Other positive experiences included counselling/therapy, travelling, camping, and an overall sense of family, love, warmth and care. Some participants simply wrote “none” in response to the question asking about positive experiences while living in the system.



Figure 6a.

Negative experiences while living in foster and/or group homes



Figure 6b.

Positive experiences while living in foster and/or group homes

TRANSITIONING TO INDEPENDENCE

“In my first year after aging out, I was living on campus. When the holidays came, the dorms closed without warning; I had nowhere to go and lied to friends in order to be invited to stay with their families. For years, I pretended that I had a healthy, but distant, often travelling family as I thought that I was the only person who had ever aged out of care without a family. As they were still alive, I wasn’t an orphan, but until I found out that there were others like me, that was very much how I felt. I had no one to provide me support (emotional or financial) which was incredibly stressful, and split my attention away from my studies”.

As briefly mentioned above, a little more than half (53 percent, $n = 57$) of the participants had already aged out of the child welfare system, while the remaining 44 percent ($n = 47$) said they were in the process of aging out of the welfare system (Table 3, Figure 2).

In Survey 3, we asked them how old they were when they aged out or planned to age out, and 59 (out of the 84 surveyed) provided specific ages. Of those 59 participants who provided data, the majority (68 percent, $n = 40$) responded that they transitioned or planned to age out at 18 or younger.

Ten respondents said they transitioned (or planned to transition) at an age younger than 18. The remaining 32 percent ($n = 19$) said they aged out or planned to age out when they were older than 18. The median age for aging out was 18 years (IQR: [18, 19]; the mean age is 19 ($nd=2.68$); the minimum and the maximum age for transitioning are 13 and 27 respectively. A few of the participants, who said they aged out at 18, mentioned that they continued to get financial support until the age of 21.

A few of the participants wrote “when I get a stable job” in response to a question about age at which they plan to age out, and others responded “after I become independent”. There were a few who responded “when the government provides us support and life skills”, and others simply said “I do not know”.

We collected data on the duration of the discussion/training on transitioning as well as specifics on the different types of skills training the individuals received. We summarized the results in Table 3 and Figure 7. The results show the majority (79 percent, $n = 68$ out of 84) of the participants had discussions with a social worker about transitioning to independence while the remaining 6 (7 percent) said they had not had any discussions. The discussion for the majority (80 percent, $n = 67$) involved less than one year. A significant majority (77 percent, $n = 65$) also indicated their discussions lasted less than six months, and 63 percent ($n = 53$) had less than three months’ discussion.

Table 3. *Transitioning to Independence*

Transitioned (Aged Out) (n = 107)	Frequency (Percentage)
Yes	57 (53.27%)
No	47 (43.93)
Age at age out*: median (IQR) (n = 59)	18 (18, 19)
Age < 18	10 (16.95%)
Age ≤ 18	40 (67.80%)
Age > 18	19 (30.51)
Duration of Engagement/discussion** (n = 84)	
No discussion	6 (7.14%)
1-3 weeks	20 (23.81%)
1-3 months	33 (39.29%)
3-6 months	12 (14.29%)
6 months – 1 year	12 (14.29%)
1 year – 2 years	0 (0%)
2 years – 3 years	0 (0%)
3 + years	1 (1.19%)
Skills Training (n = 107)	
Yes	83 (77.57%)
No	24 (22.43%)
Knowledge about permanency (n = 84)	
Yes	69 (82.14)
No	15 (17.86)
Feel supported in transitioning (n = 84)	
Yes	57 (67.86%)
No	27 (32.14%)
Help from Connections*** (n = 84)	
Yes	74 (88.10%)
No	10 (11.90%)
Assistance in establishing connections (n = 84)	
Yes	60 (71.43%)
No	24 (28.57%)

* For aged out, it is the age at which they actually aged out. For those who are in the process of aging out, age at which they plan to age out. Only 59 participants provided data, hence 59 is used in the denominator

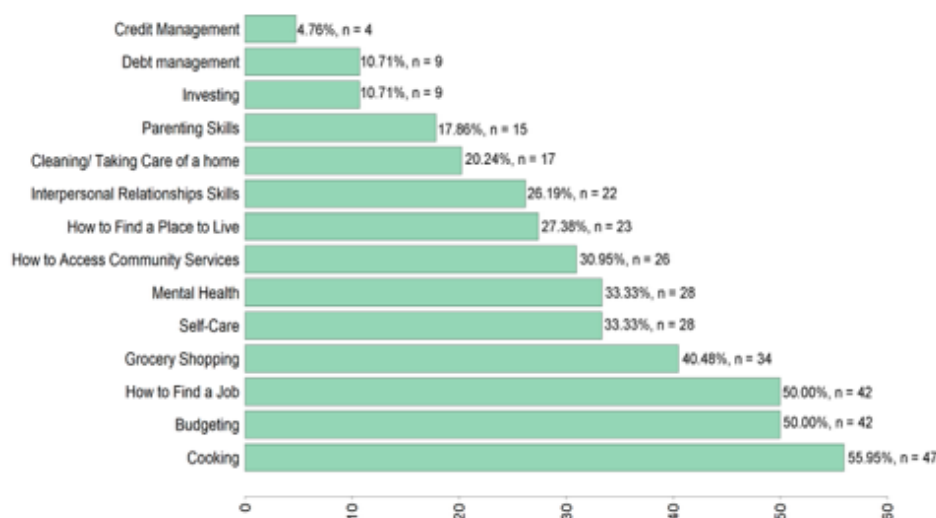
** How long the engagement or discussing (e.g. training) related to aging out and transitioning to independence.

*** Participants were asked if connections helped (or will help) in successfully transitioning to independence

The majority (78 percent, n = 83) of the 107 participants said their preparation for independence involved life skills training. The specifics of the skills training they participated in was gathered from the Survey 3, in which 85 percent (n = 71) of the 84 survey participants participated in skills training. The results presented in Figure 7 show that cooking, budgeting, and searching for jobs were the most commonly attended activities, followed by grocery shopping, self-care and activities related to mental health.

It is important to keep in mind that almost all of the study participants were affected by mental health, addictions and disabilities. Considering this, it is concerning that only one-third of the participants had the opportunity to participate in mental health-related activities. Financial insecurity and housing are also some of the top challenges study participants encountered. However, credit and debt management activities, as well as training in how to find a place to live, were less commonly attended activities.

Figure 7. Types of skills training individuals participated in as preparation for independence.



Study participants demonstrated their familiarity with and knowledge around aging out and transitioning to independence.

The majority - (82 percent, n = 69) of the individuals indicated they understood what it means to transition to independent living (age out).

Similarly, about two-thirds of the participants (68 percent, n = 57) said they felt they have the support they need to transition to independence.

On the other hand, nearly a third (32 percent, n = 27) of participants indicated they didn't feel they had the support and the resources they needed to transition to independence successfully.

In an open-text response, the participants mentioned they benefited from life skills training and received support from social workers and other non-governmental organizations and programs.

However, most of the participants indicated that they needed (or need) more training on independent life skills, adult skills courses, and professional training. Others mentioned the need for social workers dedicated to transitioning, as well as assistance related to post-secondary schools.

One of the participants who already transitioned commented they "would've liked to already be on a subsidized housing registry and shown the basics like how to change a lightbulb. I feel completely stupid."

HEALTH AND WELLNESS

In terms of health and wellness metrics, our survey explored three categories: mental health challenges, addictions or substance use, and disAbility. This data relied on self-reporting, and it is unclear how many participants received formal diagnoses for the mental health conditions they live with.

That said, an overwhelming majority of survey participants experienced **mental health challenges (91 percent, n = 97)**, live with visible or invisible disAbilities (**76 percent, n = 81**), and/or addictions or substance use (**63 percent, n = 67**).

All participants except one reported either living with mental health challenges, disAbilities, or addictions/substance use.

Mental health challenges or disAbilities affect 95 percent (n = 102) of the 107 participants who aged out or were aging out of the system.

Moreover, more than two-thirds of the participants (71 percent, n = 76) indicated they live with both mental health challenges and disAbilities. (Figure 8).

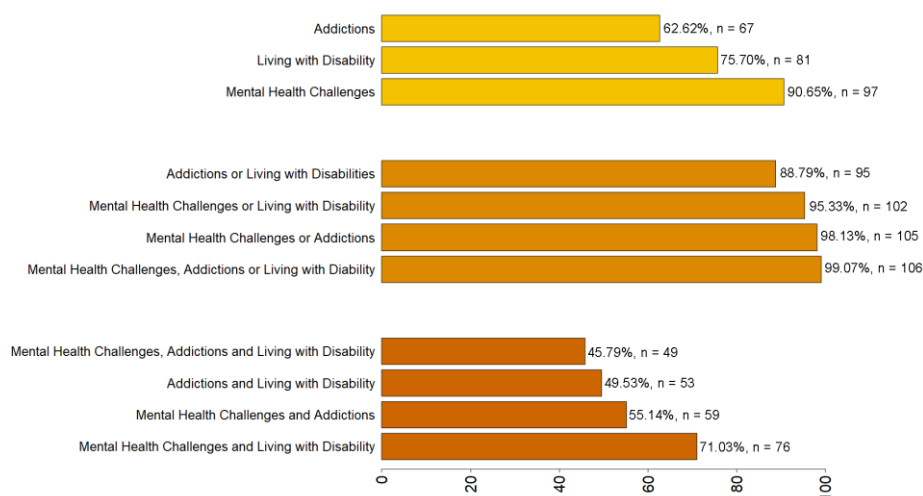


Figure 8. *Percentage of participants reporting mental health challenges, disAbilities (visible or invisible) and addictions or substance use.*

Our research has identified mental health challenges and visible or invisible disAbilities as correlating factors associated with the cycle of homelessness.

Individually or in combination, participants also identified these factors as barriers to education, and hence to financial insecurity.

We provide detailed results on these challenges in the sub-sections below.

MENTAL HEALTH CHALLENGES

The majority of the participants (**90 percent**, $n = 97$) self-reported as experiencing mental health challenges.

More than half the survey participants (55 percent) also reported having both mental health challenges and addictions or substance use challenges.

Anxiety and depression are the two major mental health challenges survey participants reported, accounting for 37 percent ($n = 36$) and 21 percent ($n = 20$) of mental health challenges reported (Table 6). All survey respondents who self-identified as living with depressions also reported living with anxiety. That said, it is unclear how many of these respondents received formal diagnoses of mental illness.

A considerable percentage of those living with mental health challenges (18 percent, $n = 17$) reported they have had suicidal thoughts. Twelve percent ($n = 12$) self-reported experiencing developmental trauma.

Table 4. *Mental health challenges affecting participants and the types of support received*

Mental health challenges and support received	Frequency (Percentage)
Mental Health Challenges ($n = 107$)	
Yes	97 (90.65%)
No	10 (9.35%)
Types of Mental Health Challenges ($n = 97$)	
Anxiety	36 (37.11%)
Depression	20 (20.62%)
Suicidal Thoughts	17 (17.53%)
Schizophrenia	1 (1.03%)
Bipolar Disorder	1 (1.03%)
Borderline Personality Disorder	4 (4.12%)
Developmental Trauma	12 (12.37%)
Eating Disorders	7 (7.22%)
Substance Abuse	3 (3.09%)
Financial Support Received for therapy ($n = 97$)	
Yes	73 (75.26%)
No	22 (22.68%)
Who Provided Support for Mental Health ($n = 62$)	
Social Worker	32 (51.61%)
Community Worker	29 (46.77%)
Therapist/ Counsellor	36 (58.06%)
Coach	4 (6.45%)
Community member	15 (24.19%)
Foster Family	22 (35.48%)
Friend	24 (38.71%)
Alumni of Care/ Peer	7 (11.29%)
Birth Family Member	9 (14.52%)
Elder/ Community Liaison	2 (3.24%)
Adoptive Parent	2 (3.24%)

Developmental trauma is a term used in the literature to describe childhood trauma such as chronic abuse, neglect, or other harsh adversity in their own homes.

When a child is exposed to overwhelming stress and their caregiver does not help reduce this stress, or is the cause of the stress, the child can experience developmental trauma.

Some traumatic experiences that have been shown to cause developmental trauma include experiencing physical, emotional, or sexual abuse, witnessing domestic violence, parental separation and divorce, as well as parental mental health challenges, alcohol and drug use or justice system interaction.

It may also involve multiple moves, intergenerational trauma and loss of connections for youth aging out.

These brain and body changes can affect lifelong relationships, mental and physical health, learning, living and parenting across the lifespan.

Of those with participants with mental health challenges, 75 percent (n = 73) indicated they received financial support for therapy.

We also gathered additional data on the various types of support individuals received in survey 3 (with n = 84 participants in total). We present the results from these additional data in Table 4 below.

We would like to highlight that 90 percent (n = 76) of the participants in Survey 3 indicated they have mental health challenges; as such the denominator in calculating the percentages are adjusted accordingly.

Of these 76 individuals, 82 percent (n = 62) said they received support for their mental health challenges.

We summarize the type of support they received in Table 4. Table 18, found in the recommendations section of this report, includes a list of policy and program solutions suggested by participants in open text responses.

As we can see from Table 4, the majority of the support for mental health challenges came from therapists/counsellors, social workers and/or community workers. Psychiatrists and psychologists were not identified specifically as options for mental health support, but participants may have included them under the therapist/counsellor survey category.

A considerable percentage of participants with mental health challenges also indicated they received support from friends, foster families and community members.

VISIBLE AND INVISIBLE DISABILITIES

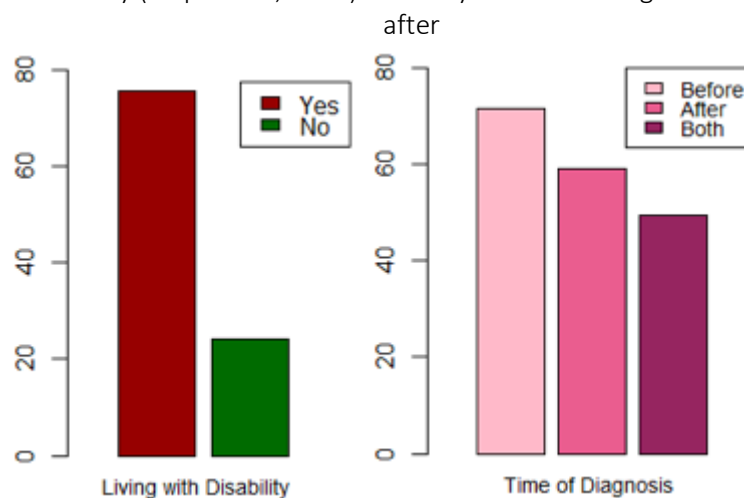
Most participants (**76 percent**, n=81) reported that they **live with an invisible or visible disAbility**, of whom 72 percent (n=58) received a diagnosis while living in the child welfare system.

Another 59 percent (n=48) received a diagnosis after they aged out of the system (Figure 9) (which could indicate a subsequent or additional diagnosis).

Almost half of the participants living with a disAbility (49 percent, n=40) said they received a diagnosis while living in the system as well as they aged out of the system.

One individual, who had aged out of the system, indicated they received a diagnosis while in the system but responded “No” to living with a disAbility.

Figure 9. *Participants living with a disAbility and when they were diagnosed. Before, after and both indicate whether participants were diagnosed with a disAbility before aging out (while living in the child welfare system), after aging out, or both.*



Further analysis of data from those living with a disAbility was performed to investigate if these individuals have had access to programs and policies within the child welfare system as well as within their provinces and communities. Relevant data was available from only Survey 3 (n = 84 participants). As such, the analysis here is based on data from this survey, with the denominators adjusted accordingly (Table 5).

Among the 84 participants from Survey 3, 75 percent (n = 63) reported they live with a disAbility, an estimate similar to what we obtained from the three surveys combined.

The results in Table 9 show the majority of the participants living with a disAbility (98 percent, n = 62) have had access to disAbility programs and services.

A majority - 85 percent (n = 53) said they received support in accessing the programs and services (Table 5, Figure 10).

Social workers, followed by friends, biological family and community members delivered the majority of the support (Table 5, Figure 10).

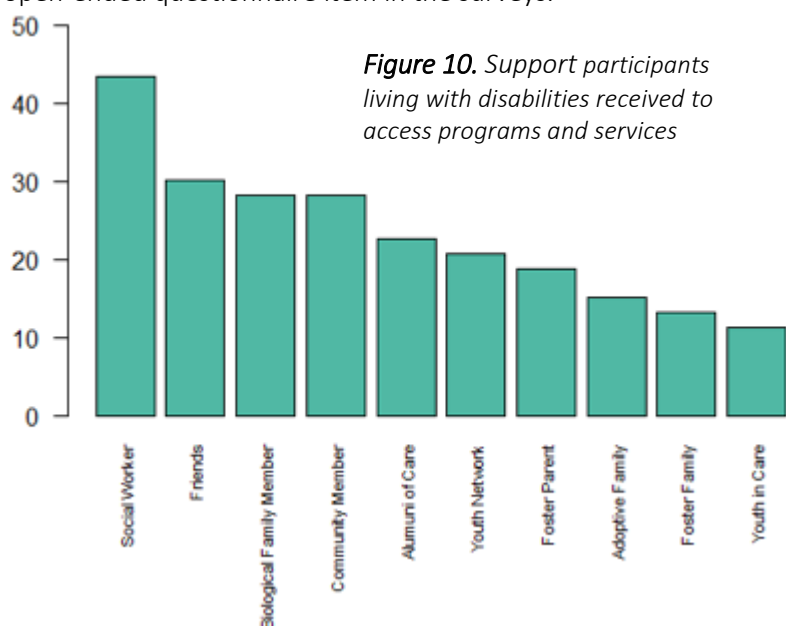
Table 5. Access to programs and policies within the country, provinces and communities for participants living with disAbilities along with the type of support the participants received to access the programs. We used Survey 3 (n = 84) with relevant data to produce the results in this table.

Programs and Services	Frequency (Percentages)
Access to Programs and Services (n = 63)	
Yes	62 (98.41%)
No	0 (0%)
Support Received (n = 62)*	
Yes	53 (85.48%)
No	8 (12.90%)
Type of Support received (n = 53)**	
Friend	16 (30.19%)
Biological Family Member	15 (28.30%)
Foster parent	10 (18.87%)
Social Worker	23 (43.40%)
Community member	15 (28.30%)
Forever Family	7 (13.21%)
Adoptive Family	8 (15.09%)
Alumni of Care	12 (22.64%)
Youth Network	11 (20.75%)
Youth in Care	6 (11.32%)

* Whether or not individuals received support to access the programs and services, the denominator here is the 62 individuals who said they accessed programs and policies.

** Who provided support in accessing the programs and services. The denominator here is the number of individuals who received support (i.e. n=53). The percentages do not add up to 100 percent because participants received help from multiple sources.

We also gathered qualitative data on whether they accessed disAbility programs and services from an open-ended questionnaire item in the surveys.



Twenty-nine participants who self-identified as living with disabilities listed specific programs and services they accessed. Among these, 24 percent (n = 7) received support from counselling, therapy or psychological assessment and services. A slightly higher percentage (31 percent, n = 9) reported they received financial support, with 33 percent (n = 3) of them receiving it from the national child income benefit. One participant received support from Assistance for Children with Severe

Disabilities (ACSD), and another participant received rent based support. Other services included educational or school-related support (21 percent, $n = 6$), social support (3 percent, $n = 1$) and domestic violence support (3 percent, $n = 1$). Among the 29 individuals who provided data, a considerable percentage (41 percent, $n = 12$) listed specific organizations and programs they accessed for disability support. These spanned provincial programs, programs offered by national and local non-governmental organizations, and community or school based programs.

SUBSTANCE USE

62 percent ($n = 67$) of participants **reported having had addiction and/or substance use** challenges. However, this is likely an underestimation of the actual percentage with addiction or substance use challenges. This is because for one of the surveys we only had data on whether individuals had access to addiction or substance use programs. We used this data as a proxy outcome. Two participants did not provide responses and were coded as missing data. It is important to note that addictions and substance-use categories were self-reported data, not specifically linked to medical diagnoses, disorders or treatment.

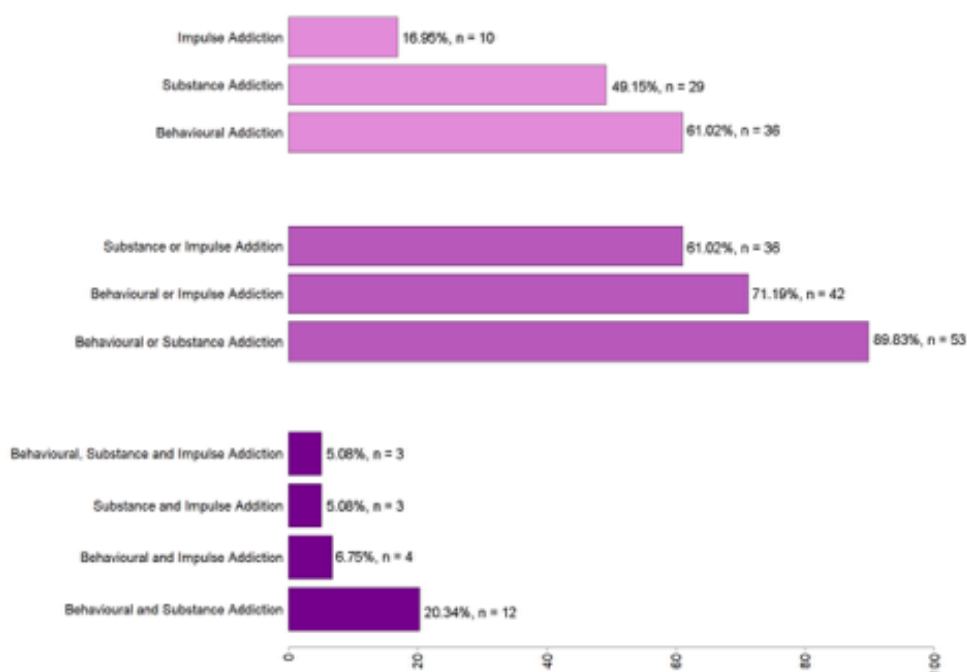


Figure 11. *Types of addictions and/or substance use participants have experienced.*

Among the 67 individuals who self-reported addiction or substance use challenges, 72 percent ($n = 48$) said they have accessed programs or support. Additional data on the type of addiction was collected in Survey 3 ($n = 84$). We summarize the results in Figure 11. We note that 70 percent ($n = 59$) of the participants in Survey 3 reported having had addiction or substance use challenges. As such the denominator used in Figure 11 is $n = 59$. Note also that among the 59 individuals with addiction and/or substance use challenges, 68 percent ($n = 40$) have had access to addiction programs or support.

As Figure 11 illustrates, the majority (61 percent, $n = 36$) of the 59 participants reported a behavioural addiction, which includes addictions related to food, shopping, computers, gaming, working, sex, or exercising. On the other hand, almost half (49 percent, $n = 29$) of the individuals reported they have

or had substance use challenges. The results also show that participants suffer from more than one type of addiction (Figure 11).

In an open-text response, participants provided more information about the programs they had accessed for their addiction or substance use. A significant percentage of the participants said being engaged in activities (not being bored and idle), relaxation and stress relief components as well as keeping weekly calendars were some of the things they considered strengths of substance use and addiction programs. Other mentioned addiction/substance use support included tools to change thought processes, cognitive therapy treatment and methadone treatment.

Some of the weaknesses in the programs identified by the participants included sharing weekly calendars with the group, forcefully being sent to detox programs, no support provided after leaving the programs and the programs not having a weight management component.

THE IMPACT OF COVID-19

20 percent (n = 18) of participants lost their job because of the COVID-19 pandemic. We gathered additional data related to COVID-19, where participants were asked to provide information related to the socio-economic and health impacts of COVID.

More than two-thirds of participants (65 percent, n = 55) said they did not have anyone in their life during the pandemic who provided social and emotional support or someone to talk to (Table 6).

On the other hand, almost all (98 percent, n = 82) of them indicated someone informed them about the health risks of the virus and what they could do to stay safe. The main sources of information in terms of health risks and safety came from social workers, community members and government professionals (Figure 12). Other participants also said they received information related to the pandemic from friends, foster parents and social media.

Table 6. The socio-economic and health impacts of the COVID-19 pandemic

In terms of financial assistance, almost two-thirds of the participants (61 percent, n = 51) said they received help applying for financial assistance from the government. Social workers, community members and government officials provided most of the help (Table 6). Foster family, birth parents and friends also helped them with financial applications.

Have someone who provided emotional and social support (n= 84)	
Yes	29 (34.52%)
No	55 (65.48%)
Help in applying for government financial assistance (n = 84)	
Yes	51 (60.71%)
No	33 (39.29%)
Individuals and/or organizations who helped in applications* (n = 51)	
Social Worker	
Birth Sibling	20 (39.22%)
Foster Sibling	6 (11.76%)
Foster Parent	11 (21.57%)
Community Members	9 (17.65%)
Government Representative	19 (37.25%)
Birth Parent	14 (27.45%)
Friends	10 (19.61%)
Extended family	8 (15.69%)
Mental Health Professional	1 (1.96%)
Social Media	2 (7.84%)
News	4 (7.84%)
Non-profit or community organization	3 (5.88%)
	1 (1.96%)
Informed about financial assistance from charity organizations (n = 84)	
Yes	54 (64.29%)
No	30 (35.71%)
Individuals and organization who provided help** (n = 54)	
Social Worker	21 (38.89%)
Birth Sibling	7 (12.96%)
Foster Sibling	8 (14.81%)
Foster Parent	9 (16.67%)
Community Members	16 (29.63%)
Government Representative	12 (22.22%)
Birth Parent	10 (18.52%)
Friends	10 (18.52%)
Extended family	1 (1.85%)
Mental Health Professional	2 (3.7%)
Social Media	7 (12.96%)
News	3 (5.56%)
Non-profit or community organization	2 (3.7%)
* Applications for government financial assistance	
** Who provided information and help related to financial assistance from charity organizations	

Furthermore, the majority of the participants (64 percent, n = 54) said a local charity or community association told them about financial assistance they were eligible to receive.

Social workers, community members and government organizations provided most of the help in providing information and assistance in applications (Table 6). Foster family and birth parents also helped them get financial assistance from charitable organizations (Table 6). Only 4 percent (n=2) of participants said non-profit or community organizations informed them about assistance.

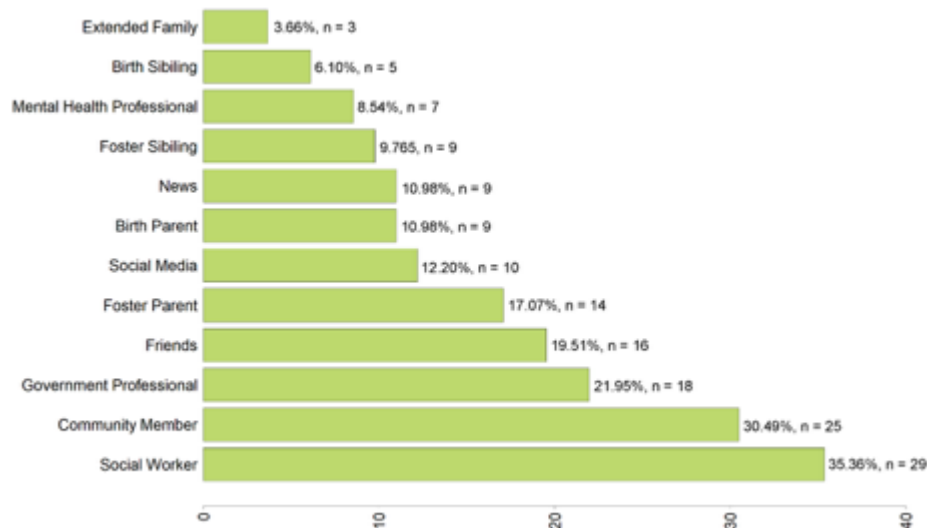


Figure 12. Individuals and organizations who provided information about the health risks of the COVID-19 virus and the associated protection measures and safety procedures.

The leading challenges the participants said they experienced during the pandemic involved mental health, lack of connections, lack of support, not having connections with family, financial and housing insecurity (Table 7, Figure 13). A significant percentage also indicated they experienced challenges related to community isolation, homelessness, addictions, and education interruptions.

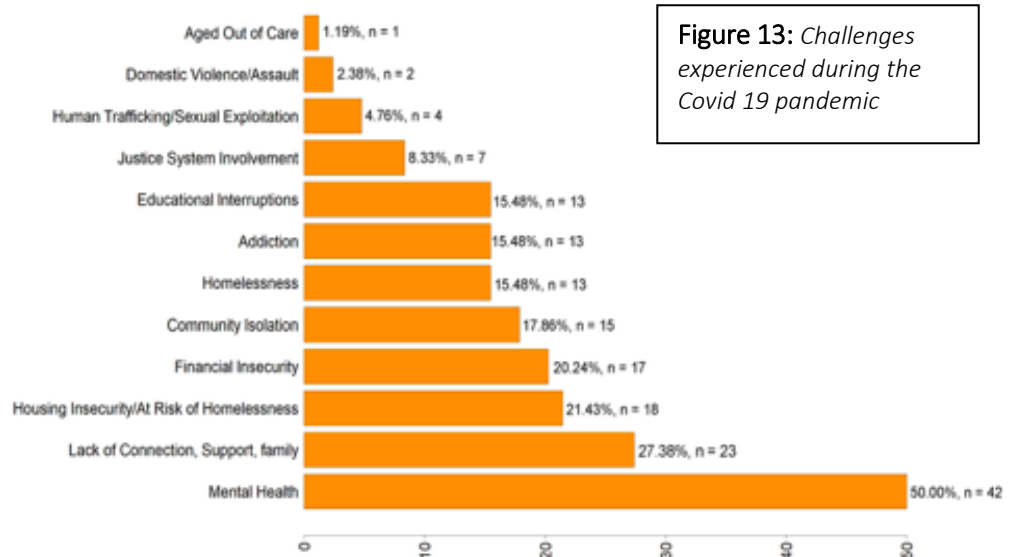


Figure 13: Challenges experienced during the Covid 19 pandemic

Table 7. *Challenges experienced during the COVID-19 pandemic, and the supports the participants said they needed to overcome the challenges*

	Frequency (Percentages)
Challenges experienced during the COVID-19 pandemic (n = 84) – survey 3	
Mental Health (Depression, Anxiety)	42 (50.00%)
Lack of Connection, Support, family	23 (27.38%)
Addiction	13 (15.48%)
Homelessness	13 (15.48%)
Housing Insecurity/ At risk of homelessness	18 (21.43%)
Justice System Involvement (tickets, jail time, etc.)	7 (8.33%)
Community Isolation*	15 (17.86%)
Human Trafficking/Sexual Exploitation	4 (4.76%)
Domestic Violence/Assault	2 (2.38%)
Financial Insecurity	17 (20.24%)
Educational Interruptions	13 (15.48%)
Aged Out of Care	1 (1.19%)
Types of support needed during the COVID-19 pandemic	
Mental Health	39 (46.43%)
Financial	25 (29.76%)
Housing	30 (35.71%)
Educational	23 (27.38%)
Anti -Domestic Violence/ Assault	3 (5.95%)
Anti- Human Trafficking and sexual exploitation	4 (4.76%)
Connection to Community/ Support from Community	14 (16.67%)
Connection to family, support system	11 (13.10%)
Addiction Supports	1 (1.19%)
Not to age out of care**	3 (3.57%)
Improved health and safety precautions in foster/group home	2 (2.38%)
Support from social worker	9 (10.71%)

* *lack of access to community networks/activities*

***Including continued support from child welfare agency and or provincial government*

HOMELESSNESS, SOCIAL ASSISTANCE

The majority (89 percent, n = 95) of the 107 survey participants (across all surveys) reported having experienced homelessness.

We collected additional information related to forms of homelessness, age at a time of homelessness, housing-related support and reasons for becoming homeless from Survey 3 (n = 84).

The results from Survey 3 show that 90 percent (n = 76) of the 84 participants experienced homelessness, a slightly higher estimate compared to that obtained using data from all three surveys. The reason for this may be the descriptions of different forms of homelessness provided in Survey 3, including provisional accommodation and at risk of experiencing homeless.

Table 8. *Experiences of homelessness and housing insecurity, and whether or not participants received housing support*

Of the 76 individuals in Survey 3 who experienced homelessness, a significant percentage (33 percent, n = 25) experienced unsheltered homelessness, while a larger number (42 percent, n = 32) experienced sheltered homelessness.

It is important to highlight that participants indicated they were in and out of the child welfare system and have lived in multiple foster and group homes (Figure 14). Some of these individuals experienced different forms of homelessness while living in the system, and hence the percentages across the different forms of homelessness add up to more than 100 percent.

Homeless and Housing Support	Frequency (Percentage)
Experienced Homelessness (n = 107)	
Yes	95 (88.79%)
No	12 (11.21%)
Forms of Homelessness (n = 76)	
Unsheltered	25 (32.89%)
Emergency Sheltered	32 (42.11%)
Provisionally Accommodated	36 (47.37%)
At a risk of homelessness	29 (38.16%)
Age Categories (n = 76)	
0 – 5 years	3 (3.95%)
6 – 10 years	7 (9.21%)
11 – 15 years	26 (34.21%)
16 – 20 years	26 (34.21%)
21 – 25 years	10 (13.16%)
26 – 29 years	1 (1.32%)
Duration of Homelessness (n = 76)	
1 - 3 weeks	28 (36.84%)
1 - 3 months	25 (32.89%)
3 - 6 months	8 (10.53%)
6 months to a year	3 (3.95%)
1 - 3 years	5 (6.58%)
3 - 5 years	5 (6.58%)
5 -10 years	0 (0.00%)
10+ years	1 (1.32%)
Financial Support for Housing (n = 107)	
Yes	97 (90.65%)
No	10 (9.35%)
Types of Support (n = 97)	
Subsidized housing	7 (7.22%)
Extended Service/Financial Support Agreements with CWA*	7 (7.22%)
Partial rent subsidy	7 (7.22%)
Full rent subsidy	9 (9.28%)

In Survey 3, we also asked participants how old they were when they experienced homelessness. The results show the majority were homeless between the ages of 11-20 years (68.42%, n = 62). The median age group at which participants experienced homelessness was 11 -15 years. We summarize the distribution and duration of homelessness across the different age categories in Table 8 and Figure 14. The various reasons people experienced homelessness are summarized in Figure 15.

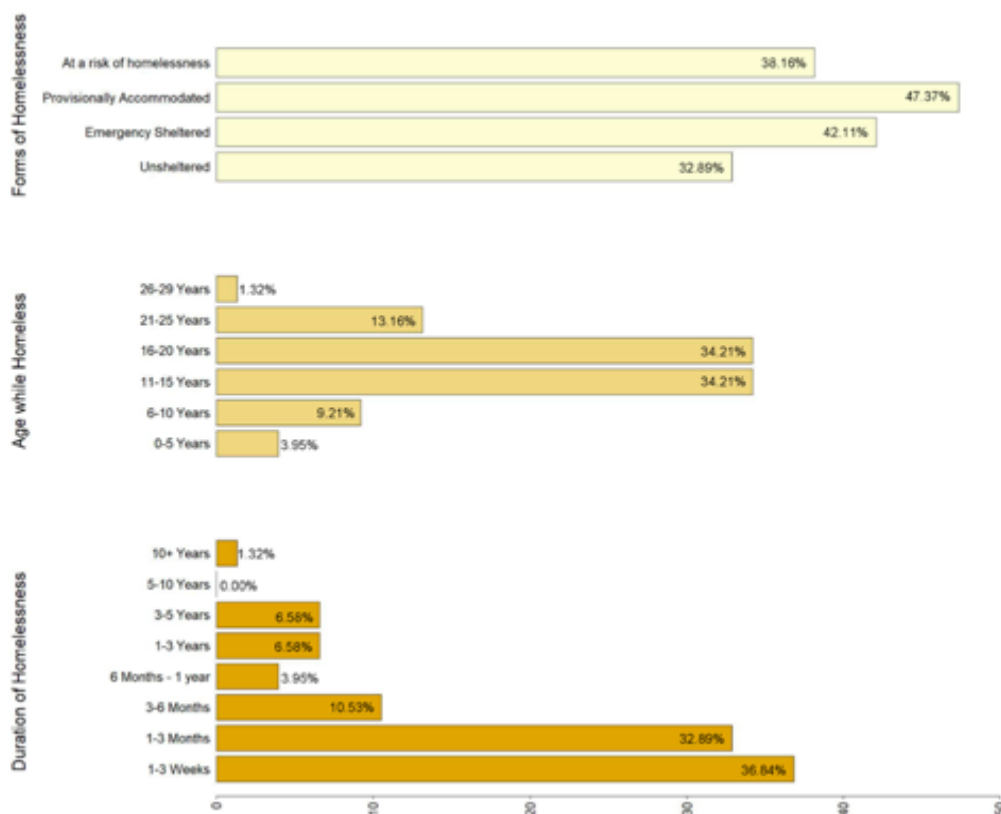
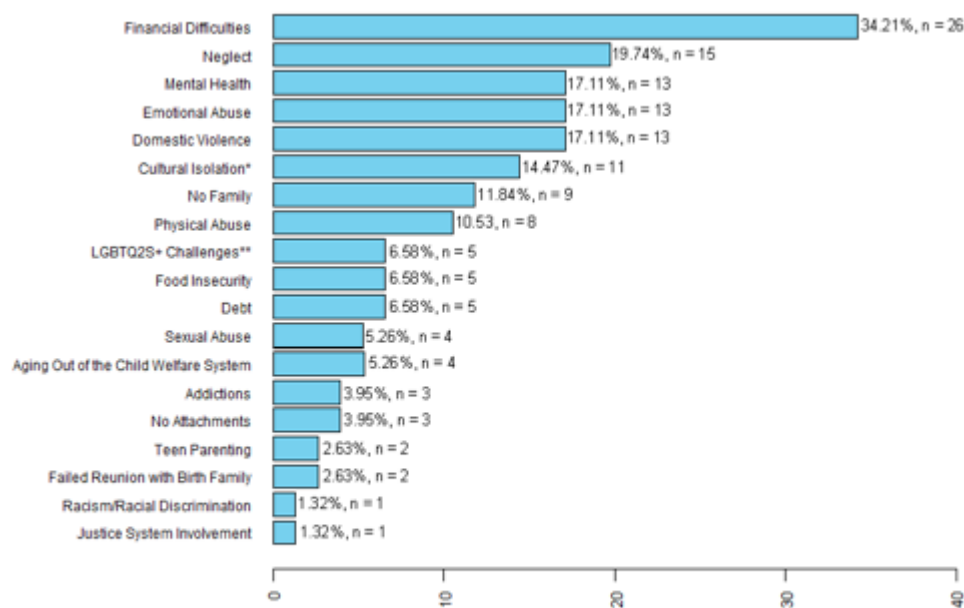


Figure 14. Forms of homelessness participants experienced, age at which they were homeless, and the duration of homelessness. Data from 76 individuals (in Survey 3), who reported they have experienced homelessness

As can be seen in Figure 15 below, the leading causes of homelessness for participants of this study were financial difficulties, neglect and mental health challenges, domestic violence and emotional abuse. These challenges could be in their family or foster/group homes given the age range, or in their own homes after aging out.

Participants also reported cultural isolation and lack of connection to the community as major reasons for homelessness. Racism/racial discrimination and justice system involvement are the least common reasons for homelessness with only 1 percent (n = 1) of participants reporting them as their reason for being homeless (Figure 15).



*Lack of Connection to Community

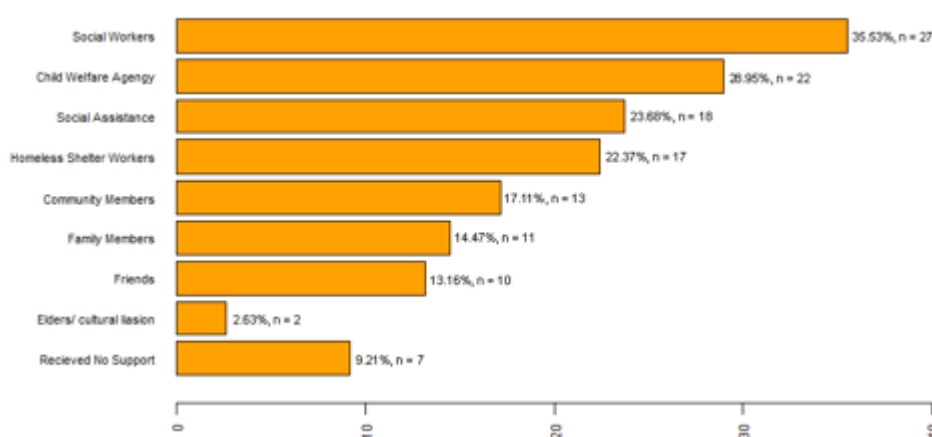
**Eg. Homophobia, Heteronormativity

Figure 15. Reasons for homelessness and housing instability. The denominator for calculating percentages is 76, which is the number of participants who experienced homelessness.

Participants in Survey 3 who had experienced homelessness were asked if they had access to support and services that helped them exit homelessness. The results show the majority (91 percent, $n = 69$ out of the 76 who experienced homelessness) said they received support, primarily from social workers (36 percent, $n = 27$), followed by child welfare agencies (28.95 percent, $n = 22$). Other sources of support for exiting homelessness included social assistance, homeless shelter workers and community members (Figure 16). Family members and friends provided support to the homeless least often, although a considerable percentage of participants still received support from their families and friends.

Figure 16. Source of support to exit homelessness

When asked about what programs, services and/or policies might have helped them to get out of homelessness and what might have prevented them from being homeless in the first place, participants provided several recommendations (Further data found in recommendations, Table 17).



Several of the study participants indicated child welfare employees and foster parents should be vetted more thoroughly, suggesting that negative experiences in foster and group homes are one of the main reasons homelessness. Some respondents specifically indicated that abuse they faced in group homes was what drove them into homelessness. They recommended getting rid of group

homes completely. The same individuals indicated relatively better experiences in foster homes. Several recommended programs to help establish connections with families and communities.

Social Assistance and Housing

About ~~two--thirds~~ (64 percent, $n = 54$) of the 84 participants in Survey 3 said they live in social housing, including a little more than half (54 percent, $n = 22$) of the 41 people who said they have already aged out. We also gathered additional information related to how long the participants lived in social housing. However, only 42 out of the 54 individuals provided data. These results are summarized in Table 9.

As we can see from Table 9, the majority (71 percent, $n = 30$) of the participants for whom data was available lived less than a year in social housing. A considerable percentage (24 percent, $n = 10$) lived in social housing from one to three years. Slightly fewer individuals ($n = 39$) provided data on the cost of living in subsidized/social housing. The average rent paid for social housing was \$439 ($SD = 315.85$). The median cost for housing was \$400 (IQR: [240, 500]), indicating that 75 percent of those living in social housing paid a maximum of \$500, 50 percent paid a maximum of \$400 and 25 percent paid a maximum of \$240. This data highlights the dependence and need for housing stability and support after aging out of the child welfare system.

Some individuals provided additional open-ended responses concerning housing programs, policies, or supports they think should be available. Subsidies, better housing environments, quieter and more peaceful housing environments and safer housing environments were the suggestions most respondents made. Some individuals suggested subsidies should be locally adjusted and some indicated that support in terms of life skills to help them leave social housing would be helpful.

Table 9: Social Housing	Frequency (Percentage)
Living in social housing ($n = 84$)	
Yes	54 (64.29%)
No	30 (35.71%)
Length of stay in social housing ($n = 42$)*	2 (4.76%)
1 - 3 weeks	6 (14.29%)
1 - 3 months	11 (26.19%)
3 - 6 months	11 (26.19%)
6 months - 1 year	10 (23.81%)
1 - 3 years	2 (4.76%)
3 - 5 years	400 (240, 500)
Cost of subsidized housing: median (IQR)**	

INTERGENERATIONAL TRAUMA, CYCLE OF CARE

The majority (**66 percent** n = 71) of the participants reported either they or a birth family member experienced trauma as a child and/or youth. The trauma they experienced included physical, sexual, emotional abuse, neglect, and/or witnessing domestic violence as a child and/or youth.

A considerable percentage (**23 percent**, n = 25) of the participants reported being victims of human trafficking. An even higher percentage (25 percent, n = 27) were victims of childhood sexual abuse.

Approximately (**37 percent**, n=31) of participants were victims of sexual assault. Their victimization is significantly higher when compared to data collected by Statistics Canada's on the percentage of Canadian women who have been victims of sexual assault. They report that 30 percent of all Canadian women 15 years of age or older have been victims of sexual assault. Many victims primarily identify as Indigenous (55% Indigenous vs. 38% non-indigenous).³⁰

We collected additional data related to sexual assault and intergenerational trauma in Survey 3. We provide the results in Table 10.

Some participants said they received professional support in the form of counselling and therapy, and support from social workers and the child welfare system, family members, friends, volunteers and community workers. Several of the participants also said they have not healed yet and they are still in the process of overcoming the trauma they experienced and associated mental health challenges. Participants were asked to provide recommendations as to what services, resources, and programs they think would help individuals who are victims of human trafficking and childhood sexual assault. These responses are summarized in the recommendations section, Table 15.

Table 10. *Personal victimization and trauma, and access to resources to support healthy development*

	Frequency (Percentage)
Personal Victimization	
Experienced human trafficking (n = 107)	
Yes	25 (23.36%)
No	80 (74.75%)
Victim of Child Sexual Abuse (n = 107)	
Yes	27 (25.23%)
No	78 (72.90%)
Victim of Sexual Assault (n = 84, survey 3 only)	
Yes	31 (36.90%)
No	51 (60.71%)
Intergenerational Trauma	
Experienced Trauma* (n = 107)	
Yes	71 (66.36%)
No	34 (31.78%)
Parental Trauma** (n = 84, survey 3 only)	
Yes	69 (82.14%)
No	15 (17.86%)

Access to resources for healthy development	
Access to resources (n = 84, survey 3 only)	
Yes	47 (55.95%)
No	37 (44.05%)

*** Participants or a family member from their birth family experienced physical, sexual, or emotional abuse, and/or neglect, or witnessed domestic violence as a child and/or youth*

*** Parents, grandparents, or family members (who raised you before care) experienced trauma while growing up*

*** Participants or a family member from their birth family experienced physical, sexual, or emotional abuse, and/or neglect, or witnessed domestic violence as a child and/or youth*

*** Parents, grandparents, or family members (who raised you before care) experienced trauma while growing up*

A vast majority (**82 percent**, n = 69) of the 84 participants (in Survey 3) were victims of intergenerational trauma. In addition to their own experience of trauma, they also came from a family where their parents, grandparents, or other family members experienced trauma as a child or youth (Table 10). We summarize the data with respect to the specific type of intergenerational trauma their parents and grandparents experienced in Figure 17.

The results in Figure 17 show that the cycle of domestic violence, poverty, physical, sexual and emotional violence existed intergenerationally within the families of the survey participants, leading them to enter the child welfare system.

The results presented earlier show the socio-economic burden, abuse, and trauma that continues to exist in participants' lives while living in and after aging out of the child welfare system.

A little more than 50 percent (n = 47 out of 84) of participants reported having access to support for healthy development. Some of the support they received included financial support (education savings, support for groceries) as well as access to training sessions or classes. Some of the training they said they (and their family) received included classes on healthy living (healthy diets, developing healthy living plans, fitness), after school tutoring, and parenting classes. Only one individual mentioned they received therapy within this category.

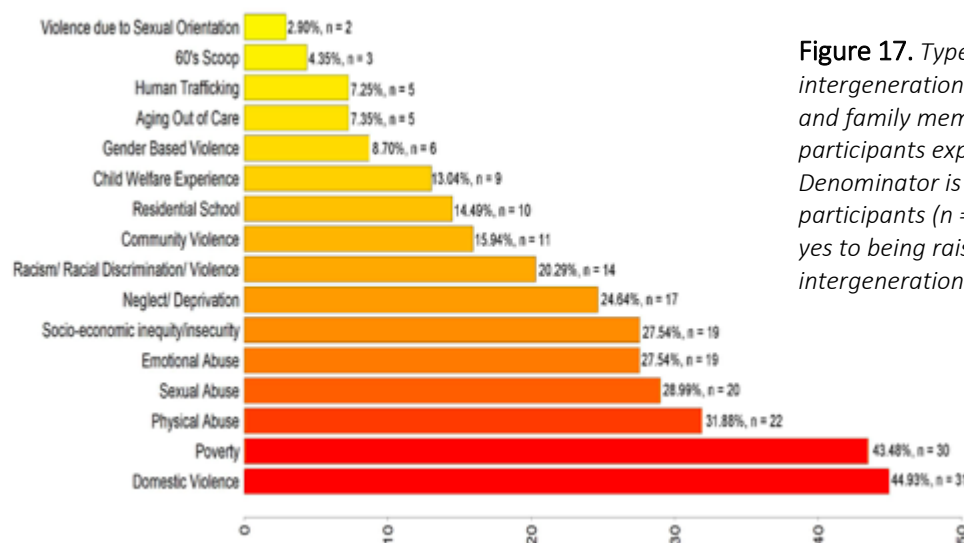
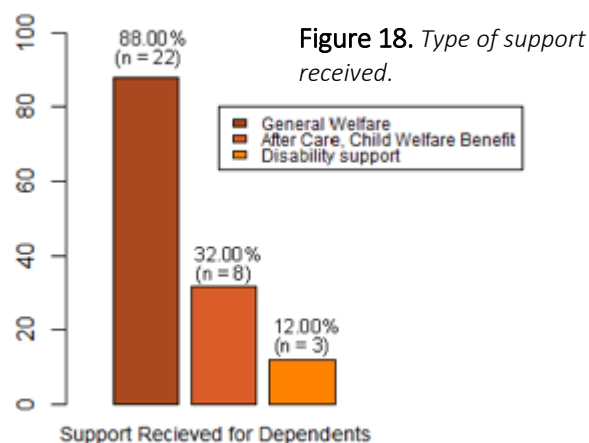


Figure 17. Types of intergenerational trauma parents and family members of the survey participants experienced. Denominator is the number of participants (n = 69) who answered yes to being raised in a family with intergenerational trauma.

Parenting and Cycle of Care

We collected information about parenting and the cycle of care in the child welfare system in Survey 3; 84 participants were asked whether they care for dependents. Almost one-third of the participants (32 percent, $n = 27$) answered “Yes” to being a parent and/or having dependents in their care. Of these 27 participants, the majority (70 percent, $n = 19$) said they gave birth while in the child welfare system, while 51 percent ($n = 14$) said they gave birth after aging out of the welfare system. A significant percentage (41 percent, $n = 11$) said they gave birth both while in the welfare system and after aging out of the welfare system.

Almost all (93 percent, $n = 25$) of the 27 participants with dependents said they received support. The majority of the support (88 percent, $n = 22$) was in the form of general social assistance (income support), followed by aftercare child welfare benefit (Figure 18). A considerable percentage (28 percent, $n = 7$) received both social assistance and child welfare benefits. Only a small percentage received disability support for their dependents. In terms of programs, policies, and services that provided support or assistance related to parenting, the participants mentioned their provincial social welfare system, child welfare programs and the compulsory education policy. Participants cited the Canada Child Benefit as well as provincial social assistance programs, and provincial and local non-governmental organizations.



INTERACTION WITH THE JUSTICE SYSTEM

A large majority of the participants (80 percent, $n = 86$) said they have interacted or were involved with the justice system. We gathered more detailed data in terms of the types of interaction and duration of involvement with the justice system in additional questionnaire items included in Survey 3 ($n = 84$). We present summaries in Table 11 below. Among the 84 participants in survey 3, 79 percent ($n = 66$) said they had interacted with the justice system, which is an estimate very close to the overall estimate of 80 percent, indicating generalizability of the results from Survey 3 in terms of type of interaction and duration.

The results show 89 percent ($n = 59$) of the 66 individuals provided specific types of interaction, where a total of 89 interactions were reported from the 59 individuals (Table 11). There were seven respondents missing data, where participants answered “Yes” to involvement with the justice system, but did not provide specifics about the type of involvement or interaction they had.

Of the 66 who reported justice system involvement, a significant percentage of the participants said their interactions were limited to community service (41 percent, $n = 27$) and fines (38 percent, $n = 25$). The percentage of participants who were detained in youth facilities, spent time in adult jails or were arrested was significant, however: 27 percent, ($n = 10$). About 15 percent of the participants said they were victims of physical and/or sexual abuse, and their involvement with the justice system was related to the prosecution of perpetrators.

The participants’ interaction with the justice system varied significantly in duration. A significant percentage (42 percent, $n = 28$) reported being involved with the justice system for less than six months.

Table 11. *Justice system involvement or interaction*

	Frequency (Percentage)
Justice System Interaction	
Interaction with the Justice System ($n = 107$)	
Yes	86 (80.37%)
No	21 (19.63%)
Interaction with Justice System* ($n = 84$)	
Yes	66 (78.57%)
No	18 (21.43%)
Types of Interaction ($n = 66$)	
Paid a fine	25 (37.88%)
Spent time in a youth detention facility	9 (13.64%)
Spent time in an 'adult' jail	6 (9.09%)
Been arrested	9 (13.64%)
Been a victim of sexual, or physical abuse**	10 (15.15%)
Received community volunteer time	27 (40.91%)
Spent time in a mental health facility	3 (4.55%)

Duration of Interaction (n = 66)	
1-3 weeks	13 (19.70%)
3-6 months	9 (13.64%)
1-3 years	6 (9.09%)
3-5 years	9 (13.64%)
5-10 years	5 (7.58%)

** Estimate using data from the Survey 3 only ** of which the perpetrator was prosecuted ***court ordered*

However, a considerable percentage (21 percent, n = 14) also reported being involved with the justice system for more than a year, with 8 percent (n = 5) reporting more than three years' involvement. (Table 11). One individual described their interaction resulting in "no punishment." One individual reported a one-day duration, one indicated on- and off-again involvement with the justice system as a child, and another simply said "short duration". These were not included in the 13 participants who reported their interaction as 1-3 weeks.

In an open-text format, some of the participants provided additional responses regarding their experience with the justice system. Some of the descriptions of the justice system include unjust, unfair, awful and bad. Participants also mentioned they need a better understanding of certain processes in the system and that the young need education about the legal system. Some of them mentioned they were arrested for stealing food, being intoxicated, selling marijuana and running away from a group home. Some mentioned they were racially profiled, treated differently by police and one mentioned they were wrongly accused because of racial profiling.

When asked if their child welfare experience played a factor in their experience with the justice system, a considerable number answered "Yes." One participant indicated they were starved (since the group home didn't feed her well and that led to stealing food. Another participant (who was arrested for selling marijuana) mentioned that if the system cared for them as it was supposed to do, they would have had a better shot at life. Some said living in the system caused them to receive more unfair treatment and discrimination. Others indicated that trauma, low self-esteem, not being able to cope with anger and some of the policies while in care led directly or indirectly to their encounter and experience with the justice system.

One of the participants, who is a victim of domestic violence, mentioned they were removed from a Children's Aid Society (which the participant said is due to the policy at that time) and left in society on their own, with no housing and no legal way to receive access to welfare/funding. They said they were arrested on a minor offence. Another said their child welfare agency "kicked me out, if they cared for me, I would have had a chance at life."

One participant mentioned that living in a group home filled with violence led them to the circumstances that led to interaction with the justice system. Another participant simply said living in the system placed them in the wrong place at the wrong time, which led to them interacting with the justice system.

One of the most profound responses, which can perhaps sum up the participants' experience from the perspective of race, living in the system and justice system interaction, was the following:

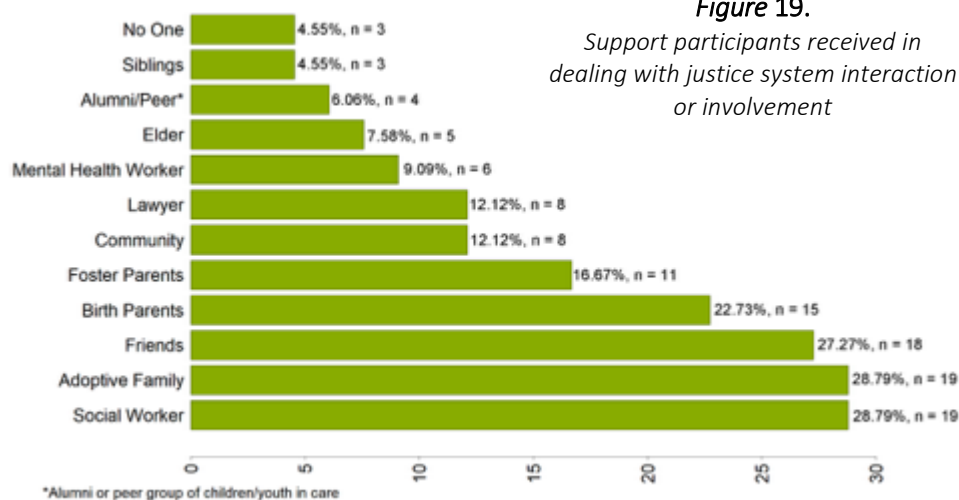
"Yes, they assume because you are a young black person you are trouble or that I don't care about my life because I was living in a group home."

Another response from a participant who disclosed that they were a victim of rape was simple: ““The social worker should have taken me out of my home.”

A few participants said their experience with the justice system was good. One participant said they got to stay in their own room, and they did not have to see anyone (except the prosecutor and the judge). Another one said staff at the child welfare system supported them during the legal process.

Participants were asked if they received support during the time they were involved with the justice system, and if so, who provided that support. The majority (95 percent, $n = 63$) responded they received support, while 5 percent ($n = 3$) reported that no one helped them. Most of the support came from adoptive family, social workers and friends (Figure 19). Other sources of significant support included birth and/or foster parents.

The results also show the participants received the least amount of support from lawyers. It is important to note our limitation when trying to determine where the adoptive support came from, as many who aged out do not have permanency. This form of support may be from a sibling's adoptive family or their 'chosen' family.



In terms of policies, programs and services, some participants said they benefitted from the national/provincial compensation system, anti-human trafficking resources, diversion program for victim services and job fairs. Some participants also said they received mental health support and counselling, housing support and social assistance, including financial support. Participants named national and local non-governmental organizations, as well as provincial services.

EDUCATION, EMPLOYMENT AND FINANCIAL SECURITY

We provide an overall summary of the results from the education, employment and income data, and corresponding interpretations in the context of Statistics Canada employment and salary estimates for women. We also provide results from regression and association analyses on education, employment and income data, where statistical models are used to identify potential factors associated with level of education, employment (or lack thereof) and income insecurities. We also discuss barriers and facilitators related to education, finding a job and economic security.

Level of Education

The education status of survey participants is somewhat heterogeneous, where a considerable percentage **23 percent** (n = 25) had at least some university level education, **17 percent** had some college level education, **34 percent** (n=36) had high school education and **15 percent** (n = 16) had vocational or apprenticeship training. Distribution of participants with respect to more specific categories of education levels is provided in Table 12 below. Six individuals did not provide data related to their level of education. Table 12 also indicates the type of financial supports participants received for education as well as the barriers that might have affected their ability to pursue their education.

Table 12. *Education level, support received and potential barriers to achieving education goals*

	Frequency (percentage)
Education Level (n = 107)	
Level of Education	
Middle School	4 (3.74%)
High-School	36 (33.64%)
Non-formal Education	1 (0.93%)
Vocational Training	9 (8.41%)
Apprenticeship	7 (6.54%)
College	18 (16.82%)
University	25 (23.36%)
Other	1 (0.93%)
Support Received for Education (n = 107)	
Financial Support Received	
Yes	92 (85.98%)
No	15 (14.02%)
Type of Financial Support Received	
Full tuition	31 (28.97%)
Partial tuition	45 (42.06%)
Books	32 (29.91%)
Tutors	14 (13.08%)
Computer	23 (21.50%)
Transportation	13 (12.15%)
Child Care	12 (11.21%)
Extra-Curricular Activities (clubs, special events)	19 (17.76%)

Special clothing, equipment	16 (14.95%)
Barriers to Education Goals (n = 107)	
Mental Health	73 (68.22%)
Addictions	14 (13.08%)
Housing Instability	35 (32.71%)
Homelessness	16 (14.95%)
Parenting/Dependents (ie. Caring for a child, sibling, family member)	11 (10.28%)
Tuition Costs	30 (28.04%)
Justice System Involvement	4 (3.74%)
Human Trafficking	3 (2.80%)
Domestic Violence	9 (8.41%)
Child Sexual Exploitation	3 (2.80%)
No Emotional Support/Guidance	25 (23.36%)
Isolation	14 (13.08%)
No Life Skills*	15 (14.02%)
Difficulty Securing Bursaries or Scholarships	14 (13.08%)
Difficulties Acquiring a Loan and/or Student Line of Credit	9 (8.41%)
Employment (full time and/or part time)	16 (14.95%)
Extra-curriculars	6 (5.61%)
Friendships and/or Peer Groups	8 (7.48%)
Debt	10 (9.35%)
Bullying	8 (7.48%)
Invisible and/or Visible Disabilities	13 (12.15%)
Gender Identity	7 (6.54%)
Sexual orientation/identity	5 (4.67%)
Racism	5 (4.67%)

It is important to note that when we compare young women+ aging out to young women between 25 to 34 years old in the general population, Statistics Canada reports that 45% of young women in the general population have a Bachelor's degree of higher. Our young people are facing major barriers to their education.³¹

The major barrier to education was mental health, affecting the majority (68 percent, n = 75) of the survey participants. The second-most common barrier was housing instability, affecting 32 percent (n = 35) of the participants. Tuition costs affected 27 percent (n = 30). Lack of emotional support was a barrier for 23 percent (n = 25) of the participants in achieving their educational goals. Other major barriers affecting more than 10 percent of the participants were homelessness, addictions, isolation, disability, lack of life skills, and employment.

When we asked young women+ if they received support for their education (presented in Table 13), participants said they received government support. Some also stated (in an open-text response) that they received support in the form of bursaries and scholarships from their schools, universities, and other non-government organizations. A significant percentage of study participants said they received education-related support from Advancing Futures, for example, an Alberta program.

Participants also received education-related support from a variety of national and local non-governmental organizations, as well as local and provincial programs. Many of the participants said they benefited from the education saving program. Some of the support participants said they also received extended services support from their local child welfare agency. A significant percentage of Ontario participants said they received support from the Ontario Student Assistance Program; this is perhaps included in Table 13. One participant noted Ontario used to provide educational grants to former youth in care through the Ontario Student Assistance Program, but the current provincial government has placed age restrictions on it.

	Frequency (Percentage)
Living in social housing (n = 84)	
Yes	54 (64.29%)
No	30 (35.71%)
Length of stay in social housing (n = 42)*	
1 - 3 weeks	2 (4.76%)
1 - 3 months	6 (14.29%)
3 - 6 months	11 (26.19%)
6 months - 1 year	11 (26.19%)
1 - 3 years	10 (23.81%)
3 - 5 years	2 (4.76%)
Cost of subsidized housing: median (IQR)**	400 (240, 500)

* only 42 individuals provided data on length of stay

**only 39 individuals provided data on rent

Table 13: Participants living in social or subsidized housing

As we can see from Table 13, the majority (71.43 percent, n = 30) of the participants for whom data was available lived less than a year in social housing. A considerable percentage (23.81 percent, n = 10) lived in social housing from one to three years. Slightly fewer individuals (n = 39) provided data on the cost of living in subsidized/social housing. The results show the minimum cost/rent being \$30 per month and maximum cost \$1200 per month. The average rent paid for social housing was \$439.4 (SD= 315.85). The median cost for housing was \$400 (IQR: [240, 500]), indicating that 75 percent of those living in social housing paid a maximum of \$500, 50 percent paid a maximum of \$400 and 25 percent paid maximum of \$240.

Employment and Income

Overall, using data from the three surveys consisting of 107 participants, the percentage of individuals who are employed was 66 percent ($n = 71$), which corresponds to an unemployment rate of 34 percent. This is a high unemployment rate, given national unemployment statistics (5.3 percent in 2019 and 9.4 percent in 2020), especially considering it affected almost all of the participants (96 percent). More than half (54 percent) of our participants were older than 25. The unemployment rate in Canada for women older than 25 was 4.6 percent in 2019 and 7.8 percent in 2020.³²

Survey 3 ($n = 84$) was conducted during the COVID-19 pandemic. Further responses suggest some of the participants might have lost their jobs due to the pandemic. Survey 3 also included questions inquiring about their employment status before the pandemic. The results show 86 percent ($n = 72$) of the 84 individuals who responded were employed before the pandemic, compared to 69 percent ($n = 58$) employed during the pandemic (at the time the survey was conducted). An unemployment rate of 14.29 percent is still more than twice as high compared to the pre-pandemic estimate for Canadian women. Delving into the data further reveals that 20 percent ($n = 18$) of respondents lost their job due to the pandemic, while four individuals who were not employed before the pandemic reported they were employed at the time of the survey.

Almost three-quarters (73 percent, $n = 78$) of the 107 participants said they had challenges finding jobs. (Table 14). Almost two-thirds of the participants (65 percent ($n = 70$)) accessed employment assistance programs and policies. Access to the programs and policies were slightly higher for those who were employed (66 percent, $n = 47$ of 71) than those who were unemployed (64 percent, $n = 23$ of 36). After adjusting for the impact of the COVID-19 pandemic, the results show the gap in access to employment assistance is higher, where 68 percent of those who are employed had access compared to 50 percent access for the unemployed.

Additional data we gathered in the latest Survey 3 shows 39 percent ($n = 33$ of 84) of participants accessed employment assistance programs and policies while living in the child welfare system, while 45 percent ($n = 19$) of the 42 who had already aged out accessed the programs (Table 14). Overall, the majority (83 percent, $n = 70$) of participants said they had access to programs either while living in the system or after aging out. Only two (2 percent) individuals said they accessed the programs both while living in the system and after aging out.

Student participants earned less money than their peers, based on a comparison of Statistics Canada data. The percentage of participants with lower income is much higher compared to the Statistics Canada estimates (Figure 20). For instance, the results from our analysis show **30 percent of participants earned less than \$10,000, compared to 22 percent of their peers**, according to Statistics Canada.³³

Similarly, the percentage of participants in higher-income brackets are much lower than Statistics Canada estimates for women in Canada. For instance, **only 9 percent of participants earned more than \$60,000, compared to 22 percent of their peers**, according to Statistics Canada. The percentage of **participants who earned \$80,000 is 0.93 percent, compared to 11.3 percent of their peers**, according to Statistics Canada.³⁴

Figure 20. Income distribution for the study participants compared to the estimate for Canadian women obtained from Statistics Canada (Statistics Canada).

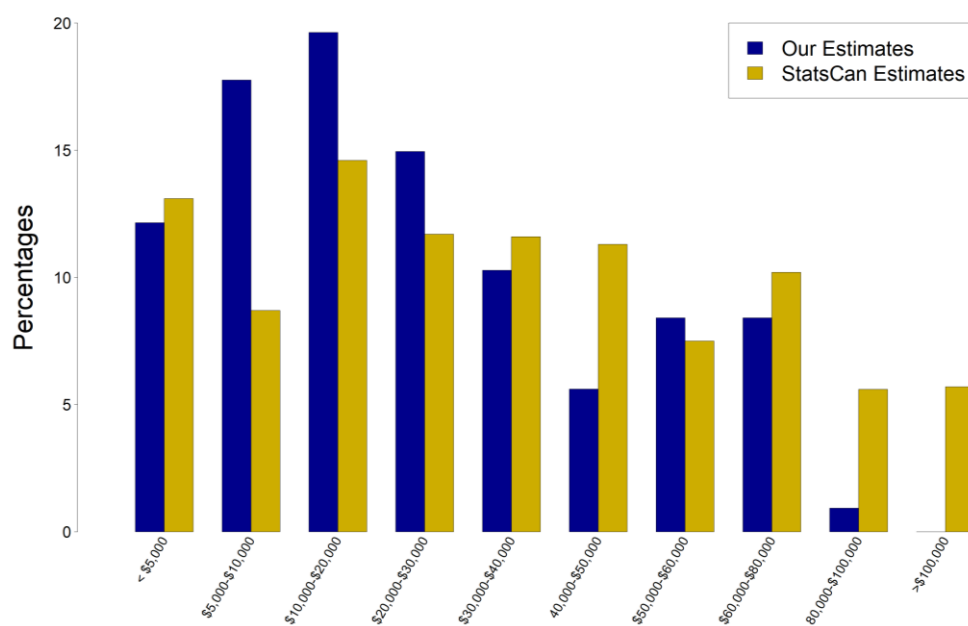


Table 14. Employment and Income Summary Statistics	Frequency (Percentage)
Employment Summary	
Employed (n = 107)	
Yes	71 (66.36%)
No	36 (33.64%)
Employed Before COVID-19 Pandemic (n = 84)	
Yes	85.71%
No	14.29%
Challenges in Finding Employment (n = 107)	
Yes	78 (72.90%)
No	29 (27.10%)
Accessed Employment Assistance Programs (n = 107)	
Yes	70 (65.42%)
No	37 (34.60%)
Access while in child welfare system (n = 84)	
Yes	33 (39.29%)
No	51 (60.71%)
Access after aging out (n = 42*)	
Yes	19 (45.24%)
No	22 (52.38%)
Income Summary	

\$0-\$5,000	13 (12.15)
\$5,000-\$10,000	19 (17.76)
\$10,000-\$15,000	7 (6.54)
\$15,000-\$20,000	14 (13.08)
\$20,000-\$30,000	16 (14.95)
\$30,000-\$40,000	11 (10.28)
\$40,000-\$50,000	6 (5.61)
\$50,000-\$60,000	9 (8.41)
\$60,000-\$70,000	7 (6.54)
\$70,000-\$80,000	2 (1.87)
\$80,000-\$90,000	1 (0.93)

* 42 individuals said they have already aged out, hence the denominator in calculating the percentages is adjusted accordingly

The median income bracket is half as much as their peers, with study participants **making \$15,000-\$20,000 per year when compared to \$30,000-\$40,000 for Canadian women**, according to a 2019 estimate from Statistics Canada.³⁵ This indicates that **50 percent of our participants earned less than \$20,000 per year, while 50 percent of Canadian women earned less than \$40,000 in 2019**. In the subsequent subsections, we will evaluate some of the potential factors associated with higher percentages of unemployment and lower earnings that eventually lead to economic insecurity for the study participants.

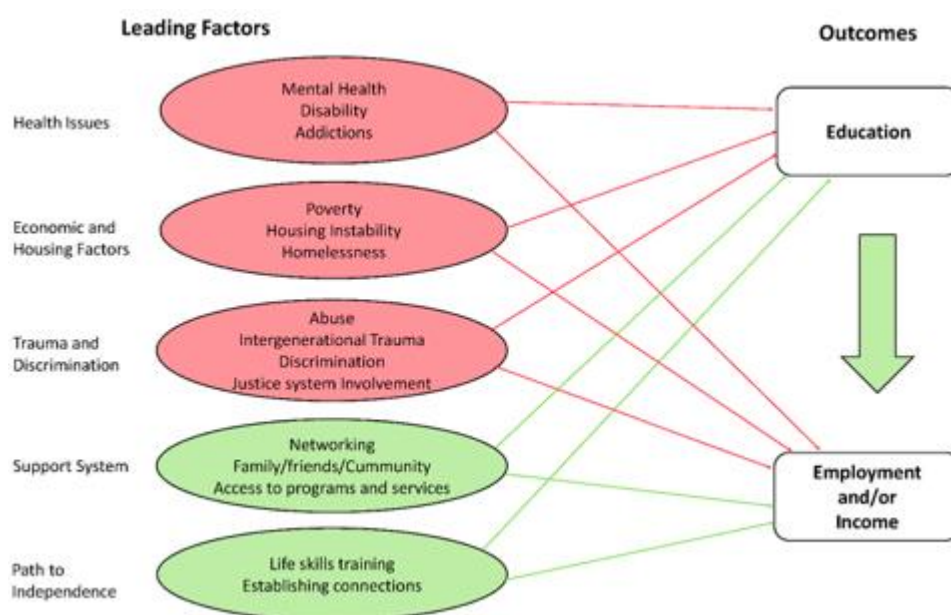
Potential Factors Associated with Education, Employment, and Income

Before we present the results from these association and regression analyses, we would like to note that employment status before COVID-19, when available, was considered in subsequent analyses. However, we also performed sensitivity analyses using employment status at the time of survey administration. We provide comparative interpretation.

Looking at the various factors and outcomes considered in our study, there are several multi-facilitated and intersectional factors potentially associated in general with successfully aging out, in particular with education, employment and income security. These factors can be broadly (and loosely) categorized into the various categories presented though a path diagram in Figure 21. Only the leading factors are presented in the Figure (in the interest of space and to simplify the Figure).

However, we analyzed all the factors available in our data set and the results are presented across the different sub-sections of the results section of this report. The factors included in Figure 21 were selected based on our mainly descriptive analysis thus far presented within each of the categories considered in the previous sections. We also used prior knowledge (evidence from literature) related to factors associated with education and economic security.

Figure 21. Conceptual path diagram showing the leading factors associated with level of education, employment status and/or income, where green shows factors with positive correlations (facilitators) and red represents factors with neagative correlations (barriers).



RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

"I had no one from whom I could seek advice, no one to lean on, nowhere that I could go to feel like I could unburden myself and just be me. I never had the opportunity to fail, because if I ever did, there would be no safety net."

Young women+ are aging out of the child welfare system into loneliness, poverty, and trauma – much the same as how they entered the system.

But this is a system that promised them a better life than the one they were living with their families of origin.

"They took me from my family because they want to give you a better life, but then what kind of life do, they really give you?" shared women young women+ who aged out.

Another young women+ told us they feels as if "the system sets you up to fail."

"You leave at 18, you're either going to be homeless or just completely struggling and so that sets you up for if you do have children, you are going to be having that exact same cycle, of just poverty, community, CAS (Children's Aid Society)."

Despite these experiences, many young women+ choose to give back. They fight to change a system they feel does not value them. All the young women+ involved in *Aging Out Without a Safety Net* project showed up, shared their stories, and their dreams for the future. We are proud to know and work alongside them.

Over and over, the young women+ asked for connection. They need someone to show them how to change a lightbulb when they moved into their first apartment. They want someone to call when they have something to celebrate.

They need to know how to do their laundry, find a recipe, or choose an outfit for a job interview.

They need someone to comfort them when they've been assaulted, as far too many of them are.

They want "someone(s) who will be there for not only the times that you need help ... for successes, happiness and joy as well. To recognize your value, contributions, and who you are as a person, someone(s) with whom you can be vulnerable and true."

These young women+ need at least one person in their lives all the time. The same person.

That's why one of our major recommendations is to connect each young women+ aging out of the child welfare system to people who care about their well-being, support them, make them feel safe and loved.

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Young women+ told us they wish someone would invite them home for the holidays. They want to be able to move back in with when juggling jobs and education got to be too much.

“I believe, personally, that a well-established, permanent, safe, secure, culturally appropriate and loving permanent connection is necessary for ongoing success and stability,” one young woman said.

“Transient and impermanent connections are good and have their place ...but having an unwavering person(s) who will be there to provide the support, love, nurture, understanding, give space to grow and learn for life, to have a touchstone, is necessary.”

For another young woman, it was as simple as having someone who would tell them about “adult stuff” after having lived in group homes for years.

“In some of my homes, I encountered abuse, so the transition was hard cause there was really no support after a certain point,” one participant told a focus group.

“Even though I did get some money and some program support, which I’m really grateful for, there is no relationship or emotional support. It was like floating in free space...It’s really hard to form an identity or feel comfortable or safe when you have nothing.”

The remaining recommendations in this report, from the young women+ directly, from child welfare stakeholders, and from the ACC, are grouped by topic: mental health, homelessness, intergenerational trauma, interaction with the justice system, substance use, and so on. We include promising practices or potential models where possible.

All these experiences overlap and connect.

They all stem from aging out of care without permanent connections.

Please read, listen, share, and work to put these recommendations in place. They deserve people who show up and care for them. It starts with you.

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

The following summary of recommendations comes from their completed surveys and includes quotes from young women+ who participated in our focus groups.

Transition to Adulthood

“At 18, [we’re] expected to figure out what we’re going to do for the rest of our lives, and then very quickly told that we’re not receiving any kind of support anymore. So, it’s like ‘Make this massive life-changing decision, best of luck to you, don’t mess it up and if you fail and you need more support, tough luck.’”

One young woman+ involved in *Aging Out Without a Safety Net* project said that they were unable to access extended care services because they had left the child welfare system early. As a result, they were now experiencing housing instability. As a young woman+ over 18, they were no longer qualified to receive support under a VYSA agreement. VYSA agreements in Ontario permit youth to voluntarily return into care, between the ages of 16 to 18, and access extended services.

The majority of participants indicated they needed more, and different, life skills training.

“It’s one thing to be given a list of phone numbers, but it’s another to be explained to which resources provide which resources. I think CAS needs to not drop us into a boiling pot of water and say ‘good luck’ because it’s more than ‘FLIP camp’ (the financial living independence program in Ottawa) can teach. We need to feel connected properly to resources and educated.”

Young women+ recommended the transition process start earlier, and include the following:

- Extensions on the age of transition or removals of the age limit currently set in each province/territory
- Financial support until the young women+ who have aged out are fully independent/able to support themselves;
- Transition support from social workers dedicated to transition work
- Better communication, so workers tell those aging out what to expect and what specific steps they need to take;
- Access to safe and stable housing, including placement on social housing registries;
- Connections to trauma-informed mental health support and resources;
- Financial assistance and help applying for post-secondary education;
- Employment training;
- Financial literacy;
- Tenant rights education;
- Greater access to sexual assault crisis centres and victims’ services;
- Access to nutritional counselling and healthy food;
- Bail support and other legal services;
- Training on human rights; and
- Healthy living supports.

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Participants also want someone to follow up with them after they age out & a mechanism put in place to do so.

“Neglect was the most prevalent emotion that I’ve felt post-aging out. If the social worker originally assigned to my case maintained a connection with me post-aging out, I would have had a much more positive experience as a teen,” said one young woman.

One of the young women’s+ main recommendations was for child welfare agencies to ensure they had supportive relationships, communities and mentors as they aged out of the child welfare system.

“In some of my homes, I encountered abuse, so the transition was hard ‘cause there was really no support after a certain point. Even though I did get some money and some program support, which I’m really grateful for, there is no relationship or emotional support. It was like floating in free space...It’s really hard to form an identity or feel comfortable or safe when you have nothing.”

Mentoring

Social workers, foster parents or group home workers were among the strongest connections young women+ had while in the child welfare system. For many, those connections disappeared when they aged out.

A third of young women+ believed a mentor or a life coach could help fill the gaps left by child welfare agencies (Figure 22). Ideally, this mentor would be someone who aged out themselves.

Partners for Youth in New Brunswick and Voices: Manitoba’s Youth in Care Network are among the programs young women+ named as giving them purpose and helping them feel supported and connected.

Loneliness, depression, anxiety and isolation resulted for 29 percent of the young women+ who did not receive help establishing connections during their transition to independence.

Figure 22 also lists additional connections participants would have liked before aging out.

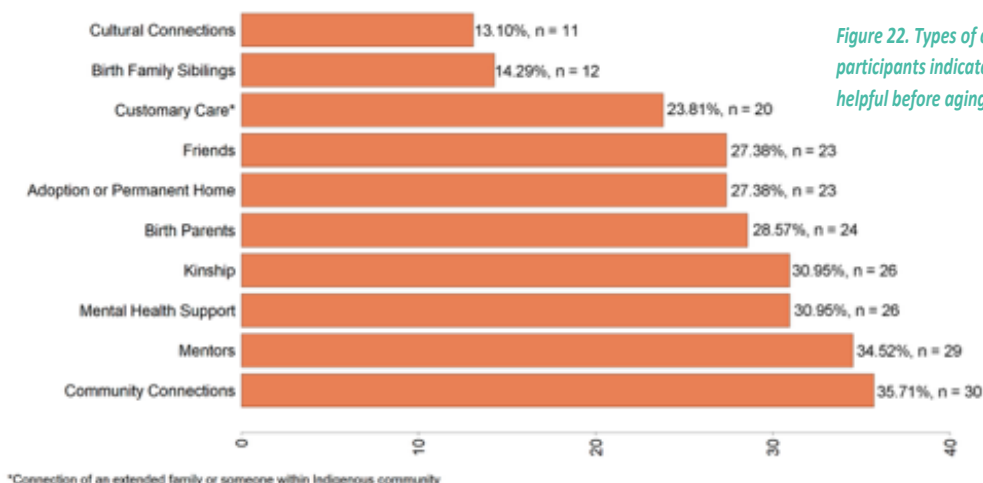


Figure 22. Types of connections participants indicated would have been helpful before aging out

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Intergenerational Trauma, Cycle of Care, Personal Victimization

Survivors of intergenerational trauma may pass patterns of behaviour to their children and grandchildren. That can result in generations of family contact with the child welfare system, if the trauma experienced is not healed. More than 82 percent of young women+ reported experiencing intergenerational trauma; 37 percent were sexually abused; 25 percent had experienced childhood exploitation, and 24 percent had experienced human trafficking. Sixty-six percent of the young women+ surveyed also reported that they experienced trauma as a child or youth.

As a result, young women+ recommended access to trauma-informed counselling and therapy for their parents, other family members and for themselves, including group therapy to help them feel less isolated and more connected. Those services should be affordable and accessible, combatting the discouragement long wait times engenders.

Young women+ also stated that if their biological or foster families had received mental health support, their caregivers might have been able to raise them in a better environment, or they might have stayed connected or reunited with family members in a healthy way after leaving care.

They also recommended more access to victim services and programs including sexual assault support centres and someone to talk to or lean on.

Young women+ had extensive recommendations concerning reforms to the justice system that would make them feel comfortable disclosing their experiences (Table 15).

Table 15. Other Recommendations related to personal victimization and trauma

- Psychological counselling and intense therapy
- Group therapy to make victims less isolated
- Easier access to counselling
- Victim programs and services
- Sexual assault support centres
- Dialectical Behavioral Therapy (DBT) programs for 18+ years
- Someone to talk to, lean on
- More opportunities for open and free communication (victims to feel less afraid)
- Laws to protect vulnerable groups
- Measures to protect children
- Justice system reform
- Bringing criminals to justice
- More convictions and harsher punishments
- Systems that encourage victims to come forward
- Stop victim blaming and shaming
- Education and awareness to recognize signs of abuse
- More government supports
- Safe, stable and comfortable housing
- Higher levels of social assistance
- Support for biological families
- Medical assistance
- Parental programs
- Employment opportunities/ support
- Healthy living trainings
- Nutritional supports
- Justice system bailout
- Rights-based education

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Justice System Involvement

80 percent of young women+ had interacted in some way with the justice system.

One of their recommendations was to improve health and safety precautions in group homes to prevent residents from experiencing further harm. They also recommended more preparation around setting healthy boundaries and protecting themselves from harm. Young women+ also needed support for additional medical expenses like therapy and prescriptions, and information about the law and the justice system.

Young women+ also would like to see changes to the legal system that consider culture and the experiences of children/youth in care.

One young woman+ would have liked social workers or police officers to be more comforting. They would have benefitted from a mentor who had overcome a similar experience, they said.

“A survivor of sexual abuse mentor would have been helpful, someone who can say it does get better and you deserve to live.”

“A survivor of sexual abuse mentor would have been helpful, someone who can say it does get better and you deserve to live.”

Substance Use

62 percent of young women+ reported living with substance use challenges and addictions.

Substances are often used as a means of coping with the traumatic experiences that took place before entering, during and after aging out of the child welfare system, especially when access to trauma and social justice informed counsellors is unavailable or unaffordable.

Young women+ experiencing substance use challenges suggested remedies including access to trauma-informed resources, support and rehabilitation, as well as connections to family, friends, and their community.

Table 16 details further recommendations from surveyed young women+.

Table 16. *Policy and program recommendations to support people living with addiction*

- Psychological/addiction counselling
- Drug counselling, including prevention activities to keep children away from drugs
- Employment opportunities and other activities
- Discussion groups and platforms for open discussions about addiction and mental health
- Accessibility to dieticians and general guidance on healthy living
- Connections and positive relationships with family and friends
- Integration within community
- Trauma-informed rehabilitation programs
- Access to mentors with lived experience
- Harm reduction programs
- Acknowledgement that addiction might be a rational choice given the trauma and marginalization youth experience

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Homelessness and Housing Instability

Given that 89 percent of young women+ experienced homelessness, affordable, safe housing was one of the top recommendation they made to improve their economic security. Their other recommendations included housing subsidies, transitional housing, more programming and support to access housing, and emergency funds and kits for times of crisis.

One young woman+ with experience in transitional housing indicated that all provinces should adopt the transitional housing program the WoodGreen social services agency provides in Toronto, Ontario.

Considering that a number of young women+ aging out are also simultaneously experiencing mental health challenges and bouts of homelessness, mental health support to cope with experiences and improved life skills training including money management (budgeting) were also recommended.

“I would've liked to [have been placed on] a subsidized housing registry and shown the basics like how to change a lightbulb. I feel completely stupid,” said another.

Young women+ repeated the word “safe” over and over in connection with housing and housing insecurity. These young women+ need a safe place to live, heal and thrive – before and after they age out of the child welfare system, so their economic instability does not drive them into homelessness.

Table 17 further illustrates recommendations from surveyed young women+.

Table 17. Participants' recommendations related to homelessness and housing

- Programs that enable connections with the community
- Financial support
- Emergency funds and emergency kits
- Social support
- Thorough background checks and vetting of employees and foster parents
- Assistance in searching for housing
- Remove the need for credit checks and co-signers
- Provide employment opportunities
- Provide psychological counselling and mental health support
- Provide on-going life skills training to help exist social housing
- More shelter (or short-term homes) for the homeless youth
- Public housing, affordable housing, transitional housing and housing subsidies for those aging out of care
- Quieter, peaceful and safe housing environments

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Mental Health

Young women+ offered two major recommendations to improve their mental health. The first involved their need for connections to peers, community, friends, mentors, and a form of family. The second recommendation was for free or subsidized trauma-informed counselling, mental health education and assessments.

Mental health support is currently “unaffordable, and considered as a luxury service, when it should not be,” one young woman+ said.

Young women+ also highlighted the need for continuity of mental health support after aging out. If they were getting counselling services while in care, that often ended when they aged out.

A significant number of participants cited their need for free or subsidized recreational activities (such as sport or arts) to distract them from depression and other mental health challenges.

Table 18 reflects recommendations from surveyed young women+.

Table 18. Programs, policies, and service recommendations related to mental health support

- Strengthened and additional free or subsidized mental health supports, including group counselling
- Trauma-informed counselling and services
- Support for assessment and diagnoses
- Expanded services to individuals who already aged out (continuity of access)
- Improved current “intimidating, stigmatizing and cold” system
- Increased mental-health professionals to reduce long waiting times
- Better access to psychiatric services, including in hospital
- Access to free or subsidized recreational programs (arts, sports)
- Psychological support in the community specific to the youth, including drop-in centres
- Information about counselling services
- Psychological education and guidance
- Mental health awareness education, including removing stigma surrounding mental health
- Guidance about healthy living (eg. self-care, meditation, and fitness)
- Connections to friends and family, networking
- Sharing circles
- Peer-to-peer support
- Community engagement and services
- Travelling with friends and peers

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

Education

While some provincial governments have offered tuition based support and waivers, and a select number of post-secondary institutions have begun to provide a limited number of tuition free opportunities to youth aging out of the child welfare system, they are still experiencing difficulties with pursuing their education.

Young women+ recommended assistance with the costs of post-secondary education, unrestricted by an applicant's age or by interruptions in schooling.

Several recommended reinstating the tuition grants previously available for former Crown wards in Ontario through the Ontario Student Assistance Program, which the current Ontario government has restricted.

Mental health challenges, housing instability and lack of emotional supports are also barriers for participants wanting to pursue education.

Many participants identified housing, and social and emotional support as being critical to their educational success.

"I wish that I still had my worker throughout me continuing my education, even if it was just to check in," one young woman wrote. "My worker was someone I counted on throughout high school. I wish they could've been there to see me complete post-secondary as I counted on them as a support system, and it felt like I was just dropped."

Another young women+ shared, "In my first year of aging out, I was living on campus," one participant said. "When the holidays came, the dorms closed without warning; I had nowhere to go and lied to friends in order to be invited to stay with their families. For years, I pretended that I had a healthy, but distant, often travelling family, as I thought that I was the only person who had ever aged out of care without a family."

One young woman+ also said that the money they received from their local Children's Aid Society was helpful, however, they added that the financial support could not replace the importance of mentorship and support from loved ones and people who care.

Another major recommendation was the need for more access to relevant, trauma and child welfare-informed mental health support and connections to their communities, as those found within the education system were not enough or were not child-welfare-informed.

RECOMMENDATIONS FROM YOUNG WOMEN+ AGING OUT OF THE CHILD WELFARE SYSTEM

COVID-19

“I transitioned in October (2020), and the agency didn’t help me with it, and I didn’t get any support whatsoever. I found the apartment by myself, I learned how to cook by myself, save money by myself, and I’m still struggling financially and emotionally. Because it’s hard moving on your own, by yourself, during a pandemic, during COVID.”

The COVID-19 pandemic created additional barriers to the economic security of these young women+ and magnified their marginalization and isolation.

Forty-six percent of survey respondents indicated they needed mental health support during the pandemic.

Thirty-six percent said they also required housing support.

Many young women+ recommended that mental health check-ins be conducted, asking what they needed and ensuring they had necessities. Those necessities include masks and disinfectants. They also recommended better health and safety precautions in foster/groups homes, help finding suitable environments to complete school and work, and access to food delivery services.

Young women+ also highlighted the need for emotional, social and financial support during the pandemic. One young woman+ said more virtual opportunities to network and develop connections would have been helpful. Many young women+ were also unaware of initiatives some non-profits offered during the pandemic, such as grants the Children’s Aid Foundation of Canada offered in the early stages of the pandemic.

Although some provinces placed a moratorium on aging out during the pandemic or offered extensions of care, others did not. Many young women+ were left to navigate their transition to adulthood during the pandemic alone.

Young women+ recommended that child welfare agencies hold off on aging out during emergencies, and offer extensions of care.

“A policy [should be put] in place for all social workers to reach out to former children in care (at least up to a certain age) to make sure they have the supports in the community, to help children who have not graduated due to circumstances from foster care, [and] to make sure former kids in care have access to the mental health supports,” said one participant.

They also indicated that they aged out during the pandemic without any choice about extending their time in care. As a result, they had “no one and no place to go”. The young woman+ shared that “it is so important to have access to support even after care because of the trauma a lot of youth endure.”

HOPES & DREAMS

One of the most important aspects of this project was capturing the hopes and dreams of young women+ aging out of the child welfare system.

Despite the social, emotional and economic challenges they've experienced, many of the young women+ hope for brighter days for themselves and the generations of youth in the system who come after them.

Many of the young women+ urged people to listen to children in care and youth aging out of care, to make them feel safe and heard, not dismissed and confused.

They wanted youth to be better supported and in stable homes.

One young women+ wrote that they hoped young women+ aging out were "... acknowledged for their sacrifices and individual needs, that their culture and individualism is accepted and celebrated, that resources are accessible and available (no hurdles), that the experiences of those in the system are more positive and encouraging, [and] the appropriate steps are taken to ensure the connection to biological family is maintained and encourage reintegration."

Young women+ also want others' transition to adulthood and independence to be smoother and less stressful. Another urged continuous support throughout adulthood.

These young women+ have a wide range of dreams for themselves. They want stable employment, secure housing, and financial security. They want to own their own home, and to have the warm, happy family most never experienced growing up. Young women+ also shared more specific career goals: becoming a sales manager, a social worker, lawyer, paramedic, safety worker, registered nurse, business owner, counsellor, group home operator, or, more generally, an agent of change who could support other youth in and from care.

They also want to be good parents, and to break the cycle of trauma they experienced.

To achieve their dreams, a significant number of participants said they needed encouragement, motivation, confidence, mental health, social and spiritual support, connections, family and friends, employment opportunities, financial support, education and further life skills training.

For some, it was hard to envision anything beyond their current state of mere survival. One young women+ said they tried not to think about the future because it is too depressing. Another foresaw death and depression when they think about the future.



"[I hope] that there is no such thing as transitioning out. Once you've been placed, you should have the RIGHT to follow up and [receive] support into adulthood. Instead of 'childhood welfare' or 'adult welfare' it should be a holistic full circle. Integration, community and support."



"[I] hope no young person in care will be treated like a number. I wish they'll all know a parents' love. I hope they attain a future as beautiful as them."



"[I] hope no young person in care will be treated like a number. I wish they'll all know a parents' love. I hope they attain a future as beautiful as them."



"I want them to have access to proper, safe and legal physical and mental health care and support. That's intended to be long-term. I want young people to be able to leave child welfare with at least a handful of safe, supportive, and healthy relationships with adults. I want young people to have access to legal immigration status if they weren't born in Canada, and have access to those documents..."



"I hope that they're happy, I hope that they are able to live independently, and I hope they get all the support they need."

PROMISING PRACTICES

Over the years, provincial/territorial child and youth advocates, both government-appointed and self-appointed, have called for reform of the child welfare system. They've also recommended national standards of care, extensions of care until 25, and after care until 30.

We interviewed 16 stakeholders to get their recommendations about programs and practices to improve the outcomes for and economic security of young women+ aging out of the child welfare system.

Varda Mann-Feder, a professor at Concordia University, has collaborated with international researchers on this very issue. She and her colleagues have advocated for federal and international legislation to address the inequities youth experience before and after they age out of the child welfare system.

Mann-Feder recommends extended care until age 25 which is not dependent on how well someone is functioning (i.e., employed or in school). She also urges some form of after-care support until those who have aged out reach 30. Mann-Feder points out that most Canadian youth growing up in families do not leave home for good until they reach 30.

"They may leave before then, but they come back multiple times," she says. "That's what we should be providing... Everybody should get housing, everybody should get support. There should be...elaborate systems of employment and employability training. We don't have those kinds of things, certainly not in Quebec..."

The National Council of Youth in Care Advocates, established during the Covid-19 pandemic, has also called for provincial and territorial governments to develop national standards that consider how ready a youth is to leave care, versus terminating services based on a specific age threshold.

This recommendation appears to be making headway in Ontario, where standards are being developed to shift policy and practices under the guidance of Youth in Care Canada and the Ontario Child Advancement Coalition.

In Manitoba, Marie Christian is the program director of Voices, an organization that serves youth in and from the child welfare system. Christian "definitely agrees with the movement from age-based to readiness-based transitions ... [as the Covid-19] pandemic brought to light the challenges of transitions out of care."

"Whether or not we're in a pandemic, there are so many situations where so many young people are not ready. [This may be] due to transiency while they were in care, lack of resources, they haven't been able to finish school, they don't have their own village, their own community of support beneath them and they are suddenly left without the mediocre offerings of their agency...I think if we're able to transition to more readiness based transitions, really include the young people in the conversation about being ready, and not only focusing on that 18 or 21 age but ...[on] what we are doing to prepare kids, [they] will be ready to transition to life as an independent adult" .

In addition, Christian said "If we're able to transition to more readiness-based transitions, really include the young people in the conversation about being ready, and not only focusing on that 18 or 21 age but ...[on] what we are doing to prepare kids, [they] will be ready to transition to life as an independent adult."

For Christian, readiness looks like: "a young person who is able to make at least five healthy meals on their own, they're able to pay their bills regularly or to make payment arrangements when they can't make their bills that month, they're able to get to their school or their work or their commitments independently or with whatever supports are in place."

She further describes readiness as "when they're able to just function in life, in a good way, then I would start the conversation with them about being ready to leave care..."

The relationship between a social worker and a young person aging out of care is the critical factor in determining readiness, Christian says. "If they've been in a relationship with this young person, and they could have that conversation with that young person, then I think that would help."

PROMISING PRACTICES

Other child welfare stakeholders have studied the way permanency initiatives, such as finding connections before a young person transitions to adulthood, can improve the outcomes of those aging out of care. They are doing this by identifying the important people in the youth's life and creating a permanency pact.

However, seeing a gap of permanency focused programs for young people who have aged out of the child welfare system, The Never Too Late program (run in partnership with the Adoption Council of Ontario), was co-founded in 2018. The program's focus is to promote and facilitate permanency for young people who have aged out of the child welfare system (at eighteen in Ontario).

Never Too Late (NTL) aims to provide youth the opportunity to have people in their lives who can provide an enduring and unconditional safe place, where young people can continue the work of growing up and navigating the emotional and social challenges young adulthood brings for all - which are compounded by the challenges of having grown up in the child welfare system. They use the term "permanency" to encompass these ideas into one word, but how permanency manifests itself is based on the needs/desires of the young person.

Aviva Zukerman Schure, one of Never Too Late's co-founders says "Young people are pushed to independence, and are not in control of things the whole time they are "in care". How can you expect young people to not take that option of controlling their own finances? On their 18th birthday, maybe they want that apartment rather than a permanent connection. That is what the focus on "independent living" programming does and how the system often makes young people choose between money or having a family. That is why they need to have the option for permanency to continue past this date."

Partners also spoke highly of Futures Forward (Manitoba), Pape Adolescent Resource Centre (Toronto, ON), and WoodGreen's Free 2 Be program (Toronto, ON). These organizations take a more holistic approach to improving the outcomes of young women+ aging out of the child welfare system. All provide wrap-around services for youth in and from care: collaborative services from various fields, offered at a one-stop location where youth can receive mental health support, financial counselling, access to education, employment, housing services, mentorship and peer support. WoodGreen also provides affordable housing units to youth aging out.

Wrap-around services can improve overall service delivery and reduce wait times. Youth are less likely to fall through the cracks. They are also less likely to get re-traumatized if they don't have to share their child welfare and medical histories with multiple service providers at different locations.

At Manitoba's Futures Forward, "young people come into any of our offices and they get to talk about what their needs are, they get to talk about what their desires are, their goals, and the things that their struggling with...Then together, with that client, we find ways to deal with their barriers, whether that's their mental health, their physical health, their goals," says Sam Pothier, student support case manager.

Futures Forward offers a holistic, cultural approach to counselling, education and employment services. The organization has youth advisory groups, community-building events, support groups, tuition waiver advocates, and programming to help young people exit violent situations.

"When you think about women (cisgender or transgender), you know violence is often a big barrier that may affect them [and prevent them from] being able to visualize or achieve their goals," Pothier says. "So we do have workers who will help them get secure housing,...teach them to break away from abusive relationships, [and] how to create safety".

PROMISING PRACTICES

Pothier also recommended British Columbia's Residential Historical Abuse Program, suggesting it could be replicated elsewhere in Canada. The program offers free, lifelong, weekly counselling to adults who were victims of sexual abuse while living in the child welfare system or in a provincial treatment facility.

"We do a disservice to young women by limiting when and how they can get support to deal with their trauma," Pothier says. "The more trauma therapy and safe environments to make choices we can give to youth, the more likely they are going to move from surviving to folks who are thriving."

Stakeholders also identified British Columbia's AgedOut.com website as groundbreaking. The site, designed and facilitated by former youth in care, offers on-line life skills training and access to information and resources for current and former youth in care. More than 5000 users have registered with the website, over half of them alumni of care or youth transitioning out of care.

Although life skills training is important, young women+ in and from care are seeking something more meaningful: supportive relationships, says Mann-Feder.

When she spoke to youth, they all said the same thing: They did not want to learn how to cook or do laundry – they wanted support. They also wanted people to express confidence in their ability to make it on their own.

"That's one thing we don't do in child welfare," Mann-Feder says. "We're always talking about the dangers, the things we're worried about, and the things to be careful of."

Youth leaving home who have families also have peer group support – something the child welfare system in Quebec, where she lives, does not encourage, she says.

"We don't do anything in Quebec, anyway, to nurture those relationships," she says. "If anything we are very suspicious of those relationships...part of the message we give sometimes to kids in care is be careful, because other people from care are going to take advantage of you, they're going to come to your apartment, they're going to eat all your food, they're going to run up a phone bill, and so kids in care are afraid of their peers in the child welfare system."

Additional Recommendations from Stakeholders

- Safe and affordable housing, especially for youth who identify as 2SLGBTQ+ community;
- Programs designed to address housing instability for transition-aged youth involved with the justice system;
- Increased funding for independent living;
- Funding and training for wrap-around services focusing on mental health; complex/developmental trauma, substance use, anti-human trafficking and exploitation, and justice system involvement.
- Policies and funding to support young women+ with building healthy relationships, connections, and finding permanency before they age out;
- Unpaid circles of care;
- Supportive independence;
- Policies and funding to support first-family reunification after care;
- BIPOC cultural programming;
- Mentorship programs;
- Peer networks;
- Trauma-, social justice-, and culturally informed mental health services;
- Extension of service agreements for youth transitioning out of care;
- Funding to increase employment opportunities (i.e., workplace attire, transportation, mental health/Ability/and trauma accommodations);
- Funding for services to prevent children from coming into care;
- Food security;
- Funding for disAbility supports;
- Funding for education supports;
- Learning assessments to determine strengths, abilities and type of employment training;
- A strengths-based assessment tool to determine preventive methods to combat barriers to economic insecurity;
- Policies and practices to support victims of human trafficking immediately; and
- Workshops, handbooks and training that specifically address resources available and connect everyone in the continuum of care (support networks, police, peers, and mental health professionals, social workers) to prevent youth from falling through cracks.

ADOPTION COUNCIL OF CANADA'S RECOMMENDATIONS

Young women+ aging out of the child welfare system would benefit from a combined effort by federal and provincial governments, child welfare stakeholders, and lived experts to implement all six proposed recommendations.



Invest in Accessible, Long-term, Trauma-Informed Mental Health Services

Provincial/territorial governments must provide accessible, long term, affordable mental health services and support designated for these young women+ who are aging out of care.



Build and Fund Safe Affordable Housing and Wrap Around Services

Governments should work with child welfare agencies and non-governmental organizations to develop holistic hubs containing wrap-around services that include housing for young women+ aging out of the child welfare system.

Invest in Permanent Connections and Relationships

Provincial/territorial governments must mandate permanency planning for young women+ aging out, and connect them to at least one safe, loving and permanent connection.



Invest in the Economic Security of Young Women + Aging Out

We recommend the creation of after-care funds and matched saving programs young women+ can access when in crisis. An after-care fund would increase their economic security, acting as the safety net families might otherwise provide.



Collect National Outcome Data on Young Women+ Aging Out

We recommend a federal department or agency such as Statistics Canada be mandated with building a child welfare database and management system that collects and publicly disseminates national outcome data on young women+ aging out of the child welfare system.

Extend Transition Services and Provide After Care

Provincial/territorial governments should extend service agreements to all youth exiting care until they reach 25, and offer after-care support until they reach 30. They must offer extended care and services without restrictions or regard to a young women+ status, i.e., whether or not they are in school or working.



ADOPTION COUNCIL OF CANADA'S RECOMMENDATIONS

Provinces & territories must invest in accessible, affordable trauma -competent mental health services for young women+ who are aging out

The following six recommendations by the Adoption Council of Canada. These recommendations are based on overall findings from *Aging Out Without a Safety Net* project. They are informed by promising practices in Canada and the United States. Implementing these core policies and initiatives will improve the economic security of young women+ aging out of the child welfare system.

Although these recommendations could stand alone, they are intersectional in nature. Young women+ aging out of the child welfare system would benefit from a combined effort by federal and provincial governments, child welfare stakeholders, and lived experts to implement all six proposed recommendations.

Almost all – **91 percent** – of young women+ who participated in this project struggled with **at least one** mental health challenge.

More than **three-quarters** are also living with invisible or visible disAbilities.

The Covid-19 pandemic amplified these mental health challenges, which were the primary barrier for participants who wanted to complete their education.

Provincial/territorial governments must provide accessible, long term, affordable mental health services and support designated for these young women+ who are aging out of care.

The support must be long-term and provided by professionals skilled in addressing developmental trauma, and who are knowledgeable about the impacts of social justice and contact with the child welfare system.

Indigenous participants reported that being able to receive only 10 to 20 sessions covered through Non-Insured Health Benefits, for example, does not allow them to build trust, develop a rapport with a therapist. Other participants may not qualify for any mental health supports unless provided by a psychiatrist – for whom referrals are required and long waiting lists exist.

Offering trauma-competent mental health services could also build relational continuity for young women+ aging out of the child welfare system and their families.

ADOPTION COUNCIL OF CANADA'S RECOMMENDATIONS

Provinces/territories and federal government must fund safe affordable housing and wrap-around services

In the United States, the [Jim Casey Youth Opportunities Initiative](#) offers the best model for a holistic hub. In Canada, the [Aboriginal Youth Mentorship Program](#) that Lu'ma Native Housing Society operates in Vancouver is another best practice, based on the Jim Casey initiative.

Almost all the young women+ who participated in this project experienced homelessness or housing instability.

Provincial/territorial governments must work with the federal government to finance safe, affordable housing designated for young women+ who age out of the child welfare system. Federal funding should reflect the disproportionate percentage of Indigenous children in foster/group care (48 percent of all children and youth in care are Indigenous, although First Nations, Metis and Inuit people make up only 8 percent of the general population).

Governments should work with child welfare agencies and non-governmental organizations to develop holistic hubs containing wrap-around services that include housing for these young women+. In addition to housing, these hubs would offer safety, mental health and substance use support, parenting support, disAbility support, 2SLGBTQ+ support, food security, life skills training, and employment services. Working with a team approach would support relational continuity. We also recommend the hubs include cultural mentors who can increase young women+'s connections to their communities and support their identities.

The Jim Casey Youth Opportunities Initiative, funded by the Annie E. Casey Foundation, is a local, state and national systems-change initiative to meet the needs of youth 14 to 26 who are aging out of the child welfare system. The program provides wrap-around services focused on permanency, stable housing, education success and economic security, as well as pregnancy prevention and parenting support.³⁶

Lu'ma's Aboriginal Youth Mentorship Program offers 13 housing units for Indigenous youth in Vancouver who have aged out of the child welfare system, as well as mentorship, an on-site medical clinical, and connections to counselling, education and employment services, as well as other adult and community allies. However, the program extends further than just meeting cultural, education, and housing needs. The program intentionally connects youth to their community, adult allies, and promotes permanency. Youth are welcome to show up and share a meal with their peers even if they are no longer in the program. Lu'ma believes young people aging out should be able to count on long-term relationships with caring adults, and acts as an extended family for those who do not have one.³⁷

Transitional programs that offer wrap-around services are also used as a best practice in Australia. To improve the overall health outcomes of youth aging out of the child welfare system, they recommend incorporating more mental, physical and social elements into transitional planning.³⁸

ADOPTION COUNCIL OF CANADA'S RECOMMENDATIONS

Provinces and territories must invest in building permanent connections and relationships for youth aging out of the child welfare system

Social workers, foster parents, and/or group home staff members are the main sources of support for young women+ in care. But when these youth aged out, many of the people they thought would be around forever were no longer in their lives.

During a critical moment of passage, they felt alone. They struggled with their mental health, and questioned their sense of worth. They told us they need connections and relationships: people in their lives who care about their well-being, support them, make them feel safe, and love them enough to help them tackle whatever barrier or challenges occur in their future.

When we asked provincial/territorial governments about their policies to encourage relationship-building in young women+ who were aging out, few indicated they had any programming to address this need during transitional planning. A few responded that they encouraged their youth to build relationships with their social workers.

It is clear governments do not understand that young women+ need lifelong, unpaid connections and relationships.

Provincial/territorial governments must mandate permanency planning for young women+ – both before and after they age out of the child welfare system to at least one safe, loving and permanent connection.

Permanency planning should support youth as they develop relationships and relational continuity. Young women+ must be actively involved in the process to determine what permanency means to them.

Permanency planning may include developing relationships with extended family, connections to their cultural communities, reunification with healthy family members, or mentorship opportunities.

Permanency planning may also result in a legal relationship (i.e., guardianship or adoption): that decision rests with each individual.

Permanency planning must also be socially just, culturally competent and trauma-informed mental health support.

In 2018, Swedish study, 'Well. It's up to me now...', reflects similar sentiments when documenting the strategies 'young care-leavers' use to handle adversity after aging out. Youth still struggled with a number of barriers requiring services and support but had better outcomes if they were able to create a social network, reunite with family, have connections with peers, or continue to have contact with professional caregivers.³⁹

In a 2017 U.S. study by Fowler et.al on the rates of homelessness for youth aging out of the child welfare system, the authors found transitional programming that includes access to a social worker, and independent living skills geared towards education and employment training, were not associated with reducing the risk of housing instability. Permanency, connections, and reunification (reconnecting with biological family members) were the most effective protective factor against homelessness.⁴⁰

ADOPTION COUNCIL OF CANADA'S RECOMMENDATIONS

All levels of government must invest in the economic security of young women+ who age out

50 percent of young women+ live below the poverty line, **earning \$15,000 - \$20,000** per year at the time we surveyed them, and making half as much as their peers.

Poverty is one of the most common factors cited for children or youth who enter the child welfare system, especially BIPOC youth. Yet young women+ who age out of the system are also living in poverty. We must do a better job of setting them up for success, decreasing their vulnerability to homelessness, victimization and criminalization.

We recommend the creation of after-care funds and matched saving programs young women+ can access when in crisis. An after-care fund would increase their economic security, acting as the safety net families might otherwise provide.

After-Care funds should not be limited based on age or previous extended service agreements. The fund – or funds – should be nimble, accessible, and quick to deliver dollars or supports. Funds should be open, by self-referral, to those seeking housing, mental health, legal and education support. The [Jordan's Principle](#) funding that currently exists for Indigenous children is a potential model, given its emphasis on speedy response and its review mechanism.

In addition, it should include support for life skills training, personal development, food security, home ownership, and connections to loved ones and their culture. Workers should also be available to assist with budgeting, managing credit, resolving debt issues, teaching investing and connecting recipients to support and allies. Delaware and Maryland invest in the economic security of youth aging out by helping them rectify inaccuracies in credit reports, offering free credit counselling and financial literacy training.⁴¹

The [Opportunity Passport IDA program](#), which the Jim Casey Youth Opportunities Initiative runs, is a best practice model Canadian provinces/territories and the federal government could adopt. The program is financed by state governments. It provides financial literacy training and incentives for youth aging out of care who contribute to their savings and use those funds for investments, education, housing, building their own businesses, buying vehicles, or paying for insurance and medical costs.⁴²

Young women+ could also benefit from tuition waivers, such as those British Columbia and Manitoba's [Futures Forward](#) offer. Under the Futures Forward program, any youth who was involved with the child welfare system, for any period of time, can access support for their education or workplace training programs. The program offers tuition support for up to six years, with no age caps or time limits for pursuing a first degree. Youth in the tuition waiver program also automatically receive \$250 per week to cover other expenditures including childcare, medical costs, computers, or tutoring. Youth receive a tuition waiver whether or not they are on an extended service agreement.⁴³

It is important to note that while the following is an outdated study and rates have surely increased, the University of Michigan in 2004 shared that parents provide young adults approximately \$38,000 in material assistance between 18 to 34 years of age.⁴⁴ Young women+ aging out of the child welfare system do not have this luxury, and no one to call when in crisis. They should be granted the same opportunity for support. Parenting does not end at 16, or even 18. It is a lifelong commitment.

ADOPTION COUNCIL OF CANADA'S RECOMMENDATIONS

The federal government must collect national outcome data on young women+ aging out of the child welfare system

We recommend a federal department or agency such as Statistics Canada be mandated with building a child welfare database and management system that collects and publicly disseminates national outcome data on young women+ aging out of the child welfare system.

The number one challenge child welfare stakeholders and practitioners face is determining how many young women+ age out across Canada every year. Each province/territory keeps their own numbers close. Many are reluctant to release that data publicly.

Statistics Canada and Public Health Canada currently track the number of children and youth in foster care, although there are gaps in the data-gathering. The data is not informed by youth with lived experience or by child welfare stakeholders, and does not report the ethnic, racial or cultural make-up of the youth living in the child welfare system across Canada. They also do not inform the public whether 'foster care' numbers include youth in group or residential care, and do not track outcomes after aging out.

Any data available about the socio-economic barriers these young women+ encounter is piecemeal. This results in siloed policies on issues such as homelessness, educational outcomes, mental health care, domestic violence, human trafficking, and incarceration. This lack of data and coordination misses the root cause at the heart of what these young women+ experience: aging out of the child welfare system without permanent connections.

To remedy these issues and aid in data gathering, outcome questions could be added to the national census. Alternatively, provinces and territories could be directed to report to a national child welfare database, perhaps as a condition of transfer payments.

ADOPTION COUNCIL OF CANADA'S Recommendations

The federal government must collect national outcome data on young women+ aging out of the child welfare system

Outcomes Reporting

■ Data Being Captured

- Current employment
- Highest education received
- Education enrollment and attendance
- Connection to an adult
- Substance abuse referral
- Incarceration
- Housing
- Homelessness
- Medicaid recipient
- Health Insurance
- Employment related skills
- Receiving social security
- Public housing assistance
- Public food assistance
- Public financial assistance
- Birthed or fathered any children
- Marital status

Example of data captured by the U.S. National Youth in Transition Database.

The U.S. National Youth in Transition Database (NYTD), which tracks outcomes for youth aging out of the child welfare system in each state, would be an excellent model to replicate in Canada. States are mandated to report sex, race, ethnicity, date of birth and foster care status of all children in care of the state. The database also collects information about the outcomes of those who have aged out.⁴⁵

Public Health Canada and Statistics Canada should standardize the language used during the data collection process and engage child welfare stakeholders. This will ensure the entire child welfare population is represented and numbers are recorded accurately.

A national child welfare database, using a GBA+ analysis, with standardized data collection, reporting mechanisms, and on-going evaluation, would capture the outcomes for young women+. National data is essential to examine the proportion of non-binary and gender-diverse persons, Indigenous, African, Black, Caribbean and youth living with invisible/visible disabilities who experience barriers to their economic security after aging out.

We recognize that not all young women+ would be inclined to share their personal histories and information. Thus, we recommend that participation in the national child welfare database be anonymized.

The social and economic burdens for all Canadians of failing to collect and publicize this data and the lack of coordination and development of effective policy solutions are real and they are heavy. Documenting and addressing those costs is a critical next step in this project.

ADOPTION COUNCIL OF CANADA'S RECOMMENDATIONS

Provinces and territories should extend transition service to 25 and provide after-care support until 30.

Provincial/territorial government should extend service agreements to all youth exiting care until they reach 25, and offer after-care support until they reach 30. They must offer extended care and services without restrictions or regard to a young women+ status, i.e., whether or not they are in school or working.

Extending service agreements up to 25 and providing after-care support, without restrictions, would improve economic security and health and well-being of young women+ who age out of care. This is critical given the barriers they face, as documented in this project. British Columbia is a best practice. Youth are eligible to receive services until their 26th birthday. Their Agreements with Young Adults (AYA) program is more accessible, inclusive, and plays to the strengths of each young person receiving extended care by offering support to those also attending rehabilitation, mental health, or life skills programs.⁴⁶

Australia also contains examples of extended services for youth aging out of care, up to age 25. The Wesley Mission offers a programming partnership with the Rotary Club of Sydney that works to ease the transition to independence. They offer a mentoring program, housing assistance, employment and work placements, financial literacy training, addiction and substance use support and connect them to their community and peer networks.⁴⁷ Five other countries across the world extend service agreements up to the age of 25 or 27 years of age for youth aging out of the child welfare system.⁴⁸

Furthermore, extending service agreements could improve the economic security of young women+ aging out of the child welfare system. A cost benefit analysis conducted by the Provincial Advocate for Children and Youth in Ontario in 2021 estimated that investing only \$34,500 to extend support, until 25, could save or earn youth aging out of the child welfare system \$77,000 over their lifetime.⁴⁹

Extended services must also guide young women+ aging out of the child welfare system to develop autonomy and build identity, set healthy boundaries, identify healthy relationships, and learn to have tough and uncomfortable conversations. Many young women+ have experienced violence. All have experienced loss, separation, and multiple caregivers. They are acutely aware that most people in their lives are paid to be there.

Given these histories, young women+ may surround themselves with people who temporarily meet their social needs and validate their feelings. They haven't grown up with healthy, sustainable relationships. They may remain in unhealthy relationships to avoid loss. Developmental and intergenerational trauma also gravely affect their attachment and relationship-building skills. We must encourage young women+ to develop positive coping mechanisms and skills that help them move from a state of survival and socio-economic insecurity to a more promising future.

Child welfare agencies must train all the people surrounding young women+ in child development, attachment-based interventions and trauma-competent care. Investing in relationships and connections, can heal intergenerational/ developmental trauma, prevent instability, stop the intergenerational cycle of care, and improve the well-being, mental health, relational continuity, and pathways to success for young women+ in the child welfare system.

STUDY LIMITATIONS

We experienced a number of challenges and limitations over the course of the *Aging Out Without a Safety Net* project.

The first challenge we faced was the lack of national data. There is no federal body responsible for the management, collection, analysis and dissemination of child welfare data, including figures on how many youth age out of the child welfare system, and their outcomes. There is no national data tracking the distinct needs of young women+, BIPOC, 2SLGBTQ+ youth or youth living with invisible/visible disAbilities.

We also encountered hurdles collecting provincial and territorial data. A few provincial and territorial child welfare governments responded but did not collect or provide identity-based data from child welfare societies – Ontario, PEI, Newfoundland and Labrador, and the Northwest Territories. The government of Manitoba said its policies did not allow it them to respond to external surveys and Quebec said they were conducting their own internal review on aging out. The Northwest Territories told us our survey request was invalid and that we needed permission from the Directors of Child Welfare.

The data we compiled from responsive provinces/territories is not standardized and does not include a GBA+ analysis. The data we did receive from provincial/territorial governments did not always match annual departmental reports or reports from provincial/territorial child advocate offices. We noticed inconsistent terminology, and discrepancies around the way each province/territory gathered information on gender, ethnicity, age, and sexual orientation (if they collected this information).

Few child welfare agencies across Canada are using a GBA+ analysis to manage their internal data. Governments that do collect some data are relying on self-reporting from children and youth in their care, and are reporting an ‘uptake challenge’.

Often, youth are not consulted during the data collection process, leaving child welfare social workers to determine how a child, youth, or young adult identifies. Occasional interaction between the youth in care and the child welfare social worker may interfere with this process, painting a finite picture of the youth/young adults’ circumstances, current state, and future desires. Furthermore, although all child welfare agencies are reporting non-identifying data to their governments on extended services agreements accessed by youth, no one is tracking the youth who opt out of these agreements, do not qualify for extended service agreements (i.e. are not enrolled in school or employed), or whose family breaks down after a permanency placement.

Non-governmental organizations working in intersecting fields of child welfare, including homelessness, justice, anti-human trafficking, mental health and substance use indicate that there is a link between aging out and economic security. Despite best efforts to collect data, these organizations often do not have the resources or funding to track the outcomes of young women+ aging out of the child welfare system.

The Covid-19 pandemic limited our ability to interview partners in person and to meet with young women+ in person. We had to pivot to complete this project online.

We also experienced some complications with the administration of our survey. Surveys were administered in person and virtually, using Survey Monkey. Online survey participation was dependent on partners sharing flyers and registration information with qualified young women+. Collected data from Survey Monkey indicated many attempts by young men to participate or participation by young women+ who were older than the demographic we were seeking.

Many surveys were also incomplete for unknown reasons. It is possible that participants experienced technical glitches, forgot to complete the survey, experienced time constraints, had more pressing needs to address, or the questions may have affected their mental wellbeing. In addition, online survey participants did not receive immediate support to clarify questions throughout the process, if required.

Surveys administered in focus groups allowed participants to ask clarifying questions. As a result, the way the questions were interpreted in the national survey may have limited project's findings. The online survey was also only administered in English – affecting the participation of Francophone speakers. The survey design was also susceptible to human recording error from both the administrator and respondent.

The recommendations collected in surveys are also fixed to the individual's knowledge of resources, services and support available in their province and territory. The youth recommendations may also be dependent on the participants' comprehension of questions.

We have noted data discrepancies in the findings if, for example, a young woman+ responded that they were not affected by an issue, but then filled in specific issues they experienced concerning that issue.

In addition, our surveys were susceptible to human error. We incorporated a question around permanency planning in a section of the survey concerning transitional planning, which was confusing for participants. An overwhelming number of young women+ said they received permanency planning before aging out, when in fact given the context of the question, they likely understood the question to mean "transition planning."

In addition, some questions asked young women+ if their adoptive families supported their transition. Even though none of the participants were legally adopted, some indicated that an adoptive family acted as a support system for them. These may have been adoptive families they are close to, either through sibling or other community relationships.

Our original intent was to focus on literature from 2016-2018. To better inform our discussion and the context of these issues, we had to incorporate studies prior to or after those years.

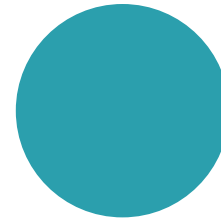
Lastly, we recognize that young men have similar challenges and critical needs that require further investigation. The young women+ involved in our project also expressed a desire for us to explore the outcomes for young men aging out of the child welfare system. This is a critical next step for further research into aging out, should we be able to secure funding.

● GLOSSARY



2SLGBTQ+

“An acronym used to refer to the rainbow community. It stands for Lesbian, Gay, Bisexual, Trans, Queer/Questioning, and Two-Spirit. The plus sign (+) acknowledges that the acronym does not include all members of the community, and recognizes other terms not represented in the acronym.”⁵⁰

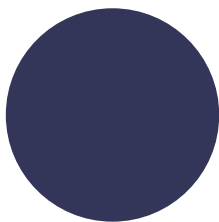


Aging Out

For the purposes of our research, we define aging out as the process of transitioning/exiting out of the child welfare system after reaching the age of majority. After aging out, a youth is no longer legally in the care of that province or territory.

Some youth voluntarily leave the child welfare system earlier than the age of majority.

Depending on their province or territory, youth may legally leave care at the age of sixteen, seventeen, or eighteen.



BIPOC

“*BIPOC*, which stands for Black, Indigenous, People of Color. People are using the term to acknowledge that not all people of color face equal levels of injustice. They say *BIPOC* is significant in recognizing that Black and Indigenous people are severely impacted by systemic racial injustices.”⁵¹

- Chevaz Clarke

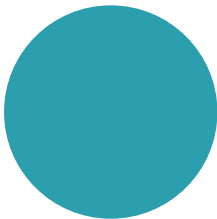
● GLOSSARY



Developmental Trauma

“Significant adverse childhood experiences, particularly in the first three years of life, can lead to profound changes in our brain and body that put people at risk. Our brains have evolved to respond and adapt to stressful experiences as a necessary survival mechanism. These adaptations can undermine healthy development and become damaging patterns or “blueprints” that determine lifelong relationships, mental and physical health, learning, living and parenting. We call this process and its impacts Developmental Trauma. We now know what helps, but too often Developmental Trauma goes unrecognized and unaddressed.”

“As a society we must do better at identifying, understanding and healing Developmental Trauma in children, in adults hurt as children, and in families and communities where Developmental Trauma has become intergenerational.” – Developmental Trauma Action Alliance, Adoption Council of Ontario ⁵²



Economic Security

Economic Security is the “ability of individuals, households or communities to cover their essential needs sustainably and with dignity. Food, basic shelter, clothing and hygiene qualify as essential needs, as does the related expenditure; the essential assets needed to earn a living and the costs associated with health care and education also qualify.” ⁵³

For the purposes of this project, we believe that the above and following needs are interrelated and essential factors when it pertains to a young woman's ability to attain economic security: healthy and supportive relationships, life skills, a sense of and connection to identity and culture, and socio-emotional healing and support.

We use economic insecurity to describe women lack the above necessities.

Image to the left is used to describe social and economic inclusion. ⁵⁴



● GLOSSARY



Extended Service Agreements

Youth may qualify for and sign a service agreement with their local child services/protection agency to either extend their time in care, or to live independently with some financial support as they pursue their education or work. The option to extend services does not exist in all provinces and territories.

Eligibility requirements and criteria for extended service agreements limits who can and cannot access support. For example, some provinces/territories make support conditional on a youth pursuing education or working. If they fail course or drop out of school, their financial supports may cease, which can also happen if they lose a job.

The age at which all financial assistance and social work support ends for those with an extension of care or service agreement varies between the ages of 18, 21, 22, or 26.



Gender Based Analysis (GBA+)

GBA + is an analytical process used to assess how different women, men and gender diverse people may experience policies, programs and initiatives.⁵⁵



Homelessness

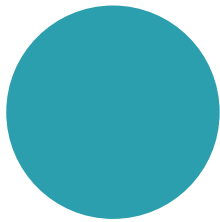
1) *“Unsheltered*, or absolutely homeless and living on the streets or in places not intended for human habitation

2) *Emergency Sheltered*, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence

3) *Provisionally Accommodated*, referring to those whose accommodation is temporary or lacks security of tenure, and finally

4) *At Risk of Homelessness*, referring to people who are not homeless, but whose current economic and/ or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one’s shelter circumstances and options may shift and change quite dramatically and with frequency.”⁵⁶

● GLOSSARY



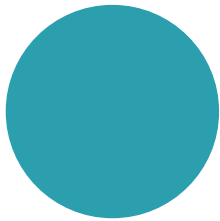
Intergenerational Trauma

Intergenerational trauma addresses colonization and the effects of ongoing racism and discrimination today and how trauma is passed down from generation to generation.



Intergenerational Care

Intergenerational Care means the way parents' childhoods, trauma, and their involvement in the child welfare system can affect their children, often resulting in more than one generation in a family coming into care of the child welfare system.



Lived Experts

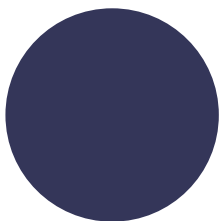
Lived experts are youth in, or alumni of, the child welfare care system who have unique and shared experiences based on their time in care.



Permanency Planning

Permanency planning is a process child welfare agencies undertake to connect children and youth in care to their families of origin, extended family members or people known to them, or to new families, usually in a lasting legal arrangement.

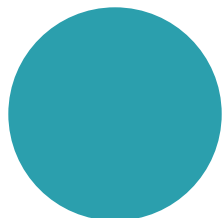
Permanency planning can take place before or after aging out of care, although traditionally social workers and child welfare agencies have – and are often legislated to – make permanency plans for youth beginning from the time they enter into care.



Permanency

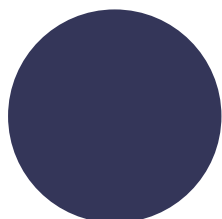
Permanency includes, but is not limited to, connections to a significant person(s), family members, reunification with siblings or extended family members, kinship caregivers, circles of community, customary caregivers, guardianship and adoption. Young women+ define permanency in ways that address their socio-economic stability and security.

● GLOSSARY



Professional adult / peer supports

Professional adult/ peer supports are paid professionals or supports in a young woman+ life in/from the child welfare system.



Young women+

We use the term ‘young women+’ to include individuals in our study who identify as non-binary, gender diverse and are a part 2SLGBTQ+ community.



Youth

Statistics Canada defines youth between 16-28 years of age. For our research purposes, we define youth as those between 16 – 30 years of age.⁵⁷

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Appendix A



Aging Out Without A Safety Net

Agenda

Saturday, March 9, 2019
Hintonburg Community Centre
1064 Wellington Street West
Ottawa, ON K1Y 2Y3
9:00 a.m. to 4:00 p.m.

9:00 a.m. – 10:00 a.m.

- 🎨 Set-Up/Settle In
- 🎨 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

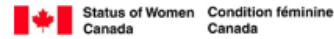
3:45 p.m. – 4:00 p.m.

- 🎨 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



Aging Out Without a Safety Net: Addressing the Economic Insecurity of Young Women in the Child Welfare System **Manitoba Focus Group** Saturday, February 13, 2021

Project Backgrounder, Photo Release and Media Consent by the Adoption Council of Canada

You have been asked to participate in a focus group conducted by the Adoption Council of Canada. The purpose of this three year project, with funding from Women and Gender Equality Canada (formerly Status of Women Canada), is to understand and document the depth and the breadth of the problem of economic insecurity for young women and gender diverse youth who age out of the child welfare system across Canada, and to identify and share solutions on how to ameliorate the systemic barriers (with respect to homelessness, addiction, incarceration, trafficking, education, mental health or maternal health) they face.

You have been invited to participate in this focus group because of your lived experience transitioning or aging out of the child welfare system. We believe you have valuable experience(s) that can help to inform our gaps analysis, develop solutions and policy recommendations.

Please read the backgrounder provided for this consent form, and identify any questions you may have, before deciding whether or not to participate.

- This focus group is voluntarily. You have the right, at any time and for any reason, to choose whether to continue to participate in the focus group.
- For your participation, you will receive a \$25 honorarium.
- Unless you give us permission to use your name, pseudonym, title, and/or quote in any publications that may result from this research, the information you tell us will be confidential. You also have the option of participating in the project anonymously.
- We would like to film/record audio during this focus group so that we can use it for reference while proceeding with this project. Should you wish to not have your portion of audio or footage on film, you have the right to ask to not have your material used in our report.
- Upon completion of a draft of the Gap analysis, the ACC may contact focus group attendees, if participants wish, to solicit their feedback on any direct quotes that the ACC would like to include in the final report. Participants will be invited to review the quotes and approve or deny approval to their inclusion in the final report.
- This project will be completed by March 2022. All interview recordings will be stored in a secure work space until one year after that date. The recordings will then be destroyed.

Appendix C



Aging Out Without A Safety Net

Aging Out Without a Safety Net: Addressing the Economic Insecurity of Young Women in and from the Child Welfare System

Project Backgrounder by the Adoption Council of Canada

Approximately 30,000 children and youth in foster and group care in Canada are currently available for adoption; approximately half of those are girls/young women. The majority of these girls will age out of the child welfare system without permanency or a family.

Lacking a connection to a permanency is the root cause of economic insecurity for young women aging out of the child welfare system in Canada, affecting their economic insecurity for the rest of their lives. Other barriers may include homelessness, incarceration, visible and invisible dis(abilities), and a lack of education, poverty, violence against women, human trafficking, teen parenting, addiction and poor mental health.

This backgrounder provides information on the three year project that the Adoption Council of Canada is undertaking, with funding from Women and Gender Equality Canada (WAGE), to understand and document the depth and the breadth of the problem of economic insecurity for young women who age out of the child welfare system across Canada. *Furthermore, this project is intended to strengthen partnerships between organizations that work with young women who age out of the child welfare system in the areas of housing, justice, mental health, addictions, trafficking, education, and maternal health, and to encourage them to share solutions and best practices, with each other and with policy-makers.*

Year One (2018)

Gap Analysis Research/Report

The ACC is conducting a gap analysis to identify how many young women have aged out of care across Canada without families over a two year span (2016-2018), paying particular attention to the number of Indigenous women affected. The ACC will also contact provinces and territories to gather their data on young women aging out of the child welfare system, and to identify what programs and policies currently exist at the provincial and territorial level to support these young women. Any barriers and gaps in provincial and territorial policies will be identified.

The ACC will also work with national partners to identify any programming that they have for young women aging out of the system, and to gather any data that partners have collected with respect to their experiences of homelessness, addiction, incarceration, trafficking, education, addictions, mental health and maternal health. Partners will be invited to participate in an interview to collect this data.

The ACC will also examine secondary sources to identify barriers any best practices that have emerged in Canada and the United States to support young leaving foster care without a permanent family.

Year Two (2019)

Focus Groups - The ACC will conduct focus groups with young women who have aged out of the child welfare system in five locations throughout Canada (Iqaluit, Edmonton, Ottawa, Montreal, and Saint John). *The focus groups will include members of the ACC's Youth Speak Out groups, and will also include any young women identified by partner organizations.* The focus groups will 1) identify barriers to economic insecurity that young women have faced, and the solutions that they believe will help them. A survey will also be administered.

Year Three (2020)

Meetings with Federal Policy-makers- The ACC and affected young women will attend multi-stakeholder meetings with four federal departments (Indigenous and Northern Affairs Canada, the Federal Advisory Committee on Homelessness, the Department of Justice, and the Public Health Agency of Canada) to discuss preliminary findings, the experiences of the young women, and the solutions to addressing barriers to their economic security. *Partner organizations will also be invited to attend these meetings.*

National Symposium - *The ACC will hold a Symposium with provincial/territorial and federal policymakers, national partners, and young women and gender diverse youth who have aged out of care to review progress to date on identifying barriers, and to share best practices of policies that support these young women, and to identify ways to collaborate on future policy development to ameliorate system barriers.*

The Adoption Council of Canada sees a strong connection between the number of young women that we fail to find permanent families for while they are in foster and group care, and the problems they experience when they age out of care and into economic security. With this project, we are tracking that connection and hope to use our findings to make recommendations that will dismantle these barriers.

Do you wish to contribute to the project? Do you have questions? Feel free to send us an email!

Alisha Bowie
Aging Out Project Manager
alisha@adoption.ca

Laura Bonnett
ACC Director/Researcher
laura.bonnett@adoption.ca

Cathy Murphy
Executive Director
cathy@adoption.ca

Barriers to Economic Security for Young Women in and from the Child Welfare System



Aging Out of the Child Welfare System without Permanency



Human Trafficking and Violence against Women



Mental Health and Addictions



Poverty, Homelessness, and Housing Instability



Visible and Invisible (Dis)Abilities



Incarceration



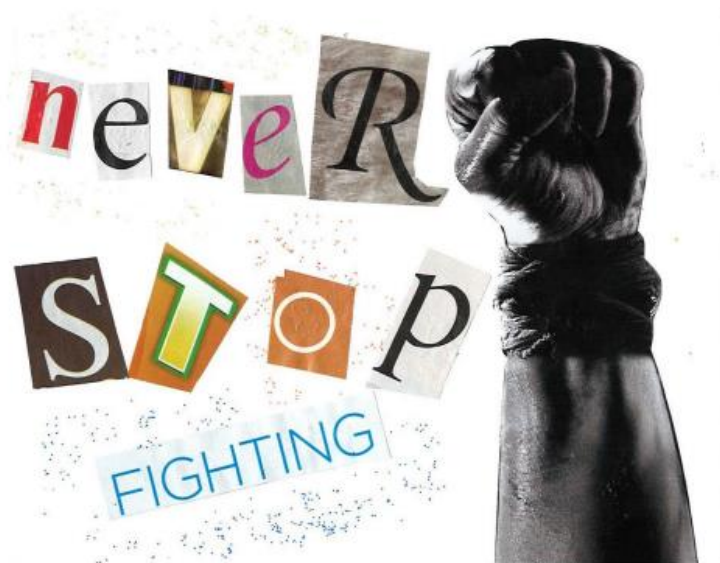
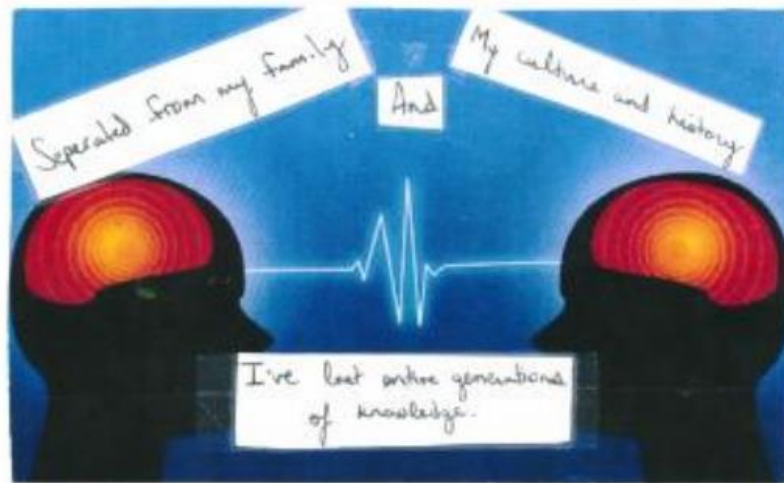
Intergenerational Care and Teenage Pregnancy



Developmental and Intergenerational Trauma



Education



Appendix D

Welcome

- Thank people for coming
- Introduce elder

Review the purpose of the focus group and goals of meeting

- Set ground rules together

Introductions/Ice breaker**Review Participant Folders**

- Mental health resources, local supports, etc.

Complete survey

- Approximately an hour is set aside

Lunch**Check-in / Explain flow of next session****Policy/Programming discussion**

- Participants discuss feelings of aging out, policies or programming that helped, what didn't help, what they needed/ what they need *The Dream*)

Break, as needed**Journey Map Session****End of Day**

- Thank everyone for coming, sharing, being so honest and open.
- Next steps / Staying Connected / Debrief as needed

Appendix E

Focus Group 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 receive 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.?)

Barriers to Discuss:

- Education
- Homelessness/Housing Instability
- Mental Health
- Addiction
- Intergenerational Trauma
- Racism, Enculturation, and Residential trauma
- Incarceration and Encounters with the Justice System
- Human Trafficking
- Invisible and Visible Disabilities
- Maternal Pregnancy/ Health

Appendix F

Aging Out Without A Safety Net Focus Group Survey

General Information

First Name: _____

Last name: _____

Date of Birth: _____

Gender: _____

Race/ Ethnicity: _____

1. Do you identify as:

- ☐ A visible minority group (eg. African Canadian, Chinese Canadian, East Indian Canadian)
- ☐ First Nations
- ☐ Metis
- ☐ Inuit
- ☐ Indigenous
- ☐ European (White)
- ☐ Other _____

2. Do you have a dis(ability) whether invisible or visible? (eg. FASD, ADHD, Developmental Trauma, etc.)

Yes No

3. If you have a dis(ability) were you diagnosed while in or after living in the child welfare system?

Yes No

Child Welfare Experience(s)

4. Please list the reason(s) you entered the child welfare system.
5. How many times did you come into the care of the child welfare system?
6. Are you or were you made a society ward (formally known as crown ward)?
Yes No
7. How many foster or group homes did you live in while in the child welfare system?
☐ 1-3 ☐ 3-5 ☐ 5-10 ☐ 10+
8. While in the child welfare system, did you live in a? Please check 'x' in all that may apply:
☐ Foster home
☐ Group Home
☐ Residential Care
☐ Treatment Program
☐ Other _____ (Please specify)
9. Did you have contact with your siblings or extended family members while living in the child welfare system?
Yes No
10. What were some of the positive experience you had living in the child welfare system?

11. What were some of the negative experience you had while living in the child welfare system?

Education

12. What level of education did you complete? Please check 'x' in all that may apply:

- ☐ Middle School
- ☐ High School
- ☐ College
- ☐ University
- ☐ Apprenticeship Training
- ☐ Vocational Training
- ☐ Employment
- ☐ Non-Formal Education (personal interest courses and preparation courses)
- ☐ Other _____ (please specify)

13. Did you receive financial support for your education?

Yes No

14. If yes, please check 'x' in all that may apply:

- ☐ Full tuition
- ☐ Partial tuition
- ☐ Books
- ☐ Tutors
- ☐ Computer
- ☐ Transportation
- ☐ Child Care
- ☐ Extra-Curricular Activities (clubs, special events)
- ☐ Special clothing, equipment

15. Please describe any barriers that may have affected your ability to pursue your education.

16. Please list any programs or policies that have supported your education.

17. If you listed programs and policies above, please outline how they supported you and your education.

Race/Ethnicity/Culture

18. Please outline what your race and culture mean to you.

19. Did you live in a foster home or group home where your culture heritage was supported?

Yes No

20. If yes, please explain how they supported you.

21. If no, please explain how they could have better supported you?

Homelessness/Housing

22. Have you ever experienced homelessness?

Yes No

23. Do you currently receive any of the following financial support for housing?
Please check 'x' in all that may apply:

- ☐ Subsidized housing
- ☐ Extended Society Care (extended service agreements)
- ☐ Partial rent subsidy
- ☐ Full rent subsidy
- ☐ No financial support for housing
- ☐ Other _____ (please specify)

Mental Health

24. Have you struggled with any mental health issues?

Yes No

25. Please check 'x' in all that may apply:

- ☐ Anxiety
- ☐ Depression
- ☐ Suicidal Thoughts
- ☐ Schizophrenia
- ☐ Bipolar
- ☐ Borderline Personality Disorder
- ☐ Other _____ (please specify)

26. If yes to the above, did you receive any financial support for therapy?

Yes No

27. If no to the above, what supports would you have liked to have for your mental health?
Please explain.

Addiction

28. Have you accessed programs or supports for an addiction?

Yes No

29. If you selected yes to the above, please outline how affective or ineffective these programs were.

Human Trafficking

30. Are you a victim of human trafficking?

Yes No

Intergenerational Trauma

31. Have you or a member of your birth family experienced physical, sexual, or emotional abuse, and/or neglect, or been a witness to domestic violence as a child and/or youth?

Yes No

32. Did you or your family members have access to resources that support your healthy development?

Yes No

33. If yes, please list the resources or supports.

Parenting

34. Did you give birth to a child while living in the child welfare system?

Yes No

35. Did you give birth to a child after aging out of the child welfare system?

Yes No

36. If yes, does your child live in your care?

Yes No

37. If you are parenting, please list any policies, programs, or supports that have assisted you and/or your child.

38. Do you receive any of the following supports? Please check 'x' in all that may apply:

- ☐ Disability support (eg. ODSP)
- ☐ General Welfare (eg. Ontario Works, Income Support, Social Assistance)
- ☐ After Care, Child Welfare Benefit
- ☐ Other _____ (please specify)

Justice

39. Have you ever interacted with the justice system?

Yes No

40. If yes, please outline your experience(s) with the justice system.

Employment

41. Are you currently employed?

Yes No

42. Have you experienced any challenges finding employment?

Yes No

43. Have you accessed any programs or policies to assist you with employment opportunities?

Yes No

Transition to Independence

44. Did a social worker speak with you about a permanency plan before you aged out of the child welfare system?

Yes No

45. At what age did you transition (age) out of the child welfare system?

46. Did your preparation for independence include life skills training?

Yes No

47. If yes, please check all life skills that apply:

- ☐ Cooking
- ☐ Budgeting
- ☐ Grocery Shopping
- ☐ How to Find a Job
- ☐ How to Find a Place to Live
- ☐ How to Access Community Services
- ☐ Interpersonal Relationships Skills
- ☐ Self-Care
- ☐ Mental Health
- ☐ Parenting Skills
- ☐ other _____ (please specify)

48. Did you understand what it meant to transition out (age out) of the child welfare system?

Yes No

49. What supports or resources would have supported you during your transition out of the child welfare system? Please list all that apply.

50. Would a connection of some sort have helped you transition out of the system to be stable enough on your own?

Appendix G



Aging Out Without A Safety Net Focus Group Survey

General Information

First Name and Last Name: _____

Preferred Method of Contact: _____

Date of Birth: _____

Gender: _____

1. Do you identify as:

- ☐ A visible minority group (eg. African Canadian, Chinese Canadian, East Indian Canadian)
- ☐ First Nations
- ☐ Metis
- ☐ Inuit
- ☐ Indigenous
- ☐ European (White)
- ☐ Other _____

2. Are you a(n):

- ☐ Society Ward (formerly known as Crown Ward)
- ☐ Former Crown Ward (Aged Out)
- ☐ Adoptee
- ☐ Other _____ (please specify)

3. Do you have a dis(ability) whether invisible or visible? (eg. FASD, ADHD, Developmental Trauma, etc.)

Yes No

4. A) If you have a dis(ability) were you diagnosed while living in the child welfare system?

Yes No

B) If you have a dis(ability) were you diagnosed after living in the child welfare system?

Yes No



Child Welfare Experience(s)

5. Please list the reason(s) you entered the child welfare system.
6. How many times did you come into the care of the child welfare system?
7. Are you or were you made a society ward (formally known as crown ward)?
Yes No
8. How many foster or group homes did you live in while in the child welfare system?
☐ 1-3 ☐ 3-5 ☐ 5-10 ☐ 10+
9. While in the child welfare system, did you live in __? Please check 'x' in all that may apply:
☐ Foster home
☐ Group Home
☐ Residential Care
☐ Treatment Program
☐ Other _____ (Please specify)
10. Did you have contact with your siblings or extended family members while living in the child welfare system?
Yes No
11. What were some of the positive experience you had living in the child welfare system?



12. What were some of the negative experience you had while living in the child welfare system?

Education

13. What level of education did you complete? Please check 'x' in all that may apply:

- ☐ Middle School
- ☐ High School
- ☐ College
- ☐ University
- ☐ Apprenticeship Training
- ☐ Vocational Training
- ☐ Employment
- ☐ Non-Formal Education (personal interest courses and preparation courses)
- ☐ Other _____ (please specify)

14. Did you receive financial support for your education?

Yes No

15. If yes, please check 'x' in all that may apply:

- ☐ Full tuition
- ☐ Partial tuition
- ☐ Books
- ☐ Tutors
- ☐ Computer
- ☐ Transportation
- ☐ Child Care
- ☐ Extra-Curricular Activities (clubs, special events)
- ☐ Special clothing, equipment



16. Please select any of the following barriers that may have affected your ability to pursue your education.

- ☐ Mental health
- ☐ Addictions
- ☐ Housing Instability
- ☐ Homelessness
- ☐ Parenting/Dependents (ie. Caring for a child, sibling, family member)
- ☐ Tuition costs
- ☐ Justice System Involvement
- ☐ Human Trafficking
- ☐ Domestic Violence
- ☐ Child Sexual Exploitation
- ☐ No Emotional Support/ Guidance
- ☐ Isolation
- ☐ No life skills (ie. How to budget, how to access loans, how to apply for bursaries)
- ☐ Difficulty securing bursaries or scholarships
- ☐ Difficulties with acquiring a loan and/or student line of credit
- ☐ Employment (full time and/or part time)
- ☐ Extra-curriculars
- ☐ Friendships and/or peer groups
- ☐ Debt
- ☐ Bullying
- ☐ Invisible and/or Visible Disabilities
- ☐ Other _____

17. Please list any programs or policies that have supported your education.

18. If you listed programs and policies above, please outline how they supported you and your education.



Race/Ethnicity/Culture

19. Please outline what your race and culture mean to you.
20. Did you live in a foster home or group home where your culture heritage was supported?
- Yes No
21. If yes, please explain how they supported you.
22. If no, please explain how they could have better supported you?

Homelessness/Housing

23. A) Have you ever experienced homelessness?
- Yes No
- B) If you selected yes above, please check all of the following reasons that may apply:
- ☐ Financial Difficulties
 - ☐ LGBTQ2S+ Challenges (eg. Homophobia, Heteronormativity)
 - ☐ Physical Abuse
 - ☐ Sexual Abuse
 - ☐ Domestic Violence
 - ☐ Emotional Abuse
 - ☐ Neglect
 - ☐ Cultural Isolation/ Lack of Connection to Community
 - ☐ Failed Reunion with Birth Family
 - ☐ Food Insecurity

Status of Women
CanadaCondition féminine
Canada

- ☐ Mental Health
- ☐ Addictions
- ☐ Aging Out of the Child Welfare System
- ☐ No family
- ☐ No Attachments
- ☐ Teen Parenting
- ☐ Justice System Involvement
- ☐ Child Sexual Exploitation
- ☐ Debt
- ☐ Other _____ (Please Specify)

24. Do you currently receive any of the following financial support for housing?
Please check 'x' in all that may apply:

- ☐ Subsidized housing
- ☐ Extended Society Care (extended service agreements)
- ☐ Partial rent subsidy
- ☐ Full rent subsidy
- ☐ No financial support for housing
- ☐ Other _____ (please specify)

Mental Health

25. Have you struggled with any mental health issues?

Yes No

26. Please check 'x' in all that may apply:

- ☐ Anxiety
- ☐ Depression
- ☐ Suicidal Thoughts
- ☐ Schizophrenia
- ☐ Bipolar
- ☐ Borderline Personality Disorder
- ☐ Other _____ (please specify)

27. If yes to the above, did you receive any financial support for therapy?

Yes No



28. If no to the above, what supports would you have liked to have for your mental health? Please explain.

Addiction

29. Have you accessed programs or supports for an addiction?
- Yes No
30. If you selected yes to the above, please outline how effective or ineffective these programs were.

Human Trafficking

31. A) Are you a victim of human trafficking?
- Yes No
- B) Are you a victim of childhood sexual exploitation?
- Yes No

Intergenerational Trauma

32. Have you or a member of your birth family experienced physical, sexual, or emotional abuse, and/or neglect, or been a witness to domestic violence as a child and/or youth?
- Yes No
33. Did you or your family members have access to resources that support your healthy development?
- Yes No
34. If yes, please list the resources or support(s).



Parenting

35. A) Did you give birth to a child while living in the child welfare system?
Yes No
- B) If you selected yes to the above, at what age did you have your first child?
36. A) Did you give birth to a child after aging out of the child welfare system?
Yes No
- B) If you selected yes to the above questions, at what age did you have your first child?
37. If you selected yes to question #35 or #36, does your child live in your care?
Yes No
38. If you are parenting, please list any policies, programs, or supports that have assisted you and/or your child.
39. Do you receive any of the following supports? Please check 'x' in all that may apply:
- ☐ Disability support (eg. ODSP)
 - ☐ General Welfare (eg. Ontario Works, Income Support, Social Assistance)
 - ☐ After Care, Child Welfare Benefit
 - ☐ Other _____ (please specify)

Justice

40. Have you ever interacted with the justice system?
Yes No
41. If yes, please outline your experience(s) with the justice system.



Employment

42. A) Are you currently employed?

Yes No

B) What is your yearly income? (Please select one of the following)

- ☐ 0 - \$5,000
- ☐ \$5,000 - \$10,000
- ☐ \$10,000 - \$15,000
- ☐ \$15,000 - \$20,000
- ☐ \$20,000 - \$30,000
- ☐ \$30,000 - \$40,000
- ☐ \$40,000 - \$50,000
- ☐ \$50,000 - \$60,000
- ☐ \$60,000 - \$70,000
- ☐ \$70,000 - \$80,000
- ☐ \$80,000 - \$90,000
- ☐ \$90,000 - \$100,000
- ☐ \$100,000 +

43. Have you experienced any challenges finding employment?

Yes No

44. A) Have you accessed any programs or policies to assist you with employment opportunities?

Yes No

B) If you selected yes above, please list all the programs or policies:

Status of Women Canada
Condition féminine Canada**Transition to Independence**

45. Did a social worker speak with you about a permanency plan before you aged out of the child welfare system?

Yes No

46. At what age did you transition (age) out of the child welfare system?

47. Did your preparation for independence include life skills training?

Yes No

48. If yes, please check all life skills that apply:

- ☐ Cooking
- ☐ Budgeting
- ☐ Grocery Shopping
- ☐ How to Find a Job
- ☐ How to Find a Place to Live
- ☐ How to Access Community Services
- ☐ Interpersonal Relationships Skills
- ☐ Self-Care
- ☐ Mental Health
- ☐ Parenting Skills
- ☐ other _____ (please specify)

49. Did you understand what it meant to transition out (age out) of the child welfare system?

Yes No



50. What supports or resources would have supported you during your transition out of the child welfare system? Please list all that apply.

51. Would a connection of some sort have helped you transition out of the system, to be stable enough on your own?

Appendix H

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Thanks for sharing your experience aging out (transitioning/le

Your feedback is very important to us.

Your lived experience will help us identify barriers that reduce socioeconomic security for youth who are aging out or who have aged out of the child welfare system in Canada. Your responses will also help us recommend policies and programs that could improve social and economic well-being for youth aging out of care.

All information you share within this survey will remain anonymous. Your responses will become part of a set of data. We will use any identifying information only to send you your honorarium via email.

The survey should take approximately 20-30 minutes to complete. If you are one of the first 200 people to complete the survey, you will receive a \$25 honorarium to recognize your time and to thank you for sharing your lived experience with us. In order to be eligible for the honorarium you must complete the survey in full and follow the guidelines. We encourage you to fill out the survey as soon as possible.

We recognize that these questions may be sensitive, and may trigger you.

If you require any mental health support, the Ottawa Centre for Resilience has offered a free appointment. You will be matched with a clinician who can meet with you promptly by your choice of virtual modality (phone or video).

Please contact them and leave a message that says you are calling in relation to the Adoption Council of Canada Aging Out Survey:

Ottawa Centre for Resilience Contact Information:

Email: admin@ocfr.ca
Telephone: 613-714-0662

If you have general questions about the survey, feel free to contact:

Alisha Bowie, ACC Program Manager, alisha@adoption.ca

Cathy Murphy, ACC Executive Director, cathy@adoption.ca

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* I, survey participant, consent to the Adoption Council of Canada and its research partners anonymously using the following data for the Aging Out Without A Safety Net project.

☐ Yes

☐ No

* I understand that to be eligible to receive a \$25 honorarium, I must answer all required questions to the best of my ability. I understand that any response that does not align with the questions may disqualify me from receiving an honorarium.

☐ Yes

☐ No

* I understand that if I require mental health support after completing this survey that the Ottawa Centre for Resilience, in partnership with the Adoption Council of Canada, have offered a free session.

☐ Yes

☐ No

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Qualifying Questions

Please answer the following:

* Are you between 16-32 years of age?

☐ Yes

☐ No

* Are you aging out (transitioning to independence) or have you aged out of the child welfare system in Canada?

☐ Yes

☐ No

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

General Information*** About You****First and Last Name****Date of Birth****City/Town****Province****Postal Code****Email Address (Only
used if follow up
required)****Phone Number (Only
used if follow up
required)***** 1. Do you identify as:**

- ☐ African Canadian
- ☐ First Nation
- ☐ Metis
- ☐ Inuit
- ☐ Indigenous
- ☐ European
- ☐ Mixed Race/ Biracial
- ☐ Chinese Canadian
- ☐ Hispanic
- ☐ Not listed (please specify)

*** 1. A) Which gender do you identify as:**
(Please select one)

- ☐ Female
- ☐ Male
- ☐ Transgender Female/ Trans Woman
- ☐ Transgender Male/ Trans Man
- ☐ Genderqueer / Non Binary
- ☐ Two Spirited
- ☐ Gender Fluid
- ☐ Not listed (please specify)

*** 1. B) Which sexual orientation do you identify with?**
(Please select one)

- ☐ Bisexual
- ☐ Heterosexual or Straight
- ☐ Gay
- ☐ Lesbian
- ☐ Fluid
- ☐ Pansexual
- ☐ Asexual
- ☐ Queer
- ☐ Not listed (please specify)

*** 2. Are you a:**

- ☐ Permanent/Crown/ Society Ward (Your local child welfare agency is your legal guardian/ in the care of the provincial government)
- ☐ Former Permanent/Crown/Society Ward (Transitioned/Aged Out of Care/Alumni of Care)
- ☐ No experience living in/aging out of the child welfare system in Canada
- ☐ Not Listed (please specify)

* 3. Do you live with a dis(Ability) whether invisible or visible? (eg. FASD, ADHD, Depression, Anxiety, Developmental Trauma, etc.)

☐ Yes

☐ No

4. A) If you live with a dis(Ability) were you diagnosed while living in the child welfare system?

☐ Yes

☐ No

☐ Not Listed (please specify)

4. B) If you live with a dis(Ability) were you diagnosed after living in the child welfare system?

☐ Yes

☐ No

☐ Not Listed (please specify)

4. C) If you identify as living with a dis(Ability), what programs or policies are or have supported you?

Note: List all programs and policies you can think of within the child welfare system, within your community, province, or country.

* 4. D) Have you had support accessing programs and services for your dis(Ability) during your transition to independence or after aging out?

☐ Yes

☐ No

☐ Not Listed (please specify)

* 4. E) If yes, who helped you access programs, and services?

- ☐ Friend
- ☐ Biological Family Member
- ☐ Foster parent
- ☐ Social Worker
- ☐ Community member
- ☐ Forever Family
- ☐ Adoptive Family
- ☐ Alumni of Care
- ☐ Youth Network (working with kids/youth in/from care)
- ☐ Youth in Care
- ☐ Not Listed (please specify)

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Child Welfare Experience

* 5. Please list the reason(s) you entered the child welfare system.

* 5. A) Have you experienced (please select all that apply):

- ☐ Domestic Violence
- ☐ Poverty
- ☐ Intergenerational Trauma
- ☐ Socio-economic inequity/insecurity
- ☐ Emotional Abuse
- ☐ Physical Abuse
- ☐ Neglect/ Deprivation
- ☐ Community Violence
- ☐ Racism
- ☐ Gender Discrimination
- ☐ Sexual Orientation Discrimination
- ☐ Not Listed (please specify)

* 5. B) Did you experience one of the above challenges:
(Please select all that may apply)

- ☐ Before entering care/ in birth home or with relatives
- ☐ While living in a foster/group home
- ☐ After aging out of care
- ☐ In school
- ☐ In the community
- ☐ In adoptive home
- ☐ Not Listed (please specify)

* 6. How many times did you enter into the care of the child welfare system/ your provinces care?

* 7. While in the child welfare system, did you live in a? Please check all that may apply:

- ☐ Foster home
☐ Group Home
☐ Residential Care
☐ Treatment Program
☐ Not Listed (please specify)

* 8. How many foster homes did you live in while in the child welfare system?

- ☐ 1-3
☐ 3-5
☐ 5-10
☐ 10+
☐ Not Listed (please specify)

* 9. How many group homes did you live in while in the child welfare system?

- ☐ 1-3
☐ 3-5
☐ 5-10
☐ 10+
☐ Not Listed (please specify)

* 10. Did you have contact with your siblings or extended family members while living in the child welfare system?

- ☐ Yes
☐ No

* 11. What were some of the positive experiences you had living in the child welfare system?

* 12. What were some of the negative experience you had while living in the child welfare system?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Education

13. What level of education have you completed? Please select all that may apply:

- ☐ Middle School
- ☐ High School
- ☐ College
- ☐ University
- ☐ Apprenticeship Training
- ☐ Vocational Training
- ☐ Employment
- ☐ Non-Formal Education (personal interest courses and preparation courses)
- ☐ Not Listed (please specify)

*** 14.** Did/Do you receive financial support for your education?

- ☐ Yes
- ☐ No

*** 15.** If yes, please select all that may apply:

- ☐ Full tuition
- ☐ Partial tuition
- ☐ Books
- ☐ Tutors
- ☐ Computer
- ☐ Transportation
- ☐ Child Care
- ☐ Extra-Curricular Activities (clubs, special events)
- ☐ Special clothing, equipment
- ☐ Not Listed (please specify)

16. Please select any of the following barriers that are or may have affected your ability to pursue your education.

- ☐ Mental Health
- ☐ Addictions
- ☐ Housing Instability
- ☐ Homelessness
- ☐ Parenting/Dependents (ie. Caring for a child, sibling, family member)
- ☐ Tuition Costs
- ☐ Justice System Involvement
- ☐ Human Trafficking
- ☐ Domestic Violence
- ☐ Child Sexual Exploitation
- ☐ No Emotional Support/Guidance
- ☐ Isolation
- ☐ No Life Skills (ie. How to budget, how to access loans, how to apply for bursaries)
- ☐ Difficulty Securing Bursaries or Scholarships
- ☐ Difficulties Acquiring a Loan and/or Student Line of Credit
- ☐ Employment (full time and/or part time)
- ☐ Extra-curriculars
- ☐ Friendships and/or Peer Groups
- ☐ Debt
- ☐ Bullying
- ☐ Invisible and/or Visible Disabilities
- ☐ Gender Identity
- ☐ Sexual orientation/identity
- ☐ Racism
- ☐ Not Listed (please specify)

*** 17.** Please list any programs or policies that support(ed) your education.

* **17. A)** Please list any programs and policies you wish supported you as you pursued your education.

* **18.** If you listed programs and policies above, please outline how they supported you or could have supported your education.

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Race/Ethnicity/Culture

* 19. Please outline what your race and culture mean to you.

* 20. Did or do you live in a foster home or group home where your cultural heritage was or is supported?

☐ Yes

☐ No

* 20. A) Did you ever experience racism or racial discrimination while living in your foster/group home?

☐ Yes

☐ No

* 20. B) What form of racism/ racial discrimination did you experience while living in foster/group care?

☐ Racial Profiling

☐ Prejudice and Overt Bias

☐ Stereotyping

☐ Subtle racism

☐ Structural racism

☐ Not Listed (please specify)

* 20. C) Please explain your experience with racism/racial discrimination in your foster/group home:

* 21. If your foster/group home supports(ed) your race/culture, please explain how they support(ed) you.

* 22. If your foster/group home did (does) not support your race/culture, please explain how they could (have) better support(ed) you?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Homelessness/Housing

* 23. Have you ever experienced homelessness?

- ☐ Yes
☐ No

* 23. A) What form(s) of homelessness have you experienced? Please select all that may apply.

- ☐ Unsheltered (ex. street involvement/ private or public places not legally designed for human living)
☐ Emergency Sheltered (ex. shelters for those experiencing homeless or family/domestic violence)
☐ Provisionally Accommodated (ex. temporary/transitional housing with non-profits, etc.; hidden homelessness ("couch surfing"; living in hotels; living in institutional care (group homes, mental health or addiction institutions)
☐ At risk of homelessness (ex. facing evictions, violence/abuse in home, precarious/lack of employment, etc.)
☐ Not Listed (please specify)

* 23. B) At what age did you experience homelessness? List all ages that may apply:

* 23. C) How long did or have you experience(d) homelessness?

- ☐ 1 - 3 weeks
☐ 1 - 3 months
☐ 3 - 6 months
☐ 6 months to a year
☐ 1 - 3 years
☐ 3 - 5 years
☐ 5 -10 years
☐ 10 years +
☐ Not Listed (please specify)

23. D) If you selected yes above, please check all of the following reasons that may apply:

- ☐ Financial Difficulties
- ☐ LGBTQ2S+ Challenges (eg. Homophobia, Heteronormativity)
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Domestic Violence
- ☐ Emotional Abuse
- ☐ Neglect
- ☐ Cultural Isolation/ Lack of Connection to Community
- ☐ Failed Reunion with Birth Family
- ☐ Food Insecurity
- ☐ Mental Health
- ☐ Addictions
- ☐ Aging Out of the Child Welfare System
- ☐ No Family
- ☐ No Attachments
- ☐ Teen Parenting
- ☐ Justice System Involvement
- ☐ Child Sexual Exploitation
- ☐ Debt
- ☐ Racism/ Racial Discrimination
- ☐ Other (please specify)

*** 24.** Do/Did you receive any of the following financial support for housing? Please check all that may apply:

- ☐ Subsidized housing
- ☐ Extended Service/Financial Support Agreements with Child Welfare Agency
- ☐ Partial rent subsidy
- ☐ Full rent subsidy
- ☐ No financial support for housing
- ☐ Not Listed (please specify)

* 24. A) What policies, programs and supports should be created to help youth in/from care who are experiencing homelessness?

24. B) Who helped (or is helping) you exit homelessness? Please select all that may apply.

- ☐ A Social Worker
- ☐ A homeless shelter/ worker
- ☐ A friend
- ☐ A family member
- ☐ No one
- ☐ Social assistance
- ☐ Child welfare agency
- ☐ Community member
- ☐ Elder/ cultural liaison
- ☐ Not Listed (please specify)

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Mental Health

* 25. Have you struggled with your mental health?

- ☐ Yes
☐ No

* 26. If yes, please select all the mental health challenges that may apply:

- ☐ Anxiety
☐ Depression
☐ Suicidal Thoughts
☐ Schizophrenia
☐ Bipolar Disorder
☐ Borderline Personality Disorder
☐ Developmental Trauma
☐ Eating Disorders
☐ Substance Abuse
☐ Not Listed (please specify)

* 27. If you selected yes to one or more of the above, did/do you receive any financial support for therapy?

- ☐ Yes
☐ No
☐ Not Listed (please specify)

* 28. Who has or is helping you with your mental health? Please select all that apply.

- ☐ Social Worker
- ☐ Community Worker
- ☐ Therapist/ Counsellor
- ☐ Coach
- ☐ Community member
- ☐ Foster Family
- ☐ Friend
- ☐ Alumni of Care/ Peer
- ☐ Birth Family Member
- ☐ Elder/ Community Liasion
- ☐ Adoptive Parent
- ☐ Not Listed (please specify)

* 28. A) What types of programs or services would (have) help(ed) support your mental health needs? Please explain.

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Addiction

* 29. Have you accessed programs or supports for an addiction?

☐ Yes

☐ No

* 29. A) Have you experienced / Do you live with...? Please select all that may apply.

☐ A behavioural addiction (ex. food, shopping, computers, gaming, working, sex, exercising)

☐ A substance addiction (alcohol, tobacco, opioids/hard drugs)

☐ An impulse addiction (stealing, gambling, etc.)

☐ Not Listed (please specify)

* 30. If you selected yes above, what were some of the strengths (things that worked well) or gaps (things that could be improved) in these addiction programs or supports?

* 30. A) What supports, programs or policies would you recommend or create to support those living with an addiction?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Personal Victimization

* 31. A) Are you a victim of human trafficking?

Public Safety Canada Definition: "Human trafficking involves the recruitment, transportation, harbouring and/or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour. It is often described as a modern form of slavery."

☐ Yes

☐ No

* 31. B) Are you a victim of childhood sexual abuse?

OACAS Pride Training Definition: "Childhood sexual abuse occurs when a child is used for the sexual gratification of an older adolescent or adult. It involves the exposure of a child to sexual contact, activity, or behaviour. It may include invitation to sexual touching, intercourse or other forms of exploitation, such as juvenile prostitution or pornography."

☐ Yes

☐ No

* 31. C) Are you a victim of sexual assault?

Criminal Code of Canada Definition: "Sexual assault is any touching of another person without their consent where the touching is of a sexual nature, or where the sexual integrity of the alleged victim is violated."

Supreme Court of Canada Extended Definition: "Sexual assault includes such actions as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, attempted rape, and other non-consensual activities."

☐ Yes

☐ No

* 31. D) If you identify with any of the above, what supports and resources would you recommend be created or replicated to better support victims?

* 31. E) What or who helped or is helping you heal from your experience with human trafficking, childhood sexual exploitation, or sexual assault?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Trauma

* 32. Have you or a member of your birth family experienced physical, sexual, or emotional abuse, and/or neglect, or been a witness to domestic violence as a child and/or youth?

☐ Yes

☐ No

* 32. A) Did your parents, grandparents, or family members (who raised you before care) experience trauma while growing up?

☐ Yes

☐ No

* 32. B) If your parents, grandparents, or family members experienced trauma, please select all that may apply:

- ☐ Domestic Violence
- ☐ Sexual Abuse
- ☐ Poverty
- ☐ Residential School
- ☐ 60's Scoop
- ☐ Human Trafficking
- ☐ Socio-economic inequity/insecurity
- ☐ Emotional Abuse
- ☐ Physical Abuse
- ☐ Child Welfare Experience
- ☐ Aging Out of Care
- ☐ Neglect/ Deprivation
- ☐ Community Violence
- ☐ Racism/ Racial Discrimination/ Violence
- ☐ Gender Based Violence
- ☐ Violence due to Sexual Orientation
- ☐ Not Listed (please specify)

* **33.** Did you or your family members have access to resources to support your healthy development? Ex. Proper nutrition, Parenting courses, etc.

☐ Yes

☐ No

* **33. A)** If yes, please list the resources or support(s).

* **33. B)** If no, please list the resources or support(s) you needed.

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Parenting

* 34. Are you a parent of a child/youth and/or do you currently have dependents in your care who are minors?

☐ Yes

☐ No

* 35. Did you give birth to a child while living in the child welfare system?

☐ Yes

☐ No

* 35. A) If you selected yes to the above, at what age did you have your first child?

* 36. Did you give birth to a child after aging out of the child welfare system?

☐ Yes

☐ No

* 36. A) If you selected yes to the above questions, at what age did you have your first child?

* 37. If you selected yes to giving birth while living in or after aging out of the child welfare system, does your child live in your care?

☐ Yes

☐ No

☐ Not Listed (please specify)

* 38. If you are parenting, please list any policies, programs, or supports that have assisted you and/or your child.

* 39. Do you receive any of the following supports? Please select all that may apply:

- ☐ Disability support (eg. ODSP)
- ☐ General Welfare (eg. Income Support, Social Assistance)
- ☐ After Care, Child Welfare Benefit
- ☐ Not Listed (please specify)

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Justice

* 40. Have you ever interacted with the justice system?

- ☐ Yes
☐ No

* 40. A) Have you:

- ☐ Paid a fine
☐ Spent time in a youth detention facility
☐ Spent time in an 'adult' jail
☐ Been arrested
☐ Been a victim of sexual, or physical abuse of which the perpetrator was prosecuted by the court
☐ Received community volunteer time
☐ Spent time in a mental health facility (court ordered)
☐ Not Listed (please specify)

* 40. B) How long did/have you interact(ed) with the justice system?

- ☐ 1-3 weeks
☐ 1-3 months
☐ 3-6 months
☐ 1-3 years
☐ 3-5 years
☐ 5-10 years
☐ 10+ years
☐ Not Listed (please specify)

* 41. Please outline your experience(s) with the justice system.

* 41. A) Did your child welfare experience play a factor in your experience with the justice system? If yes, how?

* 41. B) Did racial discrimination, or lack of cultural understanding play a factor in your experience with the justice system? If yes, how?

* 41. C) Who is or has supported you during or after your interaction with the justice system?

- ☐ Friend(s)
- ☐ Birth Parent
- ☐ Adoptive Family
- ☐ Community
- ☐ Elder
- ☐ Lawyer
- ☐ No one
- ☐ Mental Health Worker
- ☐ Social Worker
- ☐ Foster Parent
- ☐ Sibling(s)
- ☐ Alumni or peer group of children/youth in care
- ☐ Not Listed (please specify)

* 41. D) What program(s) or policies helped you during or after your interaction with the justice system?

* 41. E) What program(s) or policies would (have) help(ed) you before, during or after your interaction with the justice system?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Employment

* 42. Are you currently employed?

- ☐ Yes
☐ No

* 42. A) Were you employed before Covid 19 (Corona Virus)?

- ☐ Yes
☐ No

* 42. B) What is your yearly income? (Please select one of the following)

- ☐ 0 - \$5,000
☐ \$5,000 - \$10,000
☐ \$10,000 - \$15,000
☐ \$15,000 - \$20,000
☐ \$20,000 - \$30,000
☐ \$30,000 - \$40,000
☐ \$40,000 - \$50,000
☐ \$50,000 - \$60,000
☐ \$60,000 - \$70,000
☐ \$70,000 - \$80,000
☐ \$80,000 - \$90,000
☐ \$90,000 - \$100,000
☐ \$100,000 +

* 43. Have you experienced any challenges finding employment?

- ☐ Yes
☐ No

* 44. Have you accessed any programs or policies to assist you with employment opportunities?

- ☐ Yes
☐ No

* 44. A) Did you access programs or policies to support/ expand your employment opportunities:

- ☐ While in foster/group care
- ☐ After aging out of foster/group care
- ☐ Not Listed (please specify)

* 44. B) If you accessed programs or policies for employment, please list all that apply:

* 44. C) What programs or policies would help you or youth in/from care with employment?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Transition to Independence

* 45. Did a social worker speak with you about a permanency plan before you aged out of the child welfare system?

- ☐ Yes
☐ No

* 45. A) How often did (or do) you see or speak to your social worker during your transitioning from care?
Every:

- ☐ 1-3 weeks
☐ 1-3 months
☐ 3-6 months
☐ 6 months to a year
☐ 1 year
☐ 2 year
☐ 3 + years
☐ Not Listed (please specify)

* 46. At what age did you (or will you) transition (age) out of the child welfare system?

* 47. Did your (or does your) preparation for independence include life skills training?

- ☐ Yes
☐ No
☐ Not Listed (please specify)

* 48. If you selected yes, please check all the life skills that apply:

- ☐ Cooking
- ☐ Budgeting
- ☐ Grocery Shopping
- ☐ How to Find a Job
- ☐ How to Find a Place to Live
- ☐ How to Access Community Services
- ☐ Interpersonal Relationships Skills
- ☐ Self-Care
- ☐ Mental Health
- ☐ Parenting Skills
- ☐ Investing
- ☐ Cleaning/ Taking Care of a home
- ☐ Debt management
- ☐ Credit Management
- ☐ Not Listed (please specify)

* 49. Did you (or do you) understand what it meant (means) to transition out (age out) of the child welfare system?

- ☐ Yes
- ☐ No

* 49. A) Did (or do) you feel you had (have) the support you need to successfully age out of care?

- ☐ Yes
- ☐ No

* 50. What programs or policies would have (or will) support(ed) you during your transition out of the child welfare system? Please list all that apply.

* 51. Would a connection help or have helped you age out of the child welfare system? (Ex. supportive relationships, community or social supports, mentors, etc.)

- ☐ Yes
- ☐ No

* 52. If yes, what kind of connection would or would have help(ed) you transition (age) out of the child welfare system? Please select all that may apply

- ☐ Birth Family Siblings
- ☐ Birth Parents (Connection/Support to Mom, Dad, Grandparents)
- ☐ Kinship (Connection/support from extended family including aunts, uncles, etc.)
- ☐ Customary Care (connection of an extended family or someone within Indigenous community)
- ☐ Adoption/ Permanent Home and Connection
- ☐ Mentors (Racial mirrors, Alumni of care/peer support, etc.)
- ☐ Community Connections (safe spaces for hobbies and interests)
- ☐ Friends
- ☐ Cultural Connections
- ☐ Mental Health Support (ie. counsellor, therapist)
- ☐ Not Listed (please specify)

* 52. A) Did or is a social worker, foster parent, or group home worker assist(ing) you with building relationships/connections before transitioning (aging) out of care? (Ex. did/are they help(ing) you build/rebuild the relationship(s)?)

- ☐ Yes
- ☐ No

* 53. If a connection would not have helped, what supports did or do you need to successfully transition (age) out of the child welfare system? Please list as many as you can think of.

* 54. Did you automatically receive a copy of your child welfare file when you aged out of care?

- ☐ Yes
- ☐ No
- ☐ Not Applicable - still in care

* 54. A) Did you request a copy of your child welfare file after aging out of care?

- ☐ Yes
- ☐ No
- ☐ Will request when I age out
- ☐ Not Applicable - Still in Care

* 54. B) When you requested your child welfare file, was it free or did you have to pay?

- ☐ Free
- ☐ Paid per page
- ☐ Not Applicable

* 54. C) If you must pay for your file, how much did or does it cost per page?

* 54. D) Did your file help provide new information about your birth history or life that you NEVER knew before (ie. information never disclosed to you)?

- ☐ Yes
- ☐ No
- ☐ Not Applicable - have not seen my file

* 54. E) Is the information in your file important to you? If so, why? If no, why not?

* 54. F) What policies would you like put in place for your child welfare file?

* 55. If you have aged out or are transitioning to independence, did/do you live in a social housing apartment, house, etc.?

ie. A place to live that is owned and subsidized by the city?

- ☐ Yes
- ☐ No

* 55. A) How long did you or have you been living in social housing?

- ☐ 1-3 weeks
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ 6 months to a year
- ☐ 1 to 3 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ 10+years
- ☐ Not Listed (please specify)

* 55. B) How much rent did/do you pay per month for your social housing apartment, house, etc.?

55. C) If you live(d) in social housing while/ after aging out of care, what programs, policies or supports should be available?

*** 56. C)** Please select who from the below list helped you apply for financial assistance from the government:

- ☐ Social Worker
- ☐ Birth Sibling
- ☐ Foster Sibling
- ☐ Foster Parent
- ☐ Community Members
- ☐ Government Representative
- ☐ Birth Parent
- ☐ Friends
- ☐ Extended family
- ☐ Mental Health Professional
- ☐ Social Media
- ☐ News
- ☐ Non profit or community organization
- ☐ Not Listed (please specify)

*** 56. D)** During the pandemic, did anyone inform you of or help you apply for financial assistance from a local charity or community organization (ex. Children's Aid Foundation of Canada COVID-19 Relief Grant,)?

- ☐ Yes
- ☐ No

*** 56. E)** Please select who from the below list informed or helped you apply for financial assistance from a local charity or community organization:

- ☐ Social Worker
- ☐ Birth Sibling
- ☐ Foster Sibling
- ☐ Foster Parent
- ☐ Community Members
- ☐ Government Representative
- ☐ Birth Parent
- ☐ Friends
- ☐ Extended family
- ☐ Mental Health Professional
- ☐ Social Media
- ☐ News
- ☐ Non profit or community organization
- ☐ Not Listed (please specify)

*** 56. F)** What challenges did/are you experience(ing) during the COVID-19 pandemic?

- ☐ Mental Health (Depression, Anxiety)
- ☐ Lack of Connection, Support, family
- ☐ Addiction
- ☐ Homelessness
- ☐ Housing Insecurity/ At risk of homelessness
- ☐ Justice System Involvement (tickets, jail time, etc.)
- ☐ Community Isolation (lack of access to community networks/activities)
- ☐ Human Trafficking/Sexual Exploitation
- ☐ Domestic Violence/Assault
- ☐ Financial Insecurity
- ☐ Educational Interruptions
- ☐ Aged Out of Care
- ☐ Not Listed (please specify)

*** 56. G)** What resources and supports did/do you need during COVID-19 to help reduce the challenges you experienced?

- ☐ Mental Health Supports
- ☐ Financial Support
- ☐ Housing Support
- ☐ Educational Support
- ☐ Anti -Domestic Violence/ Assault Support
- ☐ Anti- Human Trafficking and sexual exploitation resources and supports
- ☐ Connection to Community/ Support from Community
- ☐ Connection to family, support system
- ☐ Addiction Supports
- ☐ Not to age out of care/ Continued support from child welfare agency and or provincial government
- ☐ Improved health and safety precautions in foster/group home
- ☐ Support from social worker
- ☐ Not Listed (please specify)

*** 56. H)** What policies or programs would you like to see put in place to support youth in/from care during the pandemic?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

COVID-19

* 56. During the pandemic/ COVID-19, did you have a person or people in your life who provided social emotional support (ex. someone to talk to)?

- ☐ Yes
☐ No

* 56. A) During the pandemic/ Covid-19, did anyone talk to you about the health risks of the virus and/or what you could do to stay safe? Please select all that may apply:

- ☐ Social Worker
☐ Birth Sibling
☐ Foster Sibling
☐ Foster Parent
☐ Community Members
☐ Government Representative
☐ Birth Parent
☐ Friends
☐ Extended family
☐ Mental Health Professional
☐ Social Media
☐ News
☐ No one / Navigated alone
☐ Not Listed (please specify)

* 56. B) During the pandemic, did anyone help you apply for financial assistance from the government?

- ☐ Yes
☐ No

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Dreams for the Future

* 57. What are your hopes and dreams for future youth who will transition from/ age out of the child welfare system?

* 58. When you dream about your future, what do you envision for yourself?

58. A) When you dream about your future, what supports or resources do you need to get there?

Manitoba Focus Group_ Aging Out Without A Safety Net Survey

Congrats! You've reached the end of the survey!

Thank you for taking the time to complete the Aging Out Without A Safety Net survey.

We appreciate your time.

Should you have any further thoughts about the above survey, information you'd like to share, or ideas on ways to help prepare/support youth during or after aging out, please feel free to share below.

59. Final Thoughts, Questions, Comments or Concerns?

* 60. Would you like us to contact you about our national symposium and when we release our final report?

☐ Yes

☐ No

Appendix I



Toronto Resource List

Adoption Council of Canada

If you are looking to further information on adoption, permanency or are interested in volunteering with us, please feel free to reach out to us!

Adoption Council of Canada
2249 Carling Avenue, Suite 416
Ottawa, Ontario K2B 8B5
Email info@adoption.ca or call us at 613-680-2999

Alisha Bowie, ACC Aging Out Project Manager
alisha@adoption.ca

Cathy Murphy, ACC Executive Director
cathy@adoption.ca

Mental Health/ Trauma Informed Counsellors

If you would like to talk to someone who provides mental health services on a sliding fee scale, please reach out to some of the following organizations!

Ottawa Centre for Resilience

Dr. Catherine Horvath
2197 Riverside Drive, Suite 204
Ottawa, Ontario K1H 7X8
Phone number: 1-613-714-0662
Website: <http://ocfr.ca/>

Provides mental health services for hard to reach, at-risk children, youth and families.

Kids Help Phone

Phone number: 1-800-668-6868
Text: 686868
Website: <https://kidshelpphone.ca/>

Provides 24/7 confidential online, telephone counselling and text-based support in English and French to youth across Canada. Kids Help Phone's mandate also includes former youth in care of any age.

National Suicide Prevention Support Line

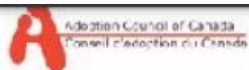
Phone number: 1-833-456-4566
Text: 45645

Provides 24/7 phone and 4pm/12 am text support for those considering suicide or worried about a loved one.

First Nations and Inuit Hope for Wellness Help Line

Phone number: 1-855-242-3310
Website: <https://www.hopeforwellness.ca/>

Provides 24/7 support in English, French, Cree, Ojibway and Inuktitut.

**Black Youth Helpline**

Phone number: 1-833-294-8650 or 416-285-9944

Website:

Provides all youth, specifically Black youth, culturally appropriate services and resources.

PLEO

Helpline: 855-775-7005

Website: <https://www.pleo.on.ca/>

Provides peer support to parents with children up to 25 who are facing mental health challenges.

Anti Human Trafficking/ Violence Against Women Organizations

If you are interested in learning more about peer to peer support and programming available for victims of human trafficking, feel free to reach out to:

VoiceFound

<http://voicefound.ca/>

Voice Found is a Canadian charitable organization that is committed to the prevention of child sex abuse and commercial sexual exploitation.

Canadian Human Trafficking Hotline

Phone: 1-833-900-1010

Website: <https://www.canadianhumantraffickinghotline.ca/>

Provides 24/7 support for victims of human trafficking or those wishing to report an incident.

Assaulted Women's Helpline

Phone: 1-866-863-0511 (Toll Free), 416-863-0511 (Toronto)

Provides 24/7 support to women experiencing abuse needing resources and referrals.

Police: 911

Ontario support, resources, and emergency shelter information for those experiencing violence:

Website: <https://www.ontario.ca/page/get-help-if-you-are-experiencing-violence>

Shelter Safe:

Website: <https://sheltersafe.ca/ontario/>

Provides an online map of nearest shelters for women and their children looking to seek safety from violence or abuse.

Legal Aid Ontario:

Phone: 1-800-668-8258, 416-979-1446 (GTA)

Legal support for those who have experienced violence or need family law support.

FASD Resources**FASD Assessment and Diagnosis**

St. Michael's Hospital FASD Clinic



61 Queen Street East, 2nd Floor
Toronto, Ontario M5C 2T2

Assessments upon referral from physician or pediatrician

Website: <http://www.stmichaelshospital.com/programs/pediatrics/fetal-alcohol-spectrum-disorder-clinic.php>

Fetal Alcohol Resource Program

Citizen Advocacy of Ottawa

<https://www.citizenadvocacy.org/fetal-alcohol-resource-program/>

FASD and Child Welfare

<http://www.fasdchildwelfare.ca/>

LGBTQ2S+ Resources

LGBT Youthline:

Phone: 1-800-268-9688

Text: 647-694-4275

Live chat with a Peer Support Volunteer: www.youthline.ca

Provides confidential, non-judgemental & informed LGBTQ2S+ peer support.

PFLAG Canada

Website: <https://pflagcanada.ca/pflag-chapters/ontario/>

Email: Ross Wicks, ross.wicks@pflagcanada.ca

Canada's only national organization that offers peer-to-peer support striving to help all Canadians with issues of sexual orientation, gender identity and gender expression. Support, educate and provide resources to anyone with questions or concerns.

Salaam Canada

Website: <https://www.salaamcanada.info/>

Create space for people who identify as both Muslim and queer/trans, based in Toronto with programming across Canada

CAMH Rainbow Services

Self-referral accepted through Access CAMH – call 416-535-8501 press 2

Website: <https://www.camh.ca/en/your-care/programs-and-services/rainbow-services-lgbtq>

Provides counselling provided to lesbian, gay, bisexual, transgender, transsexual, two-spirit and intersex people concerned about their drug and alcohol use.

Support in your Community

Victim Support Line:

Phone Number: 416-314-2447

Provides multilingual support Monday - Friday 7 am - 9 pm.

Telehealth Ontario:

Phone number: 1-866-797-0000



Provides confidential health advice and information from registered nurse.

MindyourMind

Website: <https://mindyourmind.ca/>

Provides information and resources for mental health, stress and crisis situations.

Parkdale Queen West Community Health Centre:

Website: <https://pqwchc.org/>

Cheers Mentorship Program:

Website: <https://pqwchc.org/programs-services/community-services-and-programs/youth-programs/cheers/>

Connects Black youth from the child welfare system with mentors in the community to support their transition to independence.

Ontario Association of Children's Aid Societies:

Website: <http://www.oacas.org/contact/>

Provides mental health, peer support, education, and financial literacy support and resources to youth aging out of care.

Children's Aid Foundation of Canada:

Phone Number: 416-923-0924

Website: cafdn.org

Provides housing, mental health, covid-19, cultural programming and educational supports to youth between 18-30 years old in/from the child welfare system.

Ombudsman Ontario:

Website: <https://www.ombudsman.on.ca/what-we-do/topics/children-youth>

Investigates and resolves complaints by youth, agencies, facilities surrounding issues regarding children and youth in care.

Black Business and Professional Association:

Website: <https://bbpa.org/>

Provides resources and supports for black community and offers financial literacy programming for youth and young adults.