



# ALONE, LOST, AND UNPREPARED BY THE SYSTEM: INDIGENOUS CARE LEAVERS' EXPERIENCES OF AGING OUT OF CHILD WELFARE CARE IN MANITOBA

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Résumé de l'article

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## **ALONE, LOST, AND UNPREPARED BY THE SYSTEM: INDIGENOUS CARE LEAVERS' EXPERIENCES OF AGING OUT OF CHILD WELFARE CARE IN MANITOBA**

**Roberta L. Woodgate, Marlyn Bennett, Donna Martin, Pauline Tennent,  
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**Abstract:** Limited research has been carried out on Indigenous young people transitioning out of care in Canada. This article provides a coherent and meaningful account of the journey of aging out of care in the province of Manitoba, as presented by 17 Indigenous care leavers. Using a qualitative multilevel approach grounded in first-person narratives, this study focused on incorporating and elevating the voices of Indigenous care leavers. Participants detailed their experiences of planning for the transition and aging out of care, and described their life post-care. The care leavers expressed that the Child and Family Services-led process of planning for and transitioning out of care was unclear and failed to engage them as partners, and as a result left them ill-prepared for life post-care. Additionally, participants' experiences serve as evidence of enduring gaps in transition supports, namely in mental health and interpersonal supports. These supports were often unavailable or inaccessible, challenges that were amplified during participants' transition out of care and in the post-care period. The experiential knowledge from this study contributes valuable information to inform responsive child welfare transition policies and practices that are reflective of the experiences and needs of the population it intends to serve.

**Keywords:** Indigenous youth care leavers, Canada, transition out of care, qualitative methods

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Among Canadian provinces and territories, Manitoba has one of the highest proportions of children in the child welfare system, with 2% of children in the province currently in foster care, four times the national average (Milne et al., 2023). Indigenous (First Nations, Inuit, and Métis) children are overrepresented in the Canadian care system, accounting for more than half (53.8%) of children in care under the age of 14, despite comprising only 7.7% of the under-14 population nationally according to 2021 census data (Government of Canada, 2023). This disproportion is particularly pronounced in Manitoba, where 18% of the population identifies as Indigenous (Statistics Canada, 2023) but 91% of the 9,166 children in care in 2022 were Indigenous (Government of Manitoba, 2022a; Milne et al., 2023). The overrepresentation of Indigenous children in care is a consequence of centuries of discrimination and assimilation, including multiple initiatives that caused catastrophic harm, such as the Indian Residential School system and the Sixties Scoop (Blackstock, 2007; Gerlach et al., 2017; Sinclair, 2016; Tilbury & Thoburn, 2011; Trocmé et al., 2004; Truth and Reconciliation Commission of Canada, 2015).

The long and painful history of the Canadian child welfare system's entanglement with Indigenous family life has been well documented by many Indigenous scholars and activists who have called for the child welfare system to adopt a focus on the health and well-being of Indigenous families and communities as a whole in order to address the systemic issues that have led to the very high rate of removal of Indigenous children from their homes and communities of origin (Blackstock, 2007, 2009b; Gerlach et al., 2017; Sinclair, 2016; Trocmé et al., 2004). Concrete steps for addressing, and redressing, these ongoing harms are clearly laid out in the first five Calls to Action of the Truth and Reconciliation Commission of Canada (2015). While reform is needed throughout the child welfare system, and this remains a long-term goal through these Calls to Action (Sinclair, 2016; Truth and Reconciliation Commission of Canada, 2015), the number of Indigenous youth aging out care<sup>1</sup> who are experiencing poor outcomes and reporting unmet needs warrants immediate attention and intervention.

### **Literature Review**

Youth who have left care are subject to numerous challenges resulting from the social exclusion and systemic marginalization they experience from being involved in the child welfare system (Doucet, 2018). Compared to their peers not in care, youth leaving care have significantly poorer life outcomes (Doucet, 2018; Kovarikova, 2017; Tweddle, 2007). They have lower academic achievement, including lower rates of completing high school (Brownell et al., 2015; Kovarikova, 2017) and lower enrolment at post-secondary schools (Kovarikova, 2017). Yet many youth who leave care wish to pursue higher education (Kovarikova, 2017). Youth leaving care also experience higher rates of unemployment and underemployment than their peers not in care (Kovarikova, 2017). This can result in lower earning potential (Charlesworth, 2020; Kovarikova,

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<sup>1</sup> Indigenous youth aging out of care will henceforward be referred to as “care leavers”.

2017), and the majority of youth who leave care live in poverty (Kovarikova, 2017). Furthermore, youth who leave care are more likely to be unhoused or experience housing instability (Barker et al., 2014; Charlesworth, 2020; Kovarikova, 2017; Lalonde et al., 2021; Wiebe, 2015). They are also more likely to experience early pregnancy and parenthood (Kovarikova, 2017), and be involved in the justice system (Charlesworth, 2020; Kovarikova, 2017). Youth who leave care also experience worse general and mental health, diminished well-being, and greater challenges accessing healthcare (Charlesworth, 2020; Kovarikova, 2017).

Indigenous care leavers had more pronounced life challenges than did youth leaving care who were not Indigenous (Charlesworth, 2020). Indigenous care leavers had lower rates of high school completion (Brownell et al., 2015), experienced higher rates of being unhoused (Barker et al., 2014; Wiebe, 2015), and were more likely to be involved in the justice system (Trevethan et al., 2001). Mental health challenges were also amplified for Indigenous care leavers, a result of their cumulative experiences of trauma and a history of colonialism (Charlesworth, 2020). Indigenous care leavers were also more likely to be part of a pattern of intergenerational involvement in the child welfare system (Doucet, 2018).

The current child welfare system is built upon colonial practices that disrupt Indigenous kinship and child welfare systems, which rely upon the whole community to support the responsibility of childcare (Fast et al., 2018). The poorer outcomes experienced by care leavers suggest a disconnect between the lived reality of care leavers and child welfare transition policies and practices (Abrams et al., 2017; Blackstock et al., 2004; Holland, 2009), compounded by inequitable funding (Blackstock, 2009a; Blackstock et al., 2004). This is especially true for Indigenous youth in care, whose voices have been historically and systemically silenced: first-person narratives of their transition experiences are almost invisible in the literature (Blackstock et al., 2004; Johnson, 2014). Applying an Indigenous lens to transitions from care research through centering the voices and experiences of Indigenous care leavers is critical to understanding how transitions from child welfare policies and practices can be tailored to their needs (Sukumaran, 2021).

A review of the literature on youth transitioning out of care in Canada revealed that there is a paucity of research examining the impact of transition programs over the long term (Kovarikova, 2018; Shewchuk, 2020; Sukumaran, 2021). Despite the lack of longitudinal data, recent narratives of care leavers in Manitoba reveal that these youth continue to struggle to meet their basic needs post-care, suggesting that they were inadequately prepared by the child welfare system for the transition and lacked proper support (Chateau et al., 2018; Lalonde et al., 2021). Lalonde et al. (2021) studied the housing experiences of 10 care leavers in Manitoba. They reported that these youth often experienced housing instability, found there to be a lack of formal supports for them post-care, felt unprepared for independent living, and wished that they could return to care. In a study of First Nations care leavers in Manitoba, participants noted challenges leaving care, including loss of supports, instability in housing and employment, and mental health difficulties (Bennett, 2016).

### ***Legislative Context***

In Manitoba, children in care are placed under the legal protection of Child and Family Services (CFS), where they live in “out-of-home” settings, including kinship care, private foster homes, group homes, residential care facilities, and treatment centers (Canadian Child Welfare Research Portal, n.d.). In Canada, there is no national framework for child welfare: it is administered separately across the 10 provinces and three territories, with notable variations in mandates across the various jurisdictions (Jones et al., 2015; Leal-Ferman et al., 2023; van Breda et al., 2020).

At present, Indigenous child and family services are governed by provincial or territorial legislation, with the exception of areas where there is a self-government agreement (Sukumaran, 2021). The Canadian federal government, through Indigenous Services Canada, provides funding for child and family services on reserves (Indigenous Services Canada, 2023a; Sukumaran, 2021). In Manitoba, the current model of CFS delivery is the result of a restructuring process that emerged from recommendations made in the 1991 Aboriginal Justice Inquiry — Child Welfare Initiative (MacKinnon, 2010; Robertson et al., 2022). The goals of this “devolution” (Robertson et al., 2022, p. 305) process were twofold: decentralizing CFS delivery control and power, and ensuring Indigenous families received services that were culturally appropriate and inclusive. As a result, Manitoba moved from a single governing CFS body to four distinct authorities: Jewish Child and Family Services; Child and Family Services of Western Manitoba; Child and Family Services of Central Manitoba; and Winnipeg, Rural and Northern Child and Family Services, which has two branches: Winnipeg Child and Family Services, and Rural and Northern Child and Family Services (General Child and Family Services Authority, n.d.). These authorities are responsible for carrying out the duties of CFS and ensuring culturally appropriate services (Robertson et al., 2022).

Despite these attempts at improving CFS delivery for Indigenous families, the Manitoba child welfare system continues to uphold colonial values, often resulting in family separation, and loss of Indigenous identity and culture (Robertson et al., 2022). Child welfare legislation that is built on non-Indigenous worldviews continues to present challenges for Indigenous agencies who work with Indigenous children and families, as they must operate in accordance with the existing laws and regulations that disregard Indigenous ways of being and doing (Fast et al., 2018; Robertson et al., 2022). In an attempt to keep Indigenous children, families, and communities connected, the Act Respecting First Nations, Inuit, and Métis Children, Youth and Families (former Bill C-92) came into force on January 1, 2020 (Indigenous Services Canada, 2023b). This Act recognizes that Indigenous communities have the right to create their own policies and laws regarding child and family welfare (Metallic et al., 2019; Stefanovich, 2023). This has the potential to change how child welfare systems operate across Canadian jurisdictions. However, the Act is not without flaws. Critics of the Act note that it fails to adequately address support needs for Indigenous youth aging out of care and does not address youth advocates’ calls for national standards to provide government support for care leavers past the age of majority (Metallic et al., 2019). This remains an area where improvement is still much needed (Metallic et al., 2019). Under current child welfare systems in Canada, and with care leavers lacking sufficient supports that fully acknowledge their



multifaceted needs, Indigenous care leavers often experience a precarious aging out process (Charlesworth, 2020; Fast et al., 2018; Metallic et al., 2019).

### ***Transition Planning***

Across Canada, the cut-off age for out-of-home care in most provinces and territories is the age of majority, 18 or 19 years (Leal-Ferman et al., 2023; Sukumaran, 2021). In Saskatchewan, Newfoundland/Labrador, and Nunavut, care ends at 16 (Sukumaran, 2021), while in British Columbia, it ends at 21 (Junos, 2022). In 2015, transition planning became mandatory in Manitoba for youth in care (Government of Manitoba, 2022b). It starts at the age of 15 and is cut off at 18, unless the youth enter into an Agreement with Young Adults (AYA<sup>2</sup>; Lam, 2021; Leal-Ferman et al., 2023; Sukumaran, 2021).

In response to Canada's lack of a federal framework for transition planning supports and services, and to the need for longer-term solutions, the National Council of Youth in Care Advocates have proposed several standards aimed at establishing minimum requirements to be met before a child exits care (Doucet, 2021). Per these recommendations, transition planning should ideally include supports across the following eight key developmental areas: financial, educational and professional development, housing, relationships, culture and spirituality, health and well-being, advocacy and rights, and emerging adulthood development (Doucet, 2021). These key supports should be equity-based, recognizing that each youth has different circumstances and thus different support needs (Doucet, 2021; Leal-Ferman et al., 2023; Sukumaran, 2021). Despite these recommendations, there are currently no national standards for child welfare transition planning in Canada, and the array of supports and age cut-offs remains varied across jurisdictions (Doucet, 2021; Leal-Ferman et al., 2023; Sukumaran, 2021).

Child welfare transition preparation in Manitoba involves ensuring that youth are able to access referrals to adult services, secure safe housing, explore future learning opportunities, and practise basic life skills (Government of Manitoba, 2022b; Sukumaran, 2021). A recent review of the literature on Canadian child welfare transition programs found that youth in care frequently described the transition planning process as inadequate, insufficient, not enforced, or not delivered effectively (Sukumaran, 2021). Furthermore, a systematic review on independent living services and programs for youth aging out of care in Canada and the United States found that these programs in their current form have limited, if any, positive impact on youth leaving care (Doucet et al., 2022b). Care leavers have also identified several factors that contribute to inadequate transition planning: poor relationships with caseworkers, lack of encouragement, being held to low expectations, and being excluded from decision-making (Leal-Ferman et al., 2023; Sukumaran,

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<sup>2</sup> Previously referred to as an “extension of care agreement”, the term was formally changed to AYA in 2015. This reflected the fact that when youth reach the age of majority (18) and are no longer in care, they have the option of receiving continued financial, medical, counselling, and other supports by voluntarily agreeing with CFS to do so. The conditions for this support are set out between both parties (CFS and the youth) in the AYA. The AYA must be approved by the relevant Authority (Government of Manitoba, 2015b).

2021). Indigenous care leavers further note challenges accessing culturally and developmentally appropriate supports during their transition (Charlesworth, 2020). The colonial concept of “aging out” of care does not align with Indigenous culture, and current transition programs fail to adequately and appropriately support Indigenous youth (Charlesworth, 2020; Fast et al., 2018). Calls have been made to individualize transition planning, needs, and supports, and to utilize a readiness-based approach, which enables youth to decide when they are ready to live independently, with the option to return as needed (Doucet, 2021; King, 2021; Lam, 2021; Sukumaran, 2021). Transition supports also need to be Indigenized, with cultural and land-based services made available to Indigenous youth (Charlesworth, 2020).

### ***Agreement for Young Adults***

In Manitoba, mandatory transition planning begins once a youth turns 15 (Government of Manitoba, 2022b; Sukumaran, 2021). The application for an AYA must be made during the transition planning process or as soon as the youth becomes a permanent ward after the age of 15. If the youth voluntarily agree, the application detailing the conditions for support is submitted by the youth’s case manager and must then be approved by their CFS authority (Government of Manitoba, 2022c). If the youth require an extension to the duration of their AYA, they must reapply (Government of Manitoba, 2022c); typically, an agreement is in force for 6 months (Futures Forward, n.d.). All AYAs expire at the age of 21 (Government of Manitoba, 2022c), regardless of continued need. Youth who decline to enter into an AYA do not have the opportunity to reverse this decision once they are no longer in care, and those who choose to leave or are removed from their AYA cannot re-enter it (Futures Forward, n.d.).

A recent program expansion from the Government of Manitoba, called the Supports for Young Adults Grant, provides additional supports and services for care leavers and helps to bridge some of the gaps found in the AYA program (Government of Manitoba, 2023). This grant is available for those leaving care at 18 who are not permanent wards, and for youth whose AYA will expire at age 21 (Futures Forward, n.d.). These additional supports mirror those offered through an AYA and are available for youth up to the age of 26 (Futures Forward, n.d.; Government of Manitoba, 2023).

According to the Manitoba CFS manual, a youth 18 years or older with an AYA is considered to be no longer “in care” but benefits nevertheless from continued financial support for a period of time, based on assessments done by the youth’s case worker that consider the youth’s goals for their AYA (Government of Manitoba, 2022c). An AYA may cover the costs of household allowance, food, rent, transportation, health and personal care, medical care, and ongoing psychiatric or psychological therapy (Government of Manitoba, 2022c). To qualify for an AYA in Manitoba, a youth must be a permanent ward at the time of turning 18, and must be pursuing education or skills training, transitioning to independent living or adult services, receiving cultural services, or in treatment (Government of Manitoba, 2022c; Sukumaran, 2021).



The design of AYAs has been described in the literature as “transactional or conditional”; that is, the criteria for eligibility are strict and assessments are made on an ongoing basis, requiring the youth to regularly demonstrate progress towards their goals (Sukumaran, 2021, p. 32). The eligibility criteria can penalize youth for minor setbacks and struggles that reflect the typical journey of any young adult, and often disregard the need for equitable supports for youth in care by failing to provide supports and opportunities that recognize the unique circumstances of each youth (Doucet, 2021; Leal-Ferman et al., 2023; Sukumaran, 2021). Youth and service providers alike report that CFS transition policies and practices in Manitoba are overly strict, focusing on safety at the expense of allowing youth adequate opportunities to practise independence and life skills (Lalonde et al., 2021). Though the exact number of youth who decline an AYA or leave prior to its expiration is not known, a number of studies have found that many youth in their samples have done so, and have expressed that they feel too much under the control of CFS (Bennett, 2016; Goodkind et al., 2011; Lalonde et al., 2021; Rutman & Hubberstey, 2016). Indigenous care leavers have further noted that the experience of being in care was traumatizing, and that entering into an AYA would only prolong it (Neveu, 2020). Youth saw independence as a way to take control of their situation and to begin to work through their trauma (Neveu, 2020). They further desired greater flexibility with transition supports than they were offered (Neveu, 2020).

### ***Transition Supports***

Despite a seemingly wide range of transition supports being offered, the rates of formal transition support utilization are low, especially among Indigenous care leavers. Though the number of youth receiving AYA in Manitoba is not clear, it has been found that among care leavers in British Columbia, Indigenous youth tend to access AYA at a lower rate (33%) than their non-Indigenous peers (46%; Charlesworth, 2020). Many Indigenous youth do not qualify for formal support, experience barriers to accessing support, or do not feel that the available supports are appropriate for their needs (Charlesworth, 2020; Lalonde et al., 2021; Neveu, 2020). Care leavers in Canada report that transition supports are too narrowly focused on the domains of education and employment, while social and emotional aspects like connection, relationships, and agency are minimized (Doucet, 2018, 2021; Shewchuk, 2020; Sukumaran, 2021; Woodgate et al., 2017).

Identified gaps in transitional supports in Manitoba by youth and stakeholders include: understanding rental markets and agreements, to ensure the possibility of stable housing; securing safe employment with sufficient income; building social connections and networking; cultivating and maintaining healthy relationships, including romantic relationships; and performing basic life skills such as grocery shopping, cooking, budgeting, and maintaining good hygiene (Dunsmore, 2019; Sukumaran, 2021). For instance, a recent qualitative study on Manitoba care leavers, of whom 8 out of 10 were Indigenous, found that all of the participants reported having experienced housing instability (Lalonde et al., 2021). Two literature reviews on transition supports and programs for care leavers in Canada note unmet needs related to areas where transition planning is often inadequate, such as in preparedness for independent living, and accessibility of transition supports and mental health supports (Leal-Ferman et al., 2023; Sukumaran, 2021).

The efficacy of interventions for care leavers as evaluated by care leavers is another notable gap in the literature. A scoping review by Woodgate et al. (2017) on the efficacy of transition programs in developed countries, in which the vast majority of studies (57/68) were done in the United States, found that most intervention evaluation studies to date have been lacking in methodological rigour, and have failed to include longitudinal data showing care leavers' perspectives on the long-term efficacy of these programs. A systematic review on independent living programs for care leavers noted that most of the studies did not involve youth input, and few considered youth perspectives on the effectiveness of such programs (Doucet et al., 2022a). Among data tracked by the provinces and territories, the most commonly utilized indicator for evaluating transition programs is uptake by youth, but while this may reflect program accessibility for care leavers, it tells us little about the appropriateness of supports, the overall success of the transition, or how the care leavers are progressing in different domains of their lives after the completion of the program (Sukumaran, 2021).

Despite the overrepresentation in Manitoba's CFS of Indigenous care leavers, there is a limited number of studies in the literature focusing on them. While recent qualitative studies based in Manitoba (Lalonde et al., 2021) and British Columbia (Doucet, 2018) have included a high proportion of Indigenous youth in their sample, few provide a focused exploration of the unique experiences and challenges faced by this population (Bennett, 2016). In a qualitative study with First Nations young adults who had been in care in Manitoba, this group of care leavers reported numerous barriers post-care, including dealing with residual anger and resentment, navigating trust issues, being at high risk for involvement in gang activity and substance use, and past and current histories of oppression, discrimination, and racism (Bennett, 2016). Negative experiences related to intergenerational trauma and multigenerational loss and loss of connections to culture and traditional ceremonies have also been reported (Bennett, 2016).

In this study, we present a coherent and meaningful account of the journey of aging out of care in Manitoba, as presented by 17 Indigenous care leavers between the ages of 20 and 46. Using a qualitative multilevel approach grounded in first-person narratives, this collaborative study focused on incorporating and elevating the voices of Indigenous care leavers. The Indigenous care leavers detailed their experiences of planning for the transition, aging out of care, and their life post-care. Based on these experiences, participants provided specific suggestions for improving child welfare policies and practices to better prepare future care leavers. Our goal is that this study's findings may help to provide insight into the challenges current Indigenous care leavers face, to support the need for change, and to inform the design and evaluation of effective supports for this population.

## Methods

To achieve a more complete understanding of Indigenous care leavers' experiences, multiple qualitative methods were used, including open-ended interviews using ecomaps, and focus groups with graphic recordings (Creswell, 2014). These methods were used to address two research objectives:

1. Draw on the perspectives and experiences of Indigenous youth in Manitoba to increase our understanding of how these youth fare after aging out of the child welfare system.
2. Identify solutions and recommendations from Indigenous youth to use in designing a responsive, integrative, and sustainable transition model for Indigenous youth aging out of the child welfare system.

The open-ended interviews invited participants to engage in discussions about their experiences transitioning out of care and their recommendations for the child welfare system to support this process. Using open-ended interviews encourages detailed responses, facilitates the generation of new knowledge, and guides interpretation (Barbour, 2008; Darbyshire et al., 2005; Morse & Field, 1995). To supplement the one-on-one interviews, ecomaps were used. An ecomap is a graphic portrayal of a participant's social relationships — their networks of individuals or families — and can also include key events, places, or other important things care leavers have, or would like to have, in their lives (Bravington & King, 2018; Rempel et al., 2007). Ecomaps help generate conversation in one-on-one interviews, encourage participants to lead the discussion, and provide richer context to help understand participants' experiences (Bravington & King, 2018; Rempel et al., 2007). Moreover, their emphasis on social support and relationship dynamics is particularly relevant in exploring care leavers' experiences because of the fundamental importance of social connections during this transition (Bravington & King, 2018; Doucet, 2018; Rempel et al., 2007). Field notes were also recorded during the interviews to describe nonverbal behaviours, communication, and interviewer–interviewee dynamics. Field notes provide much needed contextual information for data analysis and enhance rigour in qualitative research for both one-on-one interviews and focus groups (Phillippi & Lauderdale, 2017).

Focus groups with graphic recording (GR) were then conducted to add to the findings and confirm the emerging themes from the one-on-one interviews. GR is a novel arts-based data collection method in which a graphic artist listens for key ideas and documents them in a visual form during the focus group (Image Think, 2020; Leavy, 2015). Therefore, in addition to interview data, graphical data in the form of drawings of the main discussion points were also captured and depicted (Bagnoli, 2009; Copeland & Agosto, 2012; Drawing Change, 2012). This method helps participants in the focus group see patterns, immerse themselves in ideas, and integrate the collective wisdom of a group (for examples, see Drawing Change, 2019).

This research was guided by a participation-oriented methodology, which involves using a collaborative approach with people who are affected by the topic under study (Vaughn & Jacquez,

2020). Participatory research has been recommended for addressing the power imbalances that accompany research with Indigenous people (Dadich et al., 2019; Murphy et al., 2021). Partnerships should be developed and forged between stakeholders and researchers, allowing opportunities for stakeholders to be engaged at all stages of the research project (Dadich et al., 2019; Murphy et al., 2021; Vaughn & Jacquez, 2020). To achieve this, we facilitated full and active participation of numerous stakeholders throughout the entire project, including Indigenous co-investigators, community collaborators involved in advocacy for Indigenous youth in the child welfare system, and an advisory committee of Indigenous youth who had transitioned out of care. The research team that partnered with these stakeholders was composed of white settlers living on Treaty 1 Territory (RLW, DM, PT, SP, NL, AB), an Indigenous scholar from Sandy Bay First Nation and Canada Research Chair in Indigenous Children's Wellbeing (MB), and a Knowledge Keeper and Residential school survivor whose home community is the Sioux Valley Dakota first Nation (CS). The research team, alongside key stakeholders and the Indigenous youth advisory committee, undertook this work with the shared intent to improve Indigenous care leavers' experiences of transitioning out of care. Through the participatory and collaborative approach taken, Indigenous people involved in this project were empowered by having an active role in its leadership and advancement (Dadich et al., 2019). Ethical approval to conduct this study was received from the Health Research Ethics Board at the University of Manitoba (#HS22878 [2019:213]) and from the Health Information Governance Research Committee (HIRGC), First Nations Health and Social Secretariat of Manitoba.

### ***Setting***

During the time of the study (2020–2021), the province of Manitoba had a population of 1.37 million people, with 18.1% identifying as Indigenous, and 56.9% of those identifying as First Nations (Statistics Canada, 2023). In 2022, 91% of the children in care in Manitoba were Indigenous (Government of Manitoba, 2022a; Milne et al., 2023). It is estimated that 625 youth will age out of care in Manitoba in 2023 (Greenslade, 2023). Given the large percentage of Indigenous children in care in Manitoba, the vast majority of care leavers will be Indigenous. This underscores the importance of studying the specific experiences of Indigenous care leavers.

### ***Sample and Recruitment***

Recruitment was conducted by advertising through several organizations that serve Indigenous youth in Manitoba. Potential participants were Indigenous adults with lived experience of transitioning out of the child welfare system in Manitoba. A purposive sampling technique was used to maximize the diversity of experiences that care leavers had undergone. Considerations were participants' previous legal status in the child welfare system (e.g., permanent vs. temporary wards), cultural background, and gender identity. A total of 17 Indigenous adults (14 First Nations, 3 Métis) between the ages of 20 and 46 years participated: five were 25 or younger, 12 were over age 25, and two preferred not to disclose their age. Over half of the participants had aged out of care before transition planning became mandatory in 2015. Ten participants identified as female, five identified as male, and two identified as Two Spirit/gender queer/gender fluid. During the

time of the interviews, all but one participant resided in Winnipeg, Manitoba's capital (population 749,000; Statistics Canada, 2023), and most of the interviews were conducted there; the rest were held in nearby communities. Of those interviewed, nearly half had grown up both in Winnipeg and on reserves<sup>3</sup> in Manitoba, while some had grown up in rural areas of Manitoba, outside of reserves. Over half (10 out of 17) had experienced five or more placements during their time in care. Approximately one-third (6 out of 17) of the participants went through an independent living program prior to leaving care, while the remaining two-thirds did not access any programs prior to leaving care.

### ***Data Collection***

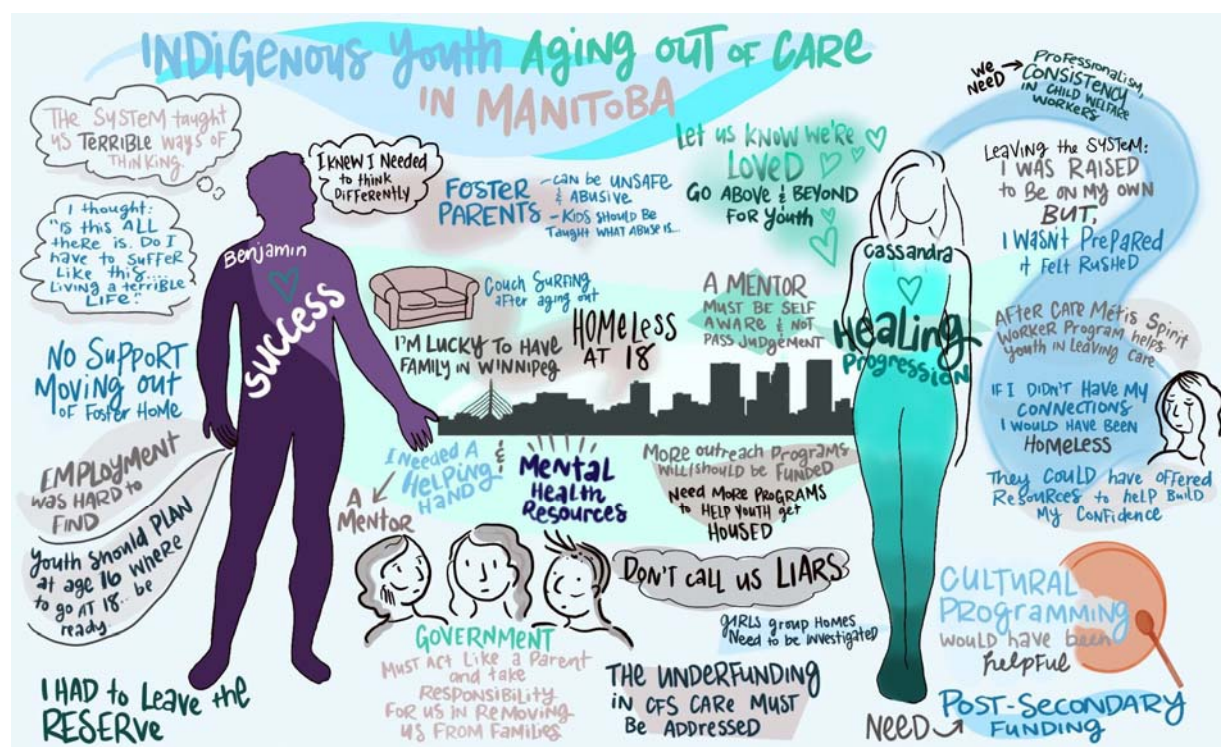
Participants were invited to two one-on-one interviews with the goal of eliciting their experiences of transitioning out of care, including barriers to, and facilitators of, a successful transition. Repeated interviews are an essential feature of qualitative research that can result in a more comprehensive understanding of the topic under study, especially when discussing complex or sensitive topics (Read, 2018). During the first interview, participants completed ecomaps. Participants were asked to draw circles that represented people, activities, and places in their lives, with a focus on the time of leaving care. They drew different types of lines between the circles to indicate the degree of connection they had with each component; for example, thicker lines were used for stronger connections, and dashed lines for weaker connections. After completing the ecomaps, participants took part in a digitally recorded open-ended interview where they were asked to discuss and elaborate on the experiences they had depicted.

The second one-on-one interview allowed researchers to follow up on areas requiring more investigation and to ensure that their interpretations were aligned with the participant's intended meaning (Read, 2018). It is worth noting that while the focus was on aging out of care, the care experience itself inevitably became a part of the interviews. The interviews were recorded using an audio device and transcribed verbatim. Five participants took part in two small focus groups (2 to 3 participants per group) that utilized GR. These were cofacilitated by the first author (RLW) alongside a GR artist (see Figures 1 and 2). In the focus groups, participants were asked to share their experiences leaving care, and were invited to propose policy and practice recommendations and solutions for improving youths' experiences of transitioning out of care.

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<sup>3</sup> Reserves are federally owned areas of land in Canada that have been set aside for First Nations communities under the Indian Act. They are a product of colonization and were created without the input or consent of First Nations communities (Wilson, 2018).







### **Data Analysis**

All data from the transcripts and field notes were imported into NVivo 12.0 (QSR International Pty Ltd., 2018). An inductive thematic analysis approach was used to identify recurrent themes across participants and data sources (Barbour, 2008; Morse & Field, 1995; Patton, 2002). Data were first read and reread to ensure a thorough understanding of the overall meaning. Following this, units of meaning were delineated from the data. Units of similar meaning were clustered to form thematic statements, and themes were extracted. Research team members (RLW, SP, and JL) discussed, collated, and examined the potential themes identified. Once all themes had been uncovered, writing, and rewriting of the themes took place to further develop the interpretation by the research team members. In doing so, attention was paid to both the parts and the whole of individual data sources, as well as to interrelations in the data from different sources. Discrepancies in the themes were discussed among research team members until a consensus was reached. The GR and ecomaps that served as visual representations of the text-based interview findings helped inform the emerging themes. By formally linking the visual data to the corresponding interview transcripts, the research team gained a greater understanding of care leavers' perspectives. The themes were then shared with all team members for their review. Any discrepancies that arose were resolved by discussion among all team members. Research team discussions placed themes within the context of the literature to provide a holistic interpretation.

### **Findings**

This study provides qualitative insight into the lived experience of Indigenous care leavers and their recommendations and solutions for improvements in Manitoba's transition policies and practices. The five themes, which represent notable challenges highlighted by participants, center around:

- their engagement and mentorship (*nobody listens to me*),
- the transition planning process (*poof, they are just gone*),
- the agreement for young adults (*complex and confusing*),
- post-care supports (*leaving us with different scars*), and
- facilitating support networks post-care (*nobody to cover me*).

Table 1 summarizes the themes found and the corresponding recommendations from the Indigenous care leavers in this study.

Table 1. *Suggestions from Indigenous Care Leavers for Transition Supports*

Theme	Recommendations
Nobody listens to me (Engagement & mentorship)	<ul style="list-style-type: none"> <li>• Soliciting youth's opinions and needs throughout the entire time in care and post-care.</li> <li>• Seeking youth's input about care placement and transition planning.</li> <li>• Caseworkers fostering youth empowerment and agency through early and active engagement in decision-making.</li> <li>• Caseworkers building trusting relationships with the youth, including clearly communicating about the transition process and checking in on the youth on a regular basis throughout the post-care period.</li> <li>• Caseworkers preparing the youth for not just the technical aspects of transitioning out of care but also the emotional ones (e.g., loneliness).</li> <li>• Facilitation of mentors for the transition (e.g., peers, siblings, caseworkers, community members).</li> <li>• Continuing the mentoring relationship post-care.</li> </ul>
Poof, they are just gone (Transition planning)	<ul style="list-style-type: none"> <li>• Clearly communicating about the transition planning process.</li> <li>• Implementing proactive transition preparation entrenched throughout the entire care experience to support gradual progress towards independence.</li> <li>• Comprehensive life skills practice, as listed in the findings.</li> <li>• Clear communication about availability of transition supports post-care.</li> <li>• Ensuring access to transition supports by making referrals prior to the youth leaving care.</li> </ul>
Complex and confusing (Agreement for young adults)	<ul style="list-style-type: none"> <li>• Clear communication about AYAs, implications for supports, and agreement expectations.</li> <li>• Simplifying and facilitating the application process.</li> <li>• Reducing barriers to access by broadening the eligibility criteria (e.g., currently, a youth must be a permanent ward).</li> <li>• Eliminating the conditional nature of AYAs (e.g., currently, a youth must be in education, employment, or treatment).</li> <li>• Increased flexibility in agreement expectations, to better match the typical journey of emerging young adults.</li> <li>• Open-door policy until the age of 25, allowing youth to enter into an agreement past the age of 18 or return into an agreement after leaving.</li> </ul>
Leaving us with different scars (Post-care supports)	<ul style="list-style-type: none"> <li>• Provide culturally appropriate mental health services to youth in care.</li> <li>• Increase accessibility to mental health supports while in care.</li> <li>• Make timely referrals to adult mental health services.</li> <li>• Reduce barriers to accessing adult mental health services (e.g., affordability, transportation).</li> <li>• Provide migration supports for youth moving from a reserve or rural community to an urban center.</li> <li>• Provide accommodation supports that enable youth to secure safe and stable housing.</li> </ul>
Nobody to cover me (Facilitating support networks post-care)	<ul style="list-style-type: none"> <li>• Facilitate social support networks (e.g., reconnecting to foster and biological siblings).</li> <li>• Initiate referrals to appropriate community-based organizations.</li> <li>• Facilitate cultural networks to reintroduce traditions and healing practices.</li> <li>• Facilitate connections with advocacy networks while youth are in care (e.g., the Manitoba Advocate for Children and Youth).</li> <li>• Build advocacy networks for youth who have left care.</li> </ul>

It should be noted that all participants self-identified as survivors and were adamant that their experiences in the face of personal challenges and systemic barriers could be used to help others

and to inform improvements for current and future generations of youth in care and from care. As one care leaver explained:

Given my own experiences and how many people I have seen fall through the cracks, I kind of want to be part of changing that.... We need a better system than what we are doing now.... Being older and having come out of this [CFS] experience I feel like I'm accountable to the people going through it now, and I feel like this is just one of the steps that I'm taking to be a better community member and do my part.... I really do want to see changes and nothing changes if you just sit back in your corner and don't say or do anything. (016)

### ***Nobody Listens to Me (Engagement and Mentorship)***

Participants recalled their time in care, and many stated that they felt not only ignored, but also deliberately silenced. They spoke of occasions when they had tried to speak or voice their experiences but “the CFS worker wouldn't listen” (010). Participants' lack of engagement during this time in care carried over to the transition planning process. As a 22-year-old participant recounted:

[During] those big meetings [when they were discussing my placement, my progress, my transition], I wasn't there and I felt like just being included in those meetings I'd have a voice. I have stuff to say, but I wasn't there. They were talking about my life but I am not there to say anything. (003)

Over time, this silencing resulted in feelings of passivity and disempowerment, with some participants explaining that they “learned [to] depend” on others to make decisions for them (014, 016). The participants described their challenges post-care in having to learn to think and speak for themselves, a skill they had not learned during their time in care.

Many participants further reported that they did not feel that their caseworker meaningfully engaged them in the transition planning process. Their caseworker did not communicate clearly about what was expected of them in this process and did not perform check-ins with them. Only one participant stated that their caseworker had worked with them to set goals and periodically checked in on them (002). Others reported that they felt like “just another box to be checked off a list” (006), noting, “It's not like [the caseworker] actually talked about anything or that they ever followed up” (007). During the time leading up to the transition out of care, the participants' lack of connection with their caseworkers worsened participants' feelings of fear and loneliness. One participant wished that caseworkers and other service providers “knew how hard it was or how lonely it felt, how scared and unprepared we were” (013). These feelings were only amplified once they left care, and many participants described how they struggled to adjust to their changed relationship with the CFS organization, caseworkers, and service providers post-care. One participant described this adjustment as going from being “controlled your whole life then tossed aside” or “thrown to the wolves” (008).

### *Suggestions From Care Leavers*

The Indigenous care leavers in our study expressed the importance of having their opinions and needs discussed with them and respected during their time in care and throughout the transition process. Some participants also said that connections with significant others, such as a mentor, caseworkers, and foster or biological family members, were very important during the transition period, as such individuals helped guide them in their attempts to find their voice and their path (006). One participant felt that having a mentor with previous experience of the transition would be especially helpful as “they have been through it [aging out of care]” (016). Caseworkers need to foster relationships with care leavers, meaningfully engage them in decision-making, and support them well into the post-care period. One participant described the basic need for “empathy, encouragement, check-ins, even just a phone call” (010), explaining that the relationships from care should carry over into the post-care period as opposed to being abruptly terminated.

### ***Poof, They are Just Gone (Transition Planning)***

Nearly all participants (16 out of 17) reported feeling unprepared for the transition out of care, which they largely ascribed to insufficient and inadequate transition planning and preparations. One participant compared the experience of aging out of care to “going off a cliff without an airbag” (009). Only one out of the 10 participants who aged out of care during or after 2015, the year transition planning became mandatory in Manitoba (Government of Manitoba, 2022b), recalled being engaged in a clear transition planning process. In this single case, the transition planning process was relatively clear, perhaps because the participant had been living with the same foster family who were supportive of their plans to attend a post-secondary institution. All other participants reported that the transition planning process was unclear and unsupported, resulting in an abrupt exit from care. In fact, more than half of the participants did not know exactly when they had transitioned out of care. They had often felt unprepared in terms of not knowing what to expect, nor what resources and supports would be available for them post-care. One participant explained that they were “left thinking well what now? Can I call my social worker if I need help? Where do I go? Can I ... who can I go to?” (009). Participants explained that they felt poorly prepared to perform the basic tasks needed to live independently, such as securing safe and stable accommodations or cooking for themselves. One 22-year-old, who had been in care since infancy, put it plainly: “I didn’t know how to boil water at 18” (003).

### *Suggestions From Care Leavers*

Most participants noted that preparation for the transition out of care should be proactive and be woven into the entire care experience to gradually prepare them. Many participants also mentioned that a formal transition preparation program (including, e.g., life skills practice and mentorship) would be helpful. Life skills needed for living independently that were reported by at least half of the participants included: securing housing (e.g., reading leases, damage deposits, tenant rights and responsibilities, landlord disputes), setting up and making payments for utilities, budgeting, filing taxes, searching for employment, knowing their labour rights, accessing mental

health resources, nutritional requirements, and cooking on a budget. Participants who had children also noted that parenting skills classes would have been useful. Some participants mentioned that aid in obtaining identification, such as a provincial health card, a passport, or a driver's licence, would be helpful as many did not have identification beyond their birth certificates; this was a major barrier to accessing social and financial services post-care.

Some participants were engaged in independent living programs, one that focused on individuals with diagnosed disabilities (005, 009), and another that focused on young parents (002, 015). Both programs involved wraparound supports for people with emotional, mental, and physical disabilities until age 24. One participant stated that a holistic approach to emerging independence, access to mental-health professionals and support staff, and hands-on teaching of life skills is what enabled them to feel comfortable living independently. This participant also noted that there was no abrupt end to the support; rather, independence was achieved gradually. The notion that there are positive models in the existing system for youth transitioning to more independent living is hopeful and provides a place to start.

### ***Complex and Confusing (Agreement for Young Adults)***

Less than half of the Indigenous care leavers in our study (7 of 17) had been granted an extension of care through an AYA. Several participants explained that they did not understand what AYAs were, and thus had not pursued this option. Others recalled that they had been denied an AYA, even though it was clear that without one they would become homeless or would not be able to continue their post-secondary education. Lastly, a few participants declined an AYA due to negative relationships and experiences with CFS, stating that they “wanted nothing to do with them [CFS]” (006, 012, 013). The process of applying for an AYA was described as lengthy and complex, with strict eligibility criteria. Many participants stated that they had not understood what was needed to maintain their AYA, nor had this been clearly explained to them. As a result, two participants recalled their AYA having been terminated even though they were coping with deteriorating mental health at that time. Participants who had not applied for an AYA prior to age 18, who had declined an AYA, whose AYA had been terminated, or who had left prior to its expiry did not have the option to reverse their decision or appeal the termination.

### ***Suggestions From Care Leavers***

Participants emphasized the need for transition services that are youth friendly. They often pointed to the importance of understanding what AYAs were, and the implications of such an agreement in terms of financial and systemic supports. Participants also frequently argued that barriers to accessing AYAs should be reduced by simplifying the application process and broadening the eligibility criteria. Several participants called for flexibility in the ongoing assessment of eligibility to avoid having extensions terminated at the time they are most needed. Some recommended that an “open door” policy should be instituted, whereby youth could enter or leave an AYA as needed between the ages of 18 and 25.

### *Leaving Us with Different Scars (Post-Care Supports)*

More than half (11 of 17) of the participants reported difficulty in accessing mental health supports while in care, and this access issue had worsened during the transition period and post-care, one of the most vulnerable times in their lives. One participant who had spent most of their life in care and in juvenile correctional facilities explained, “When you take kids into care you are taking responsibility for them and what they need to be successful ... but they are just leaving us ill-prepared and with different kinds of scars” (005). Approximately half of the participants had experienced suicidal ideation or reported a suicide attempt, yet only two participants, both of whom had spent considerable time in inpatient treatment while in care, were provided mental health supports by CFS post-care. Instead of CFS facilitating the mental health referrals needed, participants stated that they were connected to services through disability services and community-based organizations (CBOs), while others reported accessing mental health services during incarceration or seeking out private therapy. At the time of the interviews, only four participants were engaged in consistent counselling and two others were actively seeking help. A few participants had had the opportunity to engage in traditional cultural practices and had received support from Elders during their transition out of care. They had valued these opportunities highly and found them beneficial in supporting their experiences. One care leaver reinforced that idea:

We met at a traditional youth gathering where we were camping but also learning about culture. I also have learned a lot of things about the seven teachings and finding my cultural identity. So, finding a lot about indigenous values ... the experience, like, it was good for me. (006)

In addition to dealing with mental health challenges, most participants also described coping with cumulative losses as they moved out from their foster placement: many also were moving away from their communities and losing their social and cultural connections in the process. Nearly half of the participants had aged out of CFS care while living on a reserve in Manitoba, then relocated to Winnipeg due to the lack of local services (e.g., mental health) and opportunities (e.g., education, employment, skills building). Participants recalled that they had encountered difficulties securing safe and affordable housing. As a result, many found themselves in unstable housing situations, while others had to return to unstable or unhealthy family situations. One participant explained that many care leavers coming to Winnipeg “ended up in worse situations” because “if you screw up it’s all completely on you and you know a lot of kids don’t recover” (016). As one participant, who had grown up in a rural Manitoba community before moving to a larger urban centre, explained: “So many foster kids who grow up in small towns move to the city for school or just to find work and end up failing and there’s nobody to cover their ass” (015).

### *Suggestions From Care Leavers*

Many participants reported a need for culturally appropriate mental health services throughout their lives, especially during the vulnerable transition period. Several participants suggested that caseworkers should make timely referrals to adult mental health services prior to the youth aging

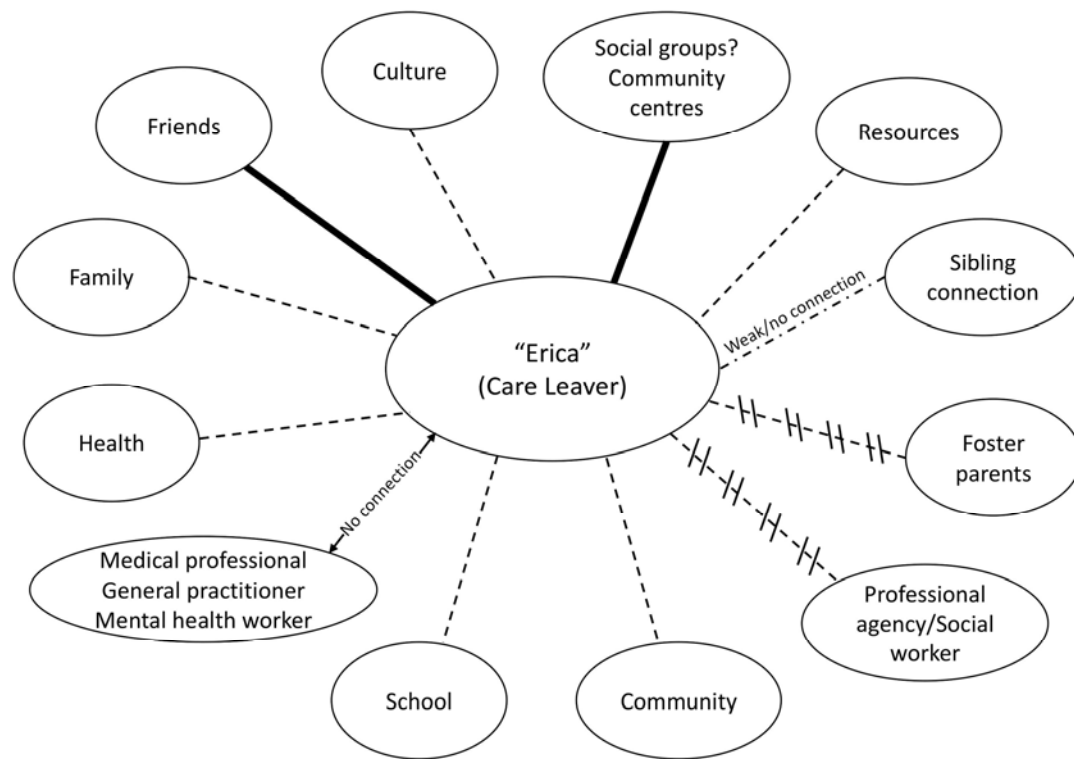


out of care to avoid gaps in supports during the transition. In addition, participants felt that barriers to accessing adult health services, such as affordability and availability on reserves or in rural communities, must be addressed.

### *Nobody to Cover Me (Facilitating Support Networks Post-Care)*

Participants described the importance of being connected in terms of social relationships, cultural connections and practices (Elders), and advocacy networks in order to feel confident and prepared for the transition out of care. As one participant explained, they “needed a community ... and relationships ... with people who were invested and who weren’t fair-weather ..., someone who can genuinely love you because a lot of the stuff I went through after coming out of care was really ugly” (016). Biological and foster siblings were mentioned as an important source of social support by nearly half of the participants. Participants explained that they felt protected by or were protective of their siblings in care and that siblings played important mentorship roles in their lives, assisting them to work through their addictions and providing guidance post-care. However, several participants mentioned that they had been separated from their siblings while in care, and that this had had a profound and traumatic impact on them. Some had felt driven to leave their placement to find their siblings, while others underwent this search post-care. The participants’ ecomaps represented the above-noted issues — missing connections with siblings, poor health, and lack of access to mental health supports — by broken lines (see Figure 3 for an example).

Figure 3. *Ecomap From Indigenous Care Leaver (017)*



In addition to treasuring social relationships with family, nearly all of the participants interviewed described being connected to at least one CBO, which are non-profit organizations that provide support for community needs. Generally, CBOs provided participants with material support, community grounding, and assistance in navigating systems for basic needs such as food, medical care, counseling, housing, and employment. Some of the care leavers observed that these organizations provided a means of introducing — or reintroducing — youth to cultural traditions and healing practices that could ground them and guide them in their transition to adulthood. The CBOs most frequently mentioned as helpful included the Resource Assistance for Youth (RaY<sup>4</sup>), the Eagle's Nest<sup>5</sup>, or the Ma Mawi Wi Chi Itata Centre<sup>6</sup> in Winnipeg, all of which specialize in low-barrier wraparound services to assist people in navigating transitions. During the interviews, participants did not make clear how they were introduced to the organizations. Some mentioned that an older sibling or a community member was involved in the CBO, yet there was almost no mention of introductions made by CFS, schools, or other mandated youth-serving agencies.

In addition to CBOs, approximately half of the participants reported having had some involvement with the Manitoba Advocate for Children and Youth<sup>7</sup> (MACY), and nearly all of them had found MACY useful. MACY advocates for the rights of children and youth involved with various government services. Once participants aged out of care, they no longer had access to MACY; however, the organization still worked to connect individuals with appropriate resources.

### *Suggestions From Care Leavers*

Participants urged that greater efforts should be made to preserve biological and foster sibling relationships while in care, and to facilitate their reconnection in anticipation of the need to establish social networks post-care. Several participants stated that the desire to repair, strengthen, and maintain their relationships with others was a motivating factor in seeking help for their mental health and interpersonal problems and an importance source of healing. While the role of CBOs is invaluable, all care leavers spoke about the need for a more formal transition program — one that facilitates social, cultural, and advocacy networks — to ensure that youth have the skills and resources needed before transitioning out, rather than depending on CBOs to fix “a broken system” (015). In regard to facilitating cultural networks by reintroducing traditions and healing practices (e.g., engaging with the land, traditional storytelling), one care leaver said:

They are important because like they're therapeutic and it's connecting back with your culture and learning the importance of that and there's lots of core values that are taught. (014)

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<sup>4</sup> <https://rayinc.ca/>

<sup>5</sup> <https://manitobachiefs.com/eagles-nest/>

<sup>6</sup> <https://www.mamawi.com/>

<sup>7</sup> <https://manitobaadvocate.ca/>

## Discussion

According to recent reviews of the literature on transition programs for youth in care, including reports from care leavers in Manitoba, the most commonly reported unmet needs were associated with insufficient transition planning, a lack of preparedness for independent living, inaccessible transition supports, a lack of housing, and a lack of mental health supports (Leal-Ferman et al., 2023; Sukumaran, 2021). The Indigenous care leavers in this study provided confirmation of these gaps in transition policy and practice, and highlighted additional unmet needs specific to this population, such as services to support migrating from reserves to urban centers, and cultural reconnection. However, the most notable finding of this study is the importance of seeking, upholding, and respecting the voices of Indigenous care leavers, as their experiential knowledge is key to informing responsive transition policies and practices for future care leavers. Indigenous youth represent the majority of future care leavers in Manitoba due to their overrepresentation in CFS, yet this population rarely receives the specialized attention it merits. Until an Indigenous lens is applied to research, policymaking, and transition programming, there will continue to be major limitations in providing and evaluating effective services for Indigenous youth in care and from care (Blackstock et al., 2020).

Recommendations by care leavers for care leavers, especially if they are Indigenous, are scarce in the literature. The Transforming Child Welfare Legislation report is a review of CFS legislation involving youth in care, their families, and service providers that was conducted by the Government of Manitoba (2018). This review recommended that transition planning should directly and meaningfully involve the youth, as well as a community member who is willing to support the youth's transition. The findings of the present study suggest that many youth in care are not being meaningfully engaged and lack mentorship and relationships with their caseworker; as a result, transition planning is insufficiently tailored to their needs and is not delivered effectively. This is consistent with the findings of other recent studies on care leavers, both in Canada and internationally (Doucet, 2018; Field et al., 2021; Glynn, 2021; Lalonde et al., 2021; Sukumaran, 2021; Youth Employment Services, 2023).

A longitudinal qualitative study found that care leavers report a need to inhabit a liminal space between “child-like dependence and rugged-individualistic independence” where they can explore different work and study options, change their minds, and make mistakes (Glynn, 2021, p. 6). Structuring the transition planning period so that youth can enter the liminal space described above would give youth a chance to practice independence through early and active engagement in decision-making and planning. Opportunities to accept responsibility for oneself and make decisions are key milestones of emerging adulthood, the stage between adolescence and adulthood according to Arnett (2015), which can be interrupted when youth in care lose their supports upon reaching the age of majority (Doucet et al., 2023). Youth-driven transition plans, accounting for each youth's readiness level, their personal needs and interests, and their life circumstances, will foster greater accountability in youth and provide individualized support (Doucet, 2021; Doucet et al., 2023; Government of Manitoba, 2018; Klukas, 2021; Sukumaran, 2021). The essential point

is that youth in care need to be meaningfully engaged and guided by caseworkers, service providers, and community members in the development of their transition plans.

The Government of Manitoba (2018) report recommended that transition planning be entrenched in the care experience in a manner that allows youth to develop independent living skills at an early age and in an age-appropriate manner. The majority of the participants in this study felt ill-prepared for independent living, suggesting that the current approach to planning is not adequate or not appropriate. According to the transition planning standard outlined in the CFS Manual (Government of Manitoba, 2022b), caseworkers are to engage youth in the development of post-care plans and goals during the transition planning process. Care leavers in our study and in the literature were often unaware of transition supports, and relied upon their caseworkers to draw their attention to information of this type (Leal-Ferman et al., 2023; Sukumaran, 2021). Yet, participants here and as reported in the literature have often experienced challenges in their relationships with their caseworkers, impacting their ability to have a successful transition planning process (Youth Employment Services, 2023).

Furthermore, the current approach to achieving “success” as presented in the transition planning standard is largely directed by the caseworker’s goal of having the youth achieve self-sufficiency (Lee & Berrick, 2014; Propp et al., 2003; Shewchuk, 2020). However, this approach creates unrealistic standards of success for youth: the pressure on youth to be self-reliant discourages help-seeking, whereas focusing on the youth’s readiness and needs, and working towards gradual independence is more likely to lead to success (Sukumaran, 2021). When care leavers are forced to grow up too quickly, and are thrust into immediate and complete independence at the age of majority, studies show that they struggle to meet their basic needs (e.g., housing, food security) and that their ability to invest in themselves through education and employment is negatively impacted by continual life crises (Doucet, 2018; Lalonde et al., 2021; Youth Employment Services, 2023). Standards for success for Indigenous care leavers should be equitable and built upon the supportive role of Indigenous families and communities (Doucet, 2021).

### ***Agreements with Young Adults (AYAs)***

In regard to AYAs, the Government of Manitoba (2018) recommended that youth who decide not to enter into an AYA should be allowed to reconsider this decision up to the age of 25, and that youth who leave an AYA prior to its expiry should be allowed to opt back in. This recommendation has not yet been implemented. AYAs remain plagued by accessibility barriers, often leaving the youth they are intended to serve with few options. Abruptly discontinuing services without the possibility of returning to care is a major contributor to unstable housing and homelessness, as evidenced in Manitoba by Lalonde et al. (2021) and Courtney et al. (2014). In order to obtain and maintain an AYA in Manitoba, a youth must meet the eligibility criteria, apply before the age of 18, get approval from multiple levels, and provide ongoing updates of their progress (Sukumaran, 2021; Van Breda et al., 2020; Woodgate et al., 2017). Care leavers in this

study reported having had difficulties with these strict eligibility criteria, desiring greater flexibility to enter or leave an AYA.

Some care leavers in other studies have felt that strict criteria for agreements and supports punishes them for their “under deserving” life pathways (Glynn, 2021). Assessment of ongoing eligibility may penalize a youth for minor setbacks and struggles that reflect the typical journey of any young adult (Sukumaran, 2021). As a result of the strict conditions surrounding AYAs, it is not uncommon for youth to terminate the agreement prior to its expiration due to feeling overly controlled by CFS (Bennett, 2016; Goodkind et al., 2011; Lalonde et al., 2021; Rutman & Hubberstey, 2016), though many wished that they had had the opportunity to return into care once they realized how unprepared they were for independent living (Lalonde et al., 2021). The service providers in Lalonde et al.’s (2021) study suggested that the option for youth to return into care after a period of attempted independence could better mimic the life experience of youth in the general population who benefit from having the safety net of their childhood home.

It is also important to acknowledge that an AYA should not mean just extra time in care, but should also provide an intentional transition plan that prepares the youth for, and allows them gradually to practise, independence; we may otherwise just be “moving the cliff’s edge” further along, as suggested by Field et al. (2021, p. 795). AYAs need to be accessible to more youth in care, more flexible in response to youth’s lived realities, and structured in a way that allows youth to practise independence.

### ***Gaps in Transition Supports***

The last major recommendation of the Transforming Welfare Legislation Report (Government of Manitoba, 2018) was that access to transition supports for care leavers under 25 should be prioritized. The participants in this study mentioned several unmet needs related to transition supports, especially in regard to mental health services, migration and accommodation supports, and mentorship. Indigenous care leavers in our study also stated that their opinions and needs should be solicited and respected throughout their time in care and during the entire transition process. This is in line with Article 12 of the United Nations Convention on the Rights of the Child, which emphasizes that children have a right to be heard on matters that affect them (United Nations, 1989). The chronic underfunding of the CFS system has contributed to many present systemic challenges and perpetuates inequities that exist for Indigenous CFS agencies and youth, including inadequate transition supports (Chaarani, 2022; Government of Manitoba, 2018; Metallic et al., 2019). CFS funding should support capacity-building as well as services and should be flexible in supporting youth in their transition from care (Government of Manitoba, 2018; Indigenous Services Canada, 2017; Metallic et al., 2019).

Consistent with other qualitative studies (Doucet, 2018; Field et al., 2021), a lack in the availability of youth and adult mental health services was highlighted by participants in this study, as well as a lack of coordination between them, which resulted in a gap in service despite the transition from care being an especially vulnerable time for them. The literature indicates that a

system-wide implementation of culturally sensitive and trauma-informed mental health services has not yet been put in place, despite this being a recommendation of several recent reports (Charlesworth, 2020; Doucet & Mann-Feder, 2021; Ziemann, 2019). The challenges that youth faced prior to entering care and while in care are profound, and usually slow to resolve; the resulting issues often persist into adulthood, and thus pose a significant threat to care leavers' ability to transition into adulthood at the same pace as their peers (Courtney & Dworsky, 2006; Doucet, 2018).

The facilitation of social, cultural, and advocacy networks prior to leaving care was mentioned by participants as a key aspect of connecting youth to services and supports post-care, helping them feel confident and prepared for the transition. Facilitating youth's connection with support networks is particularly important for care leavers as many of the issues they faced prior to care and while in care put them at risk of being dependent on and entangled with systems and providers well after the age of majority (Osgood et al., 2010). For Indigenous youth aging out of care, maintaining stable and accountable relational connections with family, community, and the land is central to supporting their well-being (Doucet, 2020; Youth Employment Services, 2023). As well, a loss of connection to culture can impact care leavers' sense of belonging (Doucet, 2020). A study on Manitoba care leavers found 18% of participants experienced shame about their culture while in CFS (Youth Employment Services, 2023). Youth in and from care experience few long-term relationships, repeated loss of connection, and instability; over time, the realization that they are different, and others do not share their experiences, can cause them to disconnect emotionally and psychologically from others (Doucet, 2018, 2020; Magnuson et al., 2017; Samuels & Pryce, 2008; Youth Employment Services, 2023). Several participants in our study had lost connections with their siblings and emphasized the importance of keeping in touch with them and their families. Separation from siblings when taken into care, and a subsequent loss of connection with them, can add to the trauma youth in care experience when removed from their home and community and throughout their time in care (Doucet, 2020).

Despite interdependency having been identified as vital to successful transitions for care leavers (Sukumaran, 2021; Youth Employment Services, 2023), CFS has conceptualized achieving independence as the only way to successfully leave care, and this is embedded in their policy and practice (Johnson, 2020). Over time, care leavers tend to internalize these unrealistic notions of independence, but when they fall short of the ideal, it is they alone who are held accountable (Johnson, 2020). To support their gradual move to independence, care leavers need accessible and appropriate transition supports, and to be connected with support networks.

### ***Limitations and Future Directions***

We engaged 17 Indigenous care leavers in Manitoba through this study. Within our sample, over half the participants had aged out of care before 2015, when transition planning became mandatory, which would presumably have affected their transition. Also, only five participants were under 25; however, the period from leaving care until age 25 is a critical one that deserves



further investigation. Another limitation was the low attendance at our focus groups, with only two or three participants attending each group. We were also not able to show changes in transition support needs over time. Further studies should include a longitudinal examination of Indigenous care leavers, ideally interviewing youth three times: pre-transition (16–18 years), transition (18–21 years), and post-transition (21–25 years). Also needed is additional study on the specific experiences of Indigenous care leavers who were granted either AYAs or extensions of care.

### **Conclusion**

This study aimed to improve our understanding of Indigenous care leavers in Manitoba through their experiences and perspectives, and to document the recommendations and solutions they proposed for supporting their transition out of the child welfare system. Findings from this study are responsive to three of the 94 calls to action in the Truth and Reconciliation Commission of Canada (2015): collecting accurate information relating to Indigenous children and families, publishing reports related to Indigenous children in care, and establishing national standards for Indigenous child welfare. The Indigenous care leavers in this study voiced their own experiences and their needs — too rarely heard given their histories of disenfranchisement and disconnection. Indigenous care leavers in Manitoba have told us that the process of planning for and transitioning out of care was unclear and failed to engage them as partners, leaving them ill-prepared for life post-care. Additionally, participants' experiences serve as evidence of enduring gaps in transition supports, especially in mental health and interpersonal supports, which were not available or accessible to them. The experiential knowledge from this study can contribute to the formulation of responsive transition policies and practices that are reflective of the experiences and needs of the population they are intended to serve. Reforms, beyond CFS, to address the many issues that systemically impact Indigenous families and communities are urgently required. Further and deeper investigations based on talking with Indigenous families and communities and hearing their stories will help to answer this need.

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