

Young Adults' Understandings of their Transition out of the Child Welfare System

by

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fulfillment of the requirements for the degree of

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THESIS EXAMINATION INFORMATION

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An oral defense of this thesis took place on June 24, 2021 in front of the following examining committee:

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The above committee determined that the thesis is acceptable in form and content and that a satisfactory knowledge of the field covered by the thesis was demonstrated by the candidate during an oral examination. A signed copy of the Certificate of Approval is available from the School of Graduate and Postdoctoral Studies.

ABSTRACT

This dissertation examines care leavers' first-hand experiences of negative outcomes through a theoretical lens. Regardless of multiple, intersecting identities and structural changes, youth in the Ontario child welfare system must navigate the same transition from the system to the larger community. This major life event and process involves a drastic change from full dependency on the child welfare system, which is a restricted context to full responsibility on care leavers with limited guidance to navigate a fluid context. There is increasing awareness that during this compressed process, care leavers experience numerous risks of negative outcomes. As a result, the Ontario government allocates funding for the child welfare system to promote a collective vision of support for youth and young adults to flourish. Nevertheless, there is limited evidence that care leavers benefit from investments. Drawing on one-on-one in-depth, semi-structured interviews with 21 young adults ages 19 – 27, this research found that care leavers were inadequately prepared for transition out of care, and after transitioning, they encountered poor outcomes in the following areas: education, employment, housing, mental health, criminal justice system, and social support networks. Thus, Kimberle Crenshaw's intersectionality theory and Ulrich Beck's individualization theory are used to construct a social justice lens (i.e., intersectional individualization) with the aim to enhance understandings of reasons why youth and young adults transitioning out of the child welfare system experience risk of poor outcomes. Utilizing this intersectional individualization lens, this study argues that while care leavers tried to reflexively navigate their transition, diverse, multiple, overlapping identities and structural changes heightened their vulnerability, marginalization, and risk of negative outcomes. Moreover, this study contributes a nuanced understanding that can inspire systems of power to take a social justice approach, which can mitigate the impact of transition out of the child welfare system. This dissertation concludes with implications for future research, theorizing, policy, and practice within this specific field.

Keywords: Child welfare; transition out of care; care leavers; intersectionality; individualization

AUTHOR'S DECLARATION

I hereby declare that this thesis consists of original work of which I have authored. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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The research work in this thesis that was performed in compliance with the regulations of Ontario Tech's Research Ethics Board under **REB Certificate Number 15217**.

RAJENDRA RAMBAJUE

STATEMENT OF CONTRIBUTIONS

Parts of the work described in Chapter two and Chapter five have been published in an article in *The Journal of Public Child Welfare*, 2021, copyright Taylor & Francis as:

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I performed most of the work in the article including reviewing of the literature and writing of the manuscript. Christopher O'Connor is an Associate Professor in the Criminology program at Ontario Tech University [University of Ontario Institute of Technology]. His research interests include policing, youth, emerging technology, and energy boomtowns.

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DEFINITION/ABBREVIATION OF TERMS

This section offers a list of essential terms arranged in alphabetical order. Throughout the dissertation, these terms are used to discuss the experiences of young adults who transitioned out of care. Therefore, the definitions of these terms are relevant to provide contextual understanding and assure that all readers are interpreting these terms in the similar manner.

Age of majority: In Canada, the age of majority varies between 18 and 19 years old according to the respective province and territory. The age of majority is 18 in the following six provinces: Alberta, Manitoba, Ontario, Prince Edward Island, Quebec, and Saskatchewan. The age of majority is 19 in the following four provinces and three territories: British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, and Yukon Territory.

Age of protection: Children and youth can receive child protection services up until their 18th birthday.

Aging out of care (emancipation): Individuals who are not adopted and continue to live in care until the age of majority (18 years old in Ontario).

Care leavers: Individuals who lived for a period during their childhood and/or adolescence in the care of the child welfare system and exited the system by the age of majority. The age of majority varies depending on the country, state, or province, but in most areas the age of majority is 18.

Child welfare: A term used to describe a set of government and private services designed to protect children and encourage family stability. The main aim of these services is to safeguard children from abuse and neglect. Child welfare agencies investigate allegations of abuse and neglect (called “child protection services”), supervise foster care and arrange adoptions.

CYW: Child and Youth Worker

Foster care: A private home (family setting) approved by child welfare services for the placement of children and youth.

Kinship care: Includes children placed out of home in the care of extended family, individuals emotionally connected to the child, or in a family of a similar religious or ethno-cultural background.

Out of home care: “Out of home care includes voluntary care agreements and placements in residential, foster, or kinship care. Group and residential care are excluded” (Canadian Child Welfare Research Portal, n.d., n.p.).

Residential care: Includes out of home placement in a facility such as a group home or treatment center. Residential care is recommended for children and youth who are experiencing problems, including behavioural and adjustment, and cannot function in a family setting.

Reunification: The return of children to their family following placement in out of home care.

Transition to out of care: Upon reaching the age of majority, youth in care may enter into voluntary agreements to receive extended services, including support and maintenance to assist them as they transition to adulthood and independent living.

Vulnerable population: Even though the research participants for this study are between 19 – 27 years old, I still consider them a vulnerable population due to their past and present experiences. As outlined in the Canadian Child Welfare Research Portal (n.d), individuals who lived in care may have experienced abuse (physical, sexual, emotional), neglect or exposure to domestic violence. Consequently, they had to be separated from their families and cope with living in care. In addition, the following chapters illustrate that youth and young adults who transitioned out of care experience challenges in many life domains.

Young adults: For this study, the term young adults is used to describe individuals between the ages of 18 and 27 who transitioned out of the child welfare system when they were between 16 to 18 years old. Please note that young adults is used interchangeably with “care leavers” throughout this dissertation. Because care leavers are a hard-to-reach population, age was the only social demographic characteristic restriction. In terms of gender preference, one self-identified as transgender, six as female, and 14 as male. Participants self-identified their race with two as Indigenous, six as Black, and 13 as White.

Youth: Youth is a socially constructed term (Curran, Harrison & Mackinnon, 2013; Rodo-de-Zarate, 2017), which is used in this study to describe individuals aged 12 to under 18 years old. Note that with respect to transition out of care, the term youth is used to refer to individuals who may have transitioned out of care between the ages of 16 and 18 because in some provinces (e.g., Ontario) youth can legally leave care at age 16.

CHAPTER 1: INTRODUCTION

1.0 Introduction

A growing body of research indicates that youth and young adults who transitioned out of the child welfare system are a population that is understudied, vulnerable, marginalized, and undertheorized (Bender, Yang, Ferguson, & Thompson, 2015; Berridge, 2007; Berridge, 2017; Berzin, Rhodes, & Curtis, 2011; Dworsky & Courtney, 2009; Dworsky, Napolitano, & Courtney, 2013; Forenza, 2016; Forsyth, 2017; Gaetz, O’Grady, Kidd, & Schwan, 2016; Hook & Courtney, 2011; Mendes, Michell, & Wilson, 2014; Ministry of Child and Youth Services [MCYS], 2016; Okpych & Courtney, 2014; Schelbe et al., 2015; Shah et al., 2017; Stein, 2006; Stein, 2012). While the literature broadly focuses on children and youth in care, research on youth and young adults who transitioned out of care is limited, overly descriptive, and generally reports negative outcomes (Collins & Ward 2011; Hook & Courtney, 2011). Thus, the relevant literature has focused on care leavers’ risks of poor outcomes as a fundamental problem.

Research and reports within social work consistently emphasize that care leavers are at an extreme disadvantage in many life domains, which causes them multiple risks transitioning out of care (Bender et al., 2015; Berzin et al., 2011; Dworsky et al., 2013; Gypen, Vanderfaeillie, De Maeyer, Belenger, Van Holen, 2017; Hook & Courtney, 2011; MCYS, 2016). These risks include, but are not limited to low academic achievement, unemployment, poverty, homelessness, criminal justice system involvement, social isolation, substance abuse, poor mental health, and dependency on social welfare support (Adley & Jupp Kina, 2017; Blome, 1997; Dworsky et al., 2013; Forsyth, 2017; Gomez, Ryan, Norton, Jones, & Galan-cisneros, 2015; Lee, Courtney, & Tajima, 2014; Rutman, Hubberstey, & Feduniw et al., 2007; Ryan, Perron, Huang, 2016; Singer, Berzin, & Hokanson, 2013).

The literature makes clear that care leavers negative experiences continue to increase, and thus, more recently, policies, practices, and funding have increased to support care leavers during their transition (Murray & Goddard, 2014; Torronen & Vornanen, 2014). Regardless of the advances in services to address care leavers' needs, the risks of negative outcomes remain consistent across many decades and developed countries including Canada, the United States, the United Kingdom, and Australia (Geiger & Schelbe, 2014; Gypen et al., 2017; Hook & Courtney, 2011; Reid & Dudding, 2007; Stein, 2012; Stott, 2013). For example, Reid and Dudding (2007) suggest that the Canadian government largely invests in preparation programs to help youth and young adults transition out of care. More specifically, the Ontario government investments for care leavers include health and dental coverage, counselling and life skills supports, as well as financial supports for postsecondary education, housing, and other living costs (Ontario Ministry of Children, Community and Social Services, 2020; Ontario Ministry of Training, Colleges and Universities, 2013). For details about these investments see the next section (1.1 Policy Background in Canada).

Despite the supports provided, there is a lack of progress in improving care leavers' lives. Likewise, Okpych and Courtney (2014) point out that annually the US federal government invests tens of millions of dollars to support older youth in care to obtain secondary and postsecondary education, but there is little evidence that care leavers benefit from these investments. Further, tailored life skills programs to prepare youth for their transition out of care show limited evidence that care leavers are prepared for independent living or that their overall outcomes have improved (Geiger & Schelbe, 2014; Gomez et al., 2015). In addition, investments in housing supports have failed to decrease homelessness amongst care leavers (Dworsky & Courtney, 2009). Overall, there appears to be a lack of preparedness and equitable supports for youth and young adults

transitioning out of care (MCYS, 2016; Ontario Human Rights Commission, 2018; Provincial Advocate for Children and Youth, 2012).

For the most part, the care leavers' literature overwhelmingly illustrates negative outcomes (Adley & Jupp Kina, 2017, Bender et al., 2015; Berzin et al., 2011, Blome, 1997, Dworsky et al., 2013; Gomez, et al, 2015; Hook & Courtney, 2011; Kirk & Day, 2011; Lee, Courtney, Harachi, & Tajima, 2015; Okpych & Courtney, 2014; Rutman et al., 2007; Ryan et al., 2016; Scannapieco, Connell-Carrick, & Painter, 2007; Shah et al., 2017; Singer et al., 2013; Stein, 2006; Unrau, Front. & Rawls, 2012). In addition, it includes limited care leavers voices - particularly within the Canadian context (Jones & Kurk, 2005; MCYS, 2016), is overly descriptive (Collins & Ward 2011), and noticeably lacks theoretical exploration (Berridge 2007; Berridge, 2017; Forsyth, 2017; Stein 2006). Rambajue and O'Connor (2021) agree that these deficiencies restrict the ability to understand the complex realities of care leavers.

To help address the stated shortcomings, this research study gathers primary data via one-on-one semi-structured interviews, examines how care leavers perceived their experiences, and incorporates a theoretical lens to view their transition out of the child welfare system. For these reasons, this dissertation contributes to the literature on youth and young adults transitioning out of the child welfare system by creating knowledge, which is unique to Canada and using a theoretical lens to illuminate the first-hand experiences of care leavers. Samuel and Pryce (2008) stress that developing a deeper understanding of the intricate reality of vulnerable populations, whose voices are excluded from public discourse is a necessity for policy makers. Therefore, viewing care leavers' first-hand experiences through a theoretical lens can magnify their unique life context as a consequential matter (Rambajue & O'Connor, 2021). This type of knowledge has social justice implications for developing child welfare policies and practices to decrease care

leavers' risk of negative outcomes and increase their long-term prosperity. In what follows, this chapter provides relevant information to establish a context to build a foundation for this study under the following sections: Policy background in Canada, background of the problem, statement of the problem, purpose of the study, research questions, and significance of the study.

1.1 Policy Background in Canada

In Canada, the term child welfare, also known as a system of children's aid societies, describes a set of government and private services designed to safeguard children from abuse and neglect, as well as encourage family stability. Canadian provinces and territories have their individual child protection legislation to ensure the safety of children and youth who are at risk of harm and in need of protection. In Ontario, the Child, Youth and Family Services Act, 2017, governs the Ontario Association of Children's Aid Societies (OACAS) (Ontario Ministry of Children, Community and Social Services, 2018). OACAS represents different children's aid societies that provide child protection services to children and youth up to the age of 18 (age of protection) who may have experienced abuse (physical, sexual, emotional), neglect by their parents or guardians, or exposure to domestic violence (Canadian Child Welfare Research Portal, n.d.; OACAS, 2020).

At the age of 18 years, young adults 'age out' of care with the expectation that they make the transition to independent living with extended support funded by Ontario's Ministry of Children, Community and Social Services. Individuals who are eligible for support referred to as Continued Care and Support for Youth (CCSY), may receive \$850 per month up to age 21. In addition, care leavers receive specific benefits through the Aftercare Benefits Initiative (ABI), which is funded by the Ontario Ministry of Children, Community and Social Services, until the age of 24. For example, they receive coverage for health and dental benefits (i.e., "prescription

drug, dental, vision, extended health benefits, counselling, and life skills support services”) and until the age of 29, counselling and life skills support (Ontario Ministry of Children, Community and Social Services, 2020, n.p). In addition to the aforementioned supports, care leavers may be eligible for financial supports for postsecondary education, which took effect in 2013. These include: (1) Ontario Access Grant for Crown Wards for 50% of their tuition costs to a maximum of \$3,000 per year for programs that are two to four years. Students who attend a one-year program may receive 100% of their tuition fees to a maximum of \$3,000; (2) Ontario Student Assistance Program (OSAP) to cover the other 50% of their tuition costs to a maximum of \$3,000 per year for two years; and (3) Living and Learning Grant of \$500 per month to a maximum of \$2000 per semester and \$6000 per school year to help students 21 to 24 years old with living costs. Young adults who turn 25 during their period of study continue to receive the Living and Learning Grant up until the end of their present study period (Ontario Ministry of Children, Community and Social Services, 2020; Ontario Ministry of Training, Colleges and Universities, 2013). Also, CAS workers connect youth and young adults “who are 16 to 24 years old to community services [to foster their transition] and provide support with stable housing, education resources, employment services, and life skills training” (Ontario Ministry of Children, Community and Social Services, 2020, n.p). Despite the support offered to individuals leaving care, research and reports consistently emphasize that youth and young adults transitioning out of the child welfare system encounter significant barriers that make their transition a complicated process (Adley & Jupp Kina, 2017; Dworsky et al., 2013; Gomez, et al., 2015; Kirk & Day, 2011; MCYS, 2016).

1.2 Background of the Problem

Canadian child welfare data are limited and difficult to obtain (Trocmé, Roy, & Esposito, 2016). Consequently, up-to-date and/or accurate annual statistics of the number of individuals

residing in care, transitioning out of care, or receiving supports (e.g., financial, health, and dental) are seemingly impossible to obtain. Nevertheless, according to OACAS (2020), in the fiscal year 2019 – 2020, a monthly average of approximately 9,300 children and youth were in care in Ontario, compared to about 10,000 in the fiscal year 2018 – 2019. Annual data for 2013 indicates that an estimated 62,428 children and youth across Canada lived in out-of-home care (i.e., kinship care, foster care, and residential care) (Jones, Sinha, & Trocmé, 2015), compared to 67,000 in 2007 (Mulcahy & Trocmé, 2010). The number of children and youth in care in Ontario was 23,000 in 2013 (Provincial Advocate for Children and Youth, 2016A) compared to nearly 17,000 in 2009 (Provincial Advocate for Children and Youth, 2012). Most recent statistics show that in 2007, one out of every 182 children in Ontario were in care of the Ontario Children’s Aid Societies (Provincial Advocate for Children and Youth, 2012). Mann-Feder (2011) states that annually an estimated 6,000 youth are discharged from the Canadian child welfare system after reaching the age of majority (varies between 18 to 19 in Canada - 18 in Ontario). The number of individuals leaving care each year is likely much higher, because in some provinces (e.g., Ontario), at age 16, youth can legally leave care, transition to independent or semi-independent living, and may continue to receive monthly financial supports as well as coverage for health and dental. According to OACAS (2020), in Ontario, during the fiscal year 2019 – 2020, close to half (45 %) of the monthly average of approximately 9,300 children, youth, and young adults who were in care or receiving supports were between the ages of 16 – 20. Given the scarcity of data, it is unknown how many of these youth and young adults between 16 – 20 exited the child welfare system.

The overrepresentation of Indigenous and Black children and youth in the child welfare system is a complex issue (Ontario Human Rights Commission, 2018). Exponential diversity over time has increased the number of visible minority children and youth in the child welfare system

across Canada, specifically Ontario. Even though Whites outnumber visible minorities, the literature indicates that minority groups, particularly Black and Indigenous are disproportionately represented in the child welfare system (MCYS, 2016; Ontario Human Rights Commission, 2018). While there is no available race-based data on the number of individuals transitioning out of care, there is limited race-based data on the number of Black and Indigenous children and youth residing in care. According to Statistics Canada (2016), even though Indigenous children under 15 years old accounted for 7.7% of the child population in Canada, 52.2% resided in care in 2016. This overrepresentation for Indigenous children under 15 was also reflected in the province of Ontario. Although they represented 4.1% of the Ontario child population, 30% lived in care. With respect to Black children in care, 2015 race-based data that was published by the Children's Aid Society of Toronto showed that while Black children represented just 8% of the population in the Greater Toronto Area, they accounted for 41% of the children in the child welfare system (OACAS, 2020). However, the Ontario Human Rights Commission (2018) states that inadequate data makes it difficult to draw conclusions about racial discrimination as a systemic factor that amplifies racial disparity in the child welfare system. Nevertheless, it is vital to note that according to MCYS (2016), youth and young adults consider the child welfare system as a White and heteronormative care model that is not responsive and inclusive to identities such as race, culture, and gender that situate beyond the normative child welfare structures. These types of data convey that there are valid reasons for a social justice approach in care, which focuses on areas such as marginalization, social identities, and experiences. Such approach can translate to the delivery of equitable treatment to all individuals.

It is important to emphasize that transition to independent living for all young adults is a complicated process (Cote & Bynner, 2008; Furlong & Cartmel, 1997), but care leavers' fractured

experiences make their transition out of care much more complicated. According to Statistics Canada (2017), young adults in the general population are continuing to live at home beyond the age of 18; hence, the 2016 census of population shows that 34.7% of young Canadians between 24 to 34 years old live with at least one of their parents. Cohen (2017) specifies that due to financial constraints and changing social attitudes, 60% of young adults (aged 20 – 24 years old) in Canada live with and receive supports from their parents. Given, the current state of the economy and restrictions from the COVID-19 pandemic, there is a high probability these numbers will increase. While I recognize the accommodations made by the Ontario government, which states that “throughout the COVID-19 outbreak, youth in care who turn 18 or former youth in care who turn 21 will not age out of the supports and services they are currently receiving through children’s aid societies” (Ontario Ministry of Children, Community and Social Services, 2020, n.p), generally, youth and young adults who experienced complex realities associated with living in care are expected to follow a different standard transitioning out of care (Cohen, 2017). Jones (2012) and Mares (2010) state that compared to the general population, youth in care are expected to become independent at an earlier age (i.e., 18). At the age of 18 years, they abruptly leave the child welfare system (Batsche et al., 2014) and even during difficult times, they have no option to return to live in care (Doyle, Mayock, & Burns, 2012). Despite limited or no guidance from child welfare structures and the notable risk of experiencing negative outcomes, youth and young adults leaving care are expected to act responsibly and make an immediate transition to independent living (Doyle et al., 2012; Stein, 2006).

According to the Provincial Advocate for Children and Youth (2012), in Ontario an estimated 44% of young adults who lived in care graduated from high school compared to 81% who did not reside in care. Nichols et al. (2017) mention that 30% of homeless youth and young

adults in Canada claimed that their homeless situation was a result of their transition out of care, while Gaetz et al. (2016) state that nearly 60% of homeless youth and young adults in Canada had been involved with the child welfare system. Furthermore, youth and young adults who have lived in care and their workers specified that programs tailored for transition to independent living do not adequately address care leavers' needs (Geenen & Powers, 2007; Reilly, 2003). Consequently, after leaving care, a vast number of care leavers lack the skills required to transition out of care, and a limited number receive family support to help them cope with this transition (Lee et al., 2014; Goodkind, Schelbe, & Shook, 2011; Unrau et al., 2012).

1.3 Statement of the Problem

There continues to be limited primary research with care leavers' voices regarding their transition out of care within the Canadian context. While the Canadian provincial and territorial governments have child welfare policy and legislation, little is known about the subjective experiences of individuals who transitioned out of the child welfare system. Schelbe et al. (2015) claim that in general, research that focuses on children and youth in care seldom includes their voices and often includes the voices of child welfare workers, teachers, and parents. These scholars suggest that this gap continues to exist because of ethical concerns and challenges to gain access. However, a recent Canadian report confirms that "there is no way to follow a child or youth as they move in and out of care" (MCYS, 2016, p. 9). According to the MCYS (2016), an ample amount of the data is anecdotal with respect to the experiences of children and youth in care "who identify with unique life contexts" (MCYS, 2016, p. 12). Likewise, a comprehensive search revealed that there is only a small body of extant literature that contains child, youth, and young adults' voices within Canada including a few textbooks, peer-reviewed articles (original and secondary research as well as content analyses) and grey literature (e.g., government, non-

governmental, and educational reports and articles written by professionals). These claims show that care leavers' voices have been consistently unaccounted for in research, which suggests a major systemic deficiency of literature in Canada. For this reason, the MCYS and Children's Aid Societies (CAS) may have to design policy and practice guidelines based on inadequate, local, and anecdotal experience, which can further exacerbate the experiences of individuals with child welfare involvement.

To reiterate, social work literature suggests that youth and young adults transitioning out of child welfare are a population that is understudied, vulnerable and marginalized (Bender et al., 2015; Berzin et al., 2011; Dworsky & Courtney, 2009; Dworsky et al., 2013; Forenza, 2016; Mendes et al., 2014; Schelbe et al., 2015). In general, the literature has a significant American focus, includes limited care leavers' voices, focuses on negative outcomes, and lacks theoretical understandings. For example, many scholars (Adley & Jupp Kina, 2017; Dworsky et al., 2013; Lee et al., 2014; Rutman et al., 2007; Ryan et al., 2016; Singer et al., 2013; Stein, 2006; Tweddle, 2007) maintain that care leavers are likely to experience negative outcomes after leaving care. Based on what is known about care leavers, it could be assumed that negative outcomes are lived realities of most youth and young adults transitioning out of care. Rambajue and O'Connor (2021) suggest that the fluidity of their experiences and changes in structures after leaving care are putting care leavers at risk of poor outcomes; systems of power are limiting their choices and showing limited concern for care leavers' lived realities. Therefore, there are legitimate reasons to examine the subjective experiences of former youth in care and locate these experiences within theory to provide a social justice perspective that pays attention to the social context of systematic inequity as well as the identities and experiences of this disadvantaged population (Curtis, Grabb, & Guppy, 2004; Dill & Zambrana, 2009; Farrugia, 2013; Lareau, 2002; Neckerman, 2004).

1.4 Purpose of the Study

This research study explored young adults' understandings of their transition out of the child welfare system (i.e., individuals aged 18 – 27 who lived in and transitioned out of care associated with CAS). Research shows that care leavers are at an increased risk of poor outcomes, and thus, it is important to enhance understandings of their lived experiences after leaving care. The goal is not only to gather and report care leavers' qualitative experiences but also to extend the care leavers' literature by using a theoretical lens to view their perspectives and gain insights on how social structures, invisible experiences, and issues of inequity shape care leavers' lived realities after they transition out of care (Farrugia, 2013; Alvi & Zaidi 2017).

Even though my group home employment and other experiences (discussed in chapter 3) has inspired specific interest on youth and young adults who exited care, there are specific reasons why this research is valuable. For example, this population's long-lasting negative outcomes and the limited research with care leavers voices within the Canadian context, make it relevant to conduct this study (Jones & Kurk, 2005; MCYS, 2016). Qualitative data is ideal to gain insights on care leavers' experiences and trajectory transitioning out of care. Given the paucity of the subjective voices and theoretical understandings of care leavers' experiences, the findings from this research in conjunction with theory can provide a unique vision for the Canadian landscape of youth and young adults transitioning out of care. Extending the literature with subjective voices and theory can contribute to the advancement of knowledge in a way that explains reasons why care leavers fare so poorly in many domains after they transition out of the child welfare system. This knowledge can bring about awareness of the strengths, needs, and priorities of youth and young adults transitioning out of care (Singer et al., 2013) as well as instigate future policies, practices, and research.

1.5 Significance of the Study

Although previous studies examined the lives of youth and young adults transitioning out of care (Stein, 2006; Sulimani-Aidan, 2014), there is minimal primary research in Canada with this population's subjective voices. Some scholars (Abebe, 2009; Grugel, 2004; Powell, Fitzgerald, Taylor, & Graham, 2012) note the significance of including young people as active participants in the construction of knowledge surrounding their personal lives. Therefore, this study is significant for the following reasons. First, involving care leavers as participants, reflects the vision that they should be given the opportunity to "express their views freely in matters affecting their lives, and to have their views given due weight in policy and practice" (Abebe, 2009, p. 453). Second, this research reflects the human rights as described in the United Nations Convention on the Rights of the Child (UNCRC), which specifies that "the child shall have the right to freedom of expression" (UNCRC, 1989). Third, drawing on insights from Gray (2013), a key significance of this study is that it magnifies care leavers' voices (often excluded in research) in situations that are related to them. This can contribute to the advancement of knowledge and make a difference in understanding the experiences, needs, and priorities of care leavers (Singer et al., 2013). Being cognizant of care leavers' lived experiences can inspire others to develop empathy that may decrease stereotypes and encourage social change (Fassinger & Morrow, 2013). Finally, unlike other studies, this research provides a theoretical understanding of young adults' transitions out of care within the Canadian context. Collectively, care leavers' narratives combined with insights from Beck's (1992) individualization and Crenshaw's (1991) intersectionality theory (see chapter two under 2.7.1 Individualization Theory and 2.7.2 Intersectionality Theory) are used to provide a more robust understanding of reasons why care leavers are likely to fare poorly in many domains after they transition out of the child welfare system. This knowledge will show how

structural changes, choices, as well as multiple, interconnecting, and indivisible identities and spaces influence care leavers' ability to navigate their transition out of the child welfare system (Rambajue & O'Connor, 2021).

1.6 Research and Interview Questions

The focus of this study is two-fold: (1) to obtain qualitative data from care leavers on how they understand their transitional experiences out of the child welfare system, and (2) to view care leavers' subjective voices through a theoretical lens. The main objective is to address the gaps in the literature, which indicate that there is limited primary research in Canada from care leavers' perspectives (Jones & Kurk, 2005; MCYS, 2016) and a lack of theoretical understandings of care leavers' subjective experiences (Berridge, 2007; Berridge, 2017; Forsyth, 2017; Rambajue & O'Connor, 2021; Stein 2006). Therefore, this study is guided by the following two overarching research questions:

1. How do young adults make sense of their transition out of the child welfare system?
2. How do structural changes and young adults' multiple, intersecting identities shape their transition out of care?

To elicit responses about care leavers' perspectives surrounding the overarching research questions, the interview questions (see appendix 3) place particular emphasis on the following areas: demographic information, educational experiences, employment experiences, relationships, housing, criminal justice system involvement, experiences in care, life since leaving care, as well as the theoretical framework (i.e., Beck's individualization theory and Crenshaw's intersectionality theory) for this study. For details about the theoretical framework, see chapter two under the following two headings: 2.7.1 Individualization Theory and 2.7.2 Intersectionality Theory.

1.7 Outline of the Study

This dissertation includes the following five chapters: (1) introduction, (2) literature review, (3) methodology, (4) research findings, and (5) discussion, suggestions for future research, and conclusions. Chapter two delivers a review of relevant literature pertaining to the research population (i.e., care leavers) and the theoretical framework (i.e., Beck's individualization theory and Crenshaw's intersectionality theory) to build a foundation to enhance the understandings of care leavers' lived realities. The literature review guided the research and provided a basis for understanding the transitional experiences of the identified population.

Chapter three provides the methodological approach that qualitatively examined the lives of 21 young adults who exited the child welfare system. This chapter includes details pertaining to the research design, research participants' recruitment, ethical considerations, method of data collection, method of data analysis, and researcher reflexivity/positionality.

Chapter four reports the research findings that emerge from the participants' responses to the questions in the semi-structured interviews. The results examined care leavers' demographic characteristics and perspectives on their lived realities and are organized in the following themes: (1) Research participants' demographic characteristics; (2) Low academic achievement and educational experiences; (3) Employment challenges; (4) Housing instability and homelessness; (5) Weak social support network; (6) Mental health challenges; (7) Criminal justice system involvement; and (8) Limited preparedness for transition out of care.

Chapter five consists of a discussion of the research findings (organized in a thematic format), through a theoretical lens that looks at how structural changes, social context, and multiple, intersecting identities shape the experiences of youth transitioning out of child welfare system (Alvi & Zaidi 2017; Beck, 1992, Crenshaw, 1991; Farrugia, 2013; Woodman, 2009). It

combines care leavers' voices with theory to increase understandings of their intricate lived realities. Following the discussion, this chapter provides strengths and limitations of this study, implications for future research, theory analysis, policy, and practice within this specific field and ends with concluding remarks.

CHAPTER 2: LITERATURE REVIEW¹

2.0 Introduction

This chapter offers a review of the relevant literature (i.e., care leavers, Ulrich Beck's (1992) individualization theory, and Kimberle Crenshaw's (1989) intersectionality theory) to create a structure that locates this dissertation within the context of extant literature. It is paramount to be familiar with current literature and prior research to avoid duplication, reveal limitations that exist in the literature, show the need for additional research with care leavers' voices, and enhance understandings. This chapter begins with a discussion surrounding the experiences of former youth in care transitioning out of the child welfare system. Given that there are limited peer-reviewed sources that center on care leavers in Canada, this review includes academic and grey literature from Canada and other countries. This examination demonstrates consistent results internationally across decades, and thus, this discussion focuses on the following six themes: education, employment, housing, supportive relationships, criminal justice system involvement, and mental health.

Next, this chapter provides an overview of Ulrich Beck's (1992) individualization theory and Kimberle Crenshaw's (1989) intersectionality theory. Examining Beck's individualization theory and Crenshaw's intersectionality theory builds a framework (i.e., intersectional individualization lens) that theorizes the subjective experiences of young adults' transitioning out of care. Beck's work has been influential in providing awareness of structural changes that occurred in modern society and how people, including youth and young adults navigate the changes with limited or no structural guidance. On the other hand, Crenshaw's work creates a

¹ Portions of this chapter appear in an article published in *The Journal of Public Child Welfare*, 2021, copyright Taylor & Francis, available online: <https://doi.org/10.1080/15548732.2020.1856284>

foundation for understanding how individuals possess multiple, interconnected, and indivisible social identities that shape their experience and how people's experience with systems of power could present as marginalization, oppression, or privilege. The aim is to combine insights from the two theories (which create the intersectional individualization lens) with the research findings in chapter four and engage in a discussion in chapter five that theorizes young adults' transitional experiences out of the child welfare system.

2.1 Education

Child welfare literature consistently shows that children and youth living in and those transitioning out of the child welfare system continue to be at risk of experiencing poor educational outcomes (Mendes et al., 2014; Reilly, 2003). According to Brownell et al. (2010), youth in care struggle to meet their academic expectations, require more special education support, and have higher rates of absenteeism, suspension, and expulsion. The Children's Aid Society of Toronto (2008) suggests that frequent home and school changes disrupt the education of many children. Additionally, an American study (Kirk & Day, 2011) note that youth who lived in care typically change residence about three times per year, which may also result in school changes. For most children in care, every school change can negatively affect their educational outcomes (Kirk & Day, 2011). For example, the inadequate communication amongst CAS personnel, schools, and families including the transfer of children's academic and personal records between schools and Children's Aid Societies cause students' academic progress to significantly regress (Noonan et al., 2012). The Children's Aid Society of Toronto (2008) states that most children change schools three times in the year that they have become homeless.

Findings from studies on young adults who transitioned out of care suggest that there are lower rates of high school completion amongst this group compared to the general population

(Courtney & Hook, 2017; Jones, 2011; Kirk & Day, 2011; Mendes et al., 2014; Salazar, 2012). According to the Provincial Advocate for Children and Youth (2012), “nationally, only 30% of Canadian youth in care complete high school” (p. 17), and in Ontario an estimated 44% of former youth in care graduate from high school compared to 81% who did not reside in care. Likewise, a study conducted in the United States notes that by age 18, approximately 50% of individuals who lived in care graduate from high school compared to 70% of their peers in the general population (Batsche et al., 2014; Unrau et al., 2012). According to Kirk and Day (2011), by age 19, approximately 54% of young adults who lived in care graduate from high school compared to 87% of their peers of the same age. In a Midwestern study, Hook and Courtney (2011) claim that in the United States, even up to 23 – 24 years old, only about 75% of young adults who lived in care have a high school diploma compared to about 92% of individuals within the same age range in the general population. Together, these statistics confirm that in comparison to young adults in the general population of the same age, care leavers on average are less likely to graduate from high school.

Research shows that former youth in care continue to experience educational disparities in tertiary education. For instance, Hernandez and Naccarato (2010) as well as Jones (2010) state that a small number of care leavers pursue, and complete postsecondary education compared to young adults of the same age group in the wider population. Similarly, Courtney et al. (2011) mention that before the age 26, only approximately 4% of former youth in care complete a four-year degree as opposed to about 36% of young adults their age. According to Provincial Advocate for Children and Youth (2012), care leavers were 20 times less likely to register in post-secondary education, and of the small number who registered in Ontario, 84% enrolled in apprenticeship and community college programs while only 16% registered in university programs (Provincial Advocate for

Children and Youth, 2012). Compared to the general and other at-risk youth and young adult populations, care leavers are more likely to drop out of postsecondary education (Day, Dworsky, Fogarty, & Damashek, 2011). Batsche et al. (2014) emphasize that former youth in care who were attending postsecondary education had mixed responses regarding their education. For instance, some care leavers stated that there were supportive people (i.e., teachers, mentors, and counsellors) along their journey while others claimed that they had to face the foster care stigma and the perception that they were not capable of succeeding (Batsche et al., 2014). Furthermore, former youth in care noted that, “some unnecessary disclosures of their personal information to school authorities has created stigma and otherwise negatively affected their experience in education” (Provincial Advocate for Children and Youth, 2016B, p. 15). The abovementioned findings indicate that there is a strong correlation between child welfare experience and low academic achievement. Therefore, this suggests that youth and young adults transitioning out of care experience structural inequities prominent in education, which extends across numerous areas of life such as future employment (Hook & Courtney, 2011), mental health (Dixon, 2008), and stable housing (Davison & Burris, 2014).

2.2 Employment

The literature suggests that there is a correlation between one’s level of education and employment (Day et al., 2011; Hook & Courtney, 2011). Overall, care leavers lack sufficient education and skills in preparation for employment (Dworsky & Gitlow, 2017; Hook & Courtney, 2011; Stewart, Kum, Barth, & Duncan, 2014; Van Audenhove & Vander Laenen, 2017). For example, an American study that explored the employment outcomes states that despite variations in social policies, countries such as Canada, the United States, the United Kingdom, and Australia are failing to prepare youth in care for meaningful employment (Hook & Courtney, 2011).

Consequently, youth and young adults who transitioned out of care are more likely to experience increased rates of unemployment, unstable employment, under-employment, and poverty compared to others who have not resided in care (Brownell et al., 2010; Dworsky & Gitlow, 2017; Hook & Courtney, 2011; Reilly, 2003; Stewart et al., 2014; Tweddle, 2007).

According to a Canadian study by Tweddle (2005), 54% of former youth in care between the ages of 23 to 31 years found employment; 32% had fulltime employment, and 77% had an annual income of less than \$20,000. Hook and Courtney (2011) state that fewer than 50% of care leavers find employment within the first three months of transition. By 23 to 24 years old, 56% are at risk of living in poverty, and 63% earn lower wages and are unlikely to find employment. In addition, a study conducted in British Columbia states that 38% of former youth in care specified that their primary source of income was employment insurance (Provincial Advocate for Children and Youth, 2012). These findings indicate that care leavers are at a disadvantage when it comes to accessing employment. Consequently, such shortcomings can have serious ramifications as they increase care leavers' risk of experiencing poverty, homelessness, and additional areas of deficiency, including poor health, education, and poor living environment (Adley & Jupp Kina, 2017; Kirk & Day, 2011; Lee et al., 2014; Stein, 2006; Tweddle, 2007).

2.3 Housing Instability

Research shows that there is a strong link between care leavers and housing instability (Courtney et al., 2011; Dworsky et al., 2013; Fowler, Toro, & Miles, 2009; Fowler, Marcal, Zhang, Day, & Landsverk, 2017). Some scholars (Gypen et al., 2017) suggest that frequent placement and home changes affect youth's educational outcomes and consequently hinder their overall success and independence. This corroborates with Berzin, Singer, and Hokanson (2014) who suggest that there is a correlation between self-sufficiency and housing outcomes. Consequently, educational

and employment barriers significantly contribute to housing problems amongst care leavers. According to National Governors Association Centre for Best Practices (2007), due to the lack of stable and affordable housing, care leavers tend to develop further vulnerability. For example, some scholars (Salazar, 2012; Villegas, Rosenthal, O'Brien, & Pecora, 2014; Wade & Dixon, 2006) claim that unstable living arrangements are associated with poor outcomes in several life domains such as increased risk of low educational achievement, unemployment, and health related issues. In addition, others (Courtney, Hook & Lee, 2012; Dworsky et al., 2013; Van Audenhove & Vander Laenen, 2017) state that due to unstable employment, this social group encounters challenges with housing instability and risk of homelessness. Therefore, there is some evidence that these challenges may cause care leavers to reside in dangerous or crime-ridden neighbourhoods that are more likely to have fewer resources, poor services, and limited employment opportunities (Geiger & Schelbe, 2014).

Research shows that generally, children and youth with child welfare involvement disproportionately come from impoverished families (Pac, Waldfogel, & Wimer, 2017). For example, a Manitoban longitudinal study compared the effects of risk factors on the academic and social outcomes of all 18-year-olds in the province. It found that about 80% of individuals in care are from poverty-stricken families (Brownell, et al., 2010). While Pac et al. (2017) suggest that to date, there is limited knowledge surrounding the living conditions of children and youth once they enter care, previous literature (Karabanow, 2008) indicates that those who encounter difficulties in the child welfare system are likely to experience homelessness. Consistent with previous scholarship (Stewart et al., 2014; Wade & Dixon, 2006; Zlotnick, Tam, & Zerger, 2012), the findings from the first and largest national Canadian study on youth homelessness show that there is a strong correlation between child welfare and youth homelessness in Canada (Gaetz, et al.,

2016; Nichols et al., 2017). A survey of 1103 homeless youth and young adults from 47 different communities across nine Canadian provinces and one territory indicate that nearly 60% of homeless youth and young adults in Canada were involved with the child welfare system at some point in their lives (Gaetz et al., 2016). They further emphasize that when compared to the general population, homeless youth and young adults are 193 times more likely to be associated with the child welfare system. Additionally, Nichols et al. (2017) note that 30% of homeless youth and young adults claimed that their homeless situation was a result of their transition out of care. Consequently, Gaetz et al. (2016) allude that those transitioning out of care in Canada are at risk of becoming homeless because of the absence of resources to help with their transition. Based on the above statistics, the child welfare system in Canada essentially builds a pipeline to homelessness and criminal justice involvement (Finlay & Scully, 2019; Lutz & Steward, 2010).

2.4 Social Relationships

Research shows that adequate social support is often limited for youth and young adults transitioning out of the child welfare system (Goodkind et al., 2011; Rutman & Hubberstey, 2016). In comparison to other groups of a similar age, care leavers are more likely to experience social exclusion (Stein, 2006). A report by the Provincial Advocate for Children and Youth (2012) supports the suggestion that care leavers frequently experienced feelings of loneliness and isolation. To reiterate, for various reasons many individuals from this population endured frequent school and residence changes. Consequently, this resulted in the loss of relationships and lack of opportunity to develop positive relationships (Jones & Kurk, 2005). According to Scannapifeco et al. (2007), these fragile experiences may cause care leavers to lack the skills or impede their ability to maintain long-term relationships. The unstable experiences may allow them to interact with many different individuals including adults, but according to Barth, Greeson, Zlotnik, and

Chintapalli (2011), the quality of the support and relationship is more important than the quantity of adults for transition.

Care leavers tend to avoid connections with individuals because of trust issues and overall adverse experiences in relationships (Hiles, Moss, Wright, & Dallos, 2013). As a result, they frequently experience challenges to have someone that they can depend on for support (Häggman-Laitila, Salohekkilä, & Karki, 2018). An American study conducted by Batsche et al. (2014) with individuals who exited care reveals that out of 27 participants, only one received support from foster parents. In another American study, care leavers voiced that they had no supportive relationship after they aged out of care, which at times forced them to search for their biological family (Scannapieco et al., 2007). Unfortunately, this led to more disappointments because care leavers face challenges in building and maintaining healthy relationships with family members. Lee et al. (2014) state that after discharge from the child welfare system, a limited number of care leavers receive family support to help them cope with their transition. The absence of a quality family relationship was the most challenging aspect of transition out of care (Goodkind et al., 2011) and family reunification is an important component to help reduce homelessness for individuals transitioning out of care (Fowler et al., 2017).

As stated in chapter one, young adults in Canada with no child welfare involvement continue to reside at home with, and receive supports from, their parents (Cohen, 2017; Statistics Canada, 2017). This indicates that guidance and support from biological parents or guardians are important to help transition to adulthood. It is important to note that while care leavers appreciate the extended supports (i.e., financial, health, dental, counselling, and life skills), which they tend to receive after they exit care, Goodkind et al. (2011) maintain that these extended supports cannot fill the gap of quality relationships. Many scholars (Furey & Harris-Evans, 2020; Goodkind et al.,

2011; Jones & Gragg, 2012; Kirk & Day, 2011; Rosenwald, McGhee, & Noftall, 2013; Singer et al., 2013; Storer, Barkan, Sherman, Haggerty, & Mattos, 2012) claim that supportive adult relationships are paramount, act as a protective factor, and contribute to a successful transition, while a lack of supportive relationships put care leavers at risk of negative outcomes. Challenges with weak social networks often put former youth in care at risk of developing further vulnerability, and hence, experiencing poor outcomes in other life domains (National Governors Association Centre for Best Practices, 2007).

2.5 Mental Health

Supportive relationships are a cornerstone to sustaining good mental health (Provincial Advocate for Children and Youth, 2013). According to Riebschleger, Day, and Damashek (2015), care leavers are a population who have often lived through a tremendous number of traumatic experiences and disrupted relationships, especially where they were forcibly separated, not only from their birth family but from friends, schools, and group/foster homes. Some suggest that these disruptions often hinder their development and cause “problems with interpersonal skills, emotional regulation, and cognitive information processes” (Chiu, Ryan, & Herz, 2011, p. 859). Thus, the literature states that children and youth in the child welfare system, particularly older youth, are more likely to experience mental illnesses than other populations of children and youth (Baldwin et al., 2019; Burge, 2007; Goemans, van Geel, van Beem, & Vedder, 2016; Milburn, Lynch, & Jackson, 2008). According to Marquis and Flynn (2008), in Ontario, more than half of the children and youth in care were diagnosed with a mental health disorder. Nevertheless, research shows that youth in the child welfare system do not receive adequate professional intervention to address their mental health challenges (Bai, Wells & Hillemeier, 2009; Jonson-Reid & Barth, 2000).

The literature indicates that experiences such as abuse (physical, sexual, emotional), neglect, and/or exposure to domestic violence, which occurred before children and youth entered care are frequently linked to poor mental health (Goldstein, Faulkner, & Wekerie, 2013; Salazar, Keller, & Courtney, 2011). Additionally, many scholars (Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Localio, 2007; Sullivan & van Zyl, 2007) suggest that there is a negative association between placement instability and mental well-being for children and youth in care. For example, Newton, et al. (2000) indicate that individuals who experienced numerous child welfare placement changes were at an increased risk of showing symptoms of internalizing (e.g., anxiety and depression) and externalizing behaviours (e.g., problems with attention, conduct, and aggression). A further examination showed that when children and youth without these behavioural symptoms experienced multiple placement changes, their mental health often deteriorated. Sullivan and van Zyl (2007) point out that the longer a child or youth stays in care, the greater the risk for placement changes and deteriorating mental health. These findings suggest that even if children and youth in care manage to cope with adversities or show resiliency regardless of the abuse, neglect, and/or exposure to domestic violence that they experienced before they entered care, the frequent placement changes during care could still negatively impact their mental health and overall stability after they leave care.

In terms of care leavers, research suggest that compared to others in a similar age group in the general population, care leavers are less likely to receive social, emotional, and economic support from family members and are more likely to experience mental health challenges, especially those that departed between their 16th and 18th birthday (Courtney et al., 2012; Teggart & Menary, 2005). Thus, this helps explain why transition out of the child welfare system is a vulnerable period for care leavers; they tend to report deterioration in mental health and/or a range

of mental health issues (Tarren-Sweeney, 2008; Vinnerljung, Hjern, & Lindblad, 2006). In addition, research documents that compared to other young adult populations, care leavers have a higher risk of experiencing mental health problems that require mental health intervention but are less likely to receive appropriate mental health services and supports (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Staudt, 2003).

However, there is limited empirical research on care leavers with mental health challenges, and the existing studies are mainly quantitative and conducted in the United States. Notably, there is a small body of research linked to mental health and child welfare in Canada, some of which are available on the Canadian Child Welfare Research Portal, but the data was obtained from the perspective of child welfare workers with the exclusion of care leavers voices (Davidson, Joh-Carnella, & King, 2020; Houston, Black, Lefebvre, & Fallon, 2017; Mason, Du Mont, Paterson, Hyman, 2019). That is, while there is literature that describes mental health experiences of care leavers, generally research has been conducted on care leavers, instead of with care leavers. Tarren-Sweeney and Vetere (2013) suggest that the failure to provide adequate professional services for individuals in and out of care may explain why research focusing on the mental health of children and youth in care as well as care leavers are scarce.

2.6 Criminal Justice System Involvement

Research shows that the experiences of youth and young adults who transitioned out of care increase their risk of criminal justice system involvement (Courtney et al., 2011, Ryan et al., 2016; Southerland, Casanueva, & Ringeisen, 2009). It is important to note that the structural landscape of group homes is largely centered on control, consequence, and intervention. According to DeFinney, Dean, Loiselle, and Saraceno (2011), children and youth in care endure structural inequalities. For example, normative gendered roles and cultural values particularly surrounding

race, class, and ethnicity are continuously imposed on them to mirror those of the dominant culture. As a result of the one-size-fits-all approach, individuals resisting the dominant standards are often deemed problematic and are sometimes punished and/or referred for intervention to fix their “problem behaviour” to match those of the dominant culture (DeFinney et al., 2011). Compared to youth in the general population, youth in care experience higher rates of criminal justice involvement (Berzin et al., 2014) such as arrests, convictions, and incarceration (Courtney et al., 2011; Lee et al., 2014; Stein, 2006). While no evidence is available to show that individuals with child welfare experiences commit more criminal acts than others of a similar age (Lee, et al., 2015), they are more likely to receive charges as well as custodial and tougher sentences (Bala, Finlay, De Filippis, & Hunter, 2015; Herz & Ryan, 2008; Herz, Ryan, & Bilchik, 2010). For example, in 2012, 65% of the youth in custody had lived in care at some point in their lives, with 32% of youth living in care at the time they entered custody (Smith, Cox, & Poon, 2014). Additionally, Jones and Kruk (2005) note that 72% of incarcerated females and 60% of incarcerated males had been in care at some point in their lives. These statistics suggest an intersection between the child welfare system and the youth justice system, a phenomenon referred to as crossover by Bala et al. (2015) and Finlay & Scully (2019). According to Bala et al. (2015), this crossover occurs because of inadequate support programs within the child welfare system, which propel youth’s involvement with the youth justice system. Factors that contribute to criminal justice involvement include previous traumatic experiences, fragile family relationships, mental health challenges, minor incidents within care, normal teenaged behaviours, and inadequate adult supports during youth’s involvement with the justice system (Bala et al., 2015).

Additionally, MCYS (2016) documents a race disparity in Ontario where Indigenous and Black youth are overrepresented in the child welfare and youth justice systems. As stated by Lee et al. (2014), during the first year of transition, when participants were between 18 -19 years old, both men and women had an increased risk of criminal justice involvement (arrest). During 17 to 20 years of age, 34 % of women and 59 % of men had at least one arrest during their transition out of care (Lee et al., 2014). Lee et al. (2014) found that out of the 34% of arrested women, 48% had their first arrest after leaving care, while out of the 59% of arrested men, 52% had their first arrest after leaving care. In terms of arrest for violent crimes, out of the 20% of the arrested women, 44% had their first arrest after leaving care, while out of the 35% of arrested men, 57% had their first arrest after leaving the child welfare system. These findings indicate that individuals who lived in care have a high risk of criminal justice involvement. Therefore, it is important to pay attention to how their identities such as race, gender, age, and other areas of difference interrelate with their involvement with the criminal justice system. While MCYS (2016) reports that there is limited data to provide an understanding of their path from the child welfare to the youth justice system, some (Herz & Ryan, 2008; McMahon & Fields, 2015) state that care leavers risk of criminal justice involvement is linked to poor educational achievement, dependency on drugs, and weak social bonds.

2.7 Theoretical Framework: Individualization and Intersectionality

As the literature concerning the negative experiences of care leavers continue to be consistent across decades and nations, the need for policies, practices and funding continue to increase (Hook & Courtney, 2011). Stott (2013) states that regardless of these advances, the realities of care leavers have not significantly changed, and they are likely to experience poor outcomes. Taking note of the advances and consistent risk of negative outcomes, this dissertation

takes a different approach via integrating insights from multiple disciplines including criminology and social justice with care leavers' narratives. Thus, this section examines the work of Ulrich Beck's individualization theory and Kimberle Crenshaw's intersectionality theory to create a theoretical foundation (i.e., an intersectional individualization lens) for this study that shows the relevance of individualization and intersectionality to young adults who transitioned out of the child welfare system.

It is integral to separately examine Beck's and Crenshaw's work to clarify their perspectives. A clear understanding of each author's writings is necessary as the initial stage of building a lens with the focus of theorizing care leavers' lived realities. Beck's work has been influential in providing awareness of structural changes that have occurred in modern society and how people, including young adults, navigate the changes with limited or no structural guidance. Crenshaw's work creates a foundation for understanding how people possess multiple, interconnected, and indivisible social identities that shape their experiences and how people's experiences with systems of power could present as marginalization, oppression, or privilege.

Once this foundation is established, this study proceeds in the discussion section (Chapter 5) to combine insights from individualization theory and intersectionality theory and engage in a theoretical discussion to increase understandings of the lived realities of young adults who transitioned out of the child welfare system. Combining insights from these two theories demonstrates that the intricacies of care leavers' lived realities should not be viewed as contingent on either individualization or intersectionality. Instead, both theoretical perspectives must be simultaneously, not partially or individually considered to capture the nuances of experiences that may otherwise be ignored by either of these perspectives alone. Collectively, insights from individualization and intersectionality provide a more robust understanding of how structural

changes, choice, as well as multiple, interconnecting, and indivisible identities and spaces influence care leavers' ability to navigate their transition out of the child welfare system. Again, this type of theorizing appears to be absent from the existing theorizing that has been done on care leavers to date.

2.7.1 Individualization Theory

Individualization is a social theory with roots in the work of sociologist Ulrich Beck (1992) who examined contemporary times as a risk society. According to Beck (1992), the term individualization describes the development of structural changes that occur within societal institutions and the complex social experiences of individuals as they navigate this change in modern society. Overtime, literature relating to individualization and risk has continued to develop in the work of other scholars (Atkinson, 2007; Beck & Beck-Gernsheim, 2002; Brannen & Nilsen, 2005; Curran, 2013; Mythen, 2005; Woodman, 2009).

Within the individualization literature, the term modern society is a key component of Beck's theoretical framework and is used interchangeably with the following: late modernity, contemporary society, present society, reflexive modernity, and risk society. Beck (1992, 1997) categorizes modernity into two phases and describes it as a continuous process with the change from the first phase of modernity (traditional society or first modernity) to the second phase of modernity (modern society or second modernity). Beck describes modern society as a phase of liberation; individuals have less guidance, more choices, and different expectations. Consequently, individuals are not required to follow traditional society structures. These traditional society structures, including the nuclear family and full-time work, no longer rigidly shape people's lives and are less relevant in modern society.

While the previously mentioned traditional society structures of family and employment are still present, they differ in appearance (Beck & Beck-Gernsheim, 2002) and individuals have less familiar social structures that offer guidance (Woodman, 2009). For instance, family is now a subjective concept depending on individual perspectives, choices, and decisions. In modern society, families consist of a variety of relationships, not only biological. There is a decrease in the traditional nuclear family structure and an increase in other family structures including single parent, same-sex, step, and foster. Additionally, in situations of divorce and remarriage, there are multiple variations of grandparents, parents, siblings, and other relationships. The concept of employment is another category that changes appearance in modern society. For example, there is a decrease in both full-time and long-term employment and an increase in flexible employment (e.g., short-term, part-time, precarious work) and individuals doing multiple types of work at the same time (Beck, 2000; Beck & Beck-Gernsheim, 2002).

Risk is another concept that Beck (1992) features in his discussions about modern society. Beck considers the structural changes in second modernity to be a process of modernization, which further develops into a risk society. Beck argues that because of the disappearance of first modernity structures, people have limited structural guidance in navigating risks in second modernity, and thus, Beck equates risk with uncertainties. Beck theorizes that in contemporary times, risk is a prevalent element surrounding the lives of individuals, and everyone is exposed to certain risks such as illness, crime, and pollution. Therefore, risks are associated with not only hazardous or dangerous conditions, but also reflection (thinking) and action. People are more aware of risk, think in terms of risk, and make decisions to avoid risks. Thus, Beck's concept of risk includes a combination of both the likelihood (thinking) of a danger happening as well as a

way of acting in response to dangers. Therefore, contemporary times expect that individuals be responsible for navigating risk and shaping their own individual lives (Beck, 1992).

According to Beck (1992, 1994), there is a link between reflexivity and risk. The changes that occurred from first to second modernity has led individuals to become more reflexive because of risk. Beck tends to use the term reflexivity to mean both reflection (thinking) and reflex (acting), and thus, reflexivity becomes a vital component of his theorizing on second modernity. Beck uses the term reflexivity to indicate that people must be aware of the rapid social changes occurring in contemporary times and accordingly adapt in order to navigate and construct their lives. In other words, individuals must reflect (think) and show reflex (act) to avoid risks. Beck (1992) and Beck and Beck-Gernsheim (2002) theorize that because individuals have less constraints and more available opportunities in contemporary times, there is an expectation that they reflexively engage with their potential options in active and responsible ways so as to construct their personal lives.

An examination of Beck's and other youth researchers' work on individualization can help capture how former youth in care experience and adapt to social change. According to Farrugia (2013) and Woodman (2009), insights from individualization can help to understand how social structures and context shape the lives of young adults. Youth researchers suggest that youth transitions have changed in contemporary times whereby transitions are less linear and predictable as well as more prolonged and complicated. They also argue that there is a lack of homogeneity and continuity in the composition of youth transitions, which involve individualized, compressed, accelerated, non-linear, and fluid movements (Bedit & Hahn-Bleibtreu, 2009; Furlong & Cartmel, 1997). According to Bedit and Hahn-Bleibtreu (2009), the increased nature of complexity in second modernity makes some young adults more vulnerable, leading to greater risk of

marginalization and social exclusion. Mitchell, Crawshaw, Bunton, and Green (2001) argue that the term risk and youth are rather synonymous.

The abovementioned ideas corroborate the experiences of young adults who transitioned out of the child welfare system. For instance, when children and youth are in care, they are expected to comply with rigid structures (similar to the first phase of modernity). When individuals exit care, they are left with limited structural guidance and support (similar to the second phase of modernity), yet they are forced to navigate their new living arrangements outside of the child welfare system, leading to risk of negative outcomes. While the transition to independent living for all young adults is a complicated process (Cote & Bynner, 2008; Furlong & Cartmel, 1997), care leavers' fractured experiences make their transition out of care much more complicated. At the age of 18 years, young adults abruptly leave the child welfare system (Batsche et al., 2014) and even during difficult times, they have no option to return to live in care (Doyle et al., 2012). Despite limited guidance from the collective structures of child welfare and the risk of experiencing negative outcomes, care leavers are expected to act responsibly and make an immediate transition to independent living (Doyle et al., 2012; Stein, 2006).

According to insights from individualization, changes in structures from first to second modernity, such as employment as previously stated, increase job opportunities, and thus, appears to provide more choices. Beck argues that the availability of choices offers individuals more flexibility to navigate their personal lives (Beck, 1992, 1997; Beck & Beck-Gernsheim, 2002). Despite the notion that choices increase, people's lives are still restricted in second modernity (Beck, 1992; Beck & Beck-Gernsheim, 2002). For instance, Furlong and Cartmel (1997) mention that because of structural changes, there are demands for higher levels of education and labour markets are more competitive. Regardless of the increase in employment opportunities, there are

limitations; hence, individuals are expected to take an active part to earn a certain level of education and navigate more societal institutions in order to find and retain any type of employment (Furlong & Cartmel, 1997). This becomes particularly problematic for youth and young adults transitioning out of a highly structured child welfare system to an abundance of choice with limited or no structural safeguards. According to individualization, the decrease in restrictions from the collective structures of child welfare may increase choices in the real world, but this is not the reality for care leavers as choices look differently for them in comparison to other populations. When youth and young adults transition out of care, they are no longer required to adhere to the rigid child welfare structures. Thus, it is assumed that they have an array of choices, but realistically, choices to improve their lives are restricted by their intersectional identities, invisible experiences, and other experiences before, during, and after care. For example, factors such as low levels of academic achievement, criminal justice involvement, neglect, abuse, intersecting identities such as race, ethnicity, and gender can exclude care leavers from employment and other opportunities.

Therefore, individuals transitioning through the child welfare system to independent living can be characterized as being shaped by “both individual choice/activity and structural influences” (Rudd & Evans, 1998, p. 40). In the context of care leavers, it would be expected that this population manage their lives differently after they exit the child welfare system, because their lives are no longer shaped by the collective structures of child welfare (Beck & Beck-Gernsheim, 2002; Beck & Willms, 2004; Furlong, Woodman, & Wyn, 2011). The change encountered by care leavers connects with the idea that individuals are responsible to create their own lives (Beck, 1992; Beck & Beck-Gernsheim, 2002; Beck & Willms, 2004). Thus, it is important to highlight the concept of responsabilization (Goddard, 2012; Myers, 2017; Phoenix & Kelly, 2013), which is

widely used in governmental discourses with links to individuals as being individually responsible for decisions surrounding their lives (Goddard, 2012; Myers, 2017; Phoenix & Kelly, 2013). In first modernity, the decisions may not be considered as responsibility or were the responsibility of a collective system of power and not the individual. In second modernity, the concept responsabilization is applicable to care leavers, because it increasingly becomes their primary responsibility to individually manage their own lives and reflexively navigate risks. It is no longer the responsibility of child welfare to help shape their lives.

2.7.2 Intersectionality Theory

To reiterate, care leavers are restricted in many life domains, which increase their risk of negative outcomes. This raises the question about what other factors in addition to structural changes, their age, or status as care leavers, are restricting their ability to navigate their transition out of the child welfare system. Therefore, an examination of Crenshaw's (1989, 1991) scholarship on intersectionality can add to Beck's (1992) individualization theory to create a clearer framework for theorizing care leavers' lived experiences. Beck's work is useful in helping to understand how people navigate fragmented and fluid social structures but is somewhat limited in that it considers categories such as class, ethnicity, and family as less relevant in structuring people's lives in second modernity. Despite this limitation, the goal is not to discuss controversies associated with the two theories but instead to combine insights from each of them to enhance our understandings of care leavers' lived experiences. In this section, I discuss intersectionality and its applicability to youth and young adults transitioning out of the child welfare system.

Intersectionality theory originates from the scholarship of Black feminist scholar Kimberle Crenshaw (1989) and initially centered on race, class, and gender. Crenshaw (1989, 1991) describes intersectionality as a heuristic process to explore the experiences of Black heterosexual

women in relation to oppression and argues that compared to White women, Black women have different identities and experiences. Crenshaw maintains that race, class, and gender intricately intersect. Consequently, Black women's lived realities can only be truly understood if their multiple intersecting identities are considered. Over the years, this framework has continued to be developed by other scholars and social justice activists, such as Anthias (2013), Hancock (2007), Harrison (2017), McCall (2005), and Walby, Armstrong, and Strid (2012). These scholars along with Crenshaw (1989, 1991) and others (Burgess-Proctor, 2006; Cho, Crenshaw, & McCall, 2013; Collins, 1998, 2015; Davis, 2008; Potter, 2013) concur that an individual has multiple social identities including but not limited to: age, class, ethnicity, gender, language, race, ability, and sexual orientation, which are multiplicative, interconnected, and indivisible.

Collins (2015) defines intersectionality as “the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities” (p. 2). Thus, this intersectional framework is based on the premise that the overlapping nature of the abovementioned social identities can create intersecting and interdependent systems of disadvantage or privilege. Intersectionality theory asserts that recognizing intersecting social identities and experiences enhances our understandings of the complex nature of prejudices a person or population endures (Dill & Zambrana, 2009; Valdez & Golash-Boza, 2017). More specifically, this theory provides a framework that explains how individuals are often marginalized by several overlapping sources of oppression across their social identities. According to McCall (2005), “intersectionality is the most important theoretical contribution that women's studies has made so far” (p. 1171). Therefore, intersectionality theory offers a more complex understanding

of the lived realities of individuals as it has the capacity to recognize differences in experiences amongst individuals with multiple overlapping social identities (Crenshaw, 1991).

Intersectionality theory exposes how systems of power impact the most marginalized and provides a foundation for interrogating power structures and addressing issues of inequity. An intersectional lens encourages nuanced conversations surrounding inequity with respect to social differences and provides a foundation for addressing issues relating to injustice (Dill & Zambrana, 2009; Valdez & Golash-Boza, 2017). As a result, intersectionality theorizing encourages the use of narratives that do not support the structures relating to systems of oppression. For example, Crenshaw's work would recommend not to use general or neutral language (i.e., care leavers or female care leavers) to talk about the experiences of youth and young adults who exited care, because such oversimplification can define care leavers as a single identity and ignore the lived realities of those with experiences beyond those categories. Instead, formal narratives should be used to recognize differences including race, gender, and other areas of social difference (e.g., Black LGBTQ2S care leavers, Indigenous male care leavers, White female care leavers) to talk about their experiences. Doing so embraces intersectional language and descriptions of people and does not assume that all people have the same experience even within the same context and timespan.

Intersectionality is a fluid, changeable, and contextual theoretical framework that specifically helps us better understand the lived realities of heterogeneous and marginalized populations like youth and young adults transitioning out of care, who possess multiple, intersecting identities including race, class, ethnicity, gender, and other social areas of difference. They may also have differing worldviews, values, needs, and aspirations. According to Burgess-Proctor (2006), the "race-class-gender framework is applicable to the lives of all people, regardless

of their social location” (p. 38). This denotes that the intersectionality perspective can be applicable to both marginalized and privileged populations.

Dill and Zambrana (2009) as well as McCall (2005) emphasize that identities are complex both at individual and collective levels. Although people possess more diversity than is visible, for analytical reasons they are labeled as a single category (Dill & Zambrana, 2009). For example, the labels “youth or young adults transitioning out of the child welfare system” or “care leavers” are socially constructed to categorize individuals who lived in and exited care. This is conflicting because people possess multiple interconnected, indivisible, and fluid social identities. While the usage of the label “care leavers” can be useful and might help to account for this population’s experiences and needs, there are limitations in that these labels only partially represent the individual, and therefore, cannot provide a holistic account of care leavers identities and realities. Consequently, using a single label can result in ignoring care leavers’ complex experiences, needs and priorities. Therefore, Juan, Syed, and Azmitia (2016) suggest that recognizing the intertwining of identities can theoretically create a platform to reveal how people’s lives are not shaped by one social identity but by a combination of identities including race, class, gender, and other areas of difference. Intersectionality theory highlights the importance of considering how multiple identities intersect for care leavers. Negative and positive transitions out of care will be experienced differently depending on these identities and the spaces in which these identities coalesce.

Recognizing multiple, intersecting social identities of young adults who transitioned out of care can also help magnify how systems of power (e.g., the child welfare system) make and impose decisions that control, marginalize, oppress, and shape the experiences of vulnerable and marginalized populations (Burgess-Proctor, 2006; Crenshaw, 1991; Dill & Zambrana, 2009;

Potter, 2013). The use of an intersectional lens can critically validate the daily life experiences of disenfranchised groups by theorizing saliency biases and disparities of resources for vulnerable populations (Dhamoon, 2011; Dill & Zambrana, 2009). For example, providing across the board programming for all those exiting care (e.g., a skills program) that is designed to fit everyone may actually end up being applicable to no one. Attending to sensitive matters relating to the intersecting identities of gender, race, class, and other relevant areas of difference can create a landscape for identifying and removing obstacles that may hinder care leavers from achieving favourable outcomes. Therefore, an intersectional framework could provide opportunities for uncovering the impact of inequitable treatment and promoting social justice.

2.7.3 Intersectional Individualization Lens

Combining of insights from Ulrich Beck's (1992) individualization theory and Kimberle Crenshaw's (1989) intersectionality theory build a theoretical framework (i.e., intersectional individualization lens) to enhance understandings of reasons why care leavers are marginalized, vulnerable, and at risk of experiencing poor outcomes. The intersectional individualization lens argues that while care leavers try to navigate systems of power, their transition, and the risk of negative outcomes, the intricate overlapping of structural changes, social context, and multiple intersecting identities (including, but not limited to, race, gender, ethnicity, and class), and experiences limit care leavers' choices as well as heighten their vulnerability and risk of negative outcomes. These complexities along with the fluid and individualized nature of young adults' experiences with respect to their transition out of care increase the risk of marginalization and social exclusion.

2.8 Conclusion

The earlier sections reviewed the relevant literature (i.e., care leavers, Ulrich Beck's (1992) individualization theory, and Kimberle Crenshaw's (1989) intersectionality theory) to create a structure that locates this dissertation within the context of previous literature. This examination shows that care leavers' voices are limited in the literature and negative outcomes are consistent across nations and decades. Based on the works of Beck (1992) and Crenshaw (1989, 1991), the intricacies of care leavers' lived realities, and in particular, their negative experiences should not be viewed as contingent on either individualization or intersectionality. Instead, both theoretical perspectives must be simultaneously, not partially or individually considered to capture the nuances of experiences that may otherwise be ignored by either of these perspectives. Collectively, insights from individualization and intersectionality create the intersectional individualization lens for this dissertation. The intersectional individualization lens is combined with the research findings discussed in chapter four to engage in a discussion in chapter five that theorizes young adults' transitional experiences out of the child welfare system. The next chapter outlines the methodological approach for this study of young adults' understandings of their transition out of child welfare.

CHAPTER 3: METHODOLOGY

3.0 Introduction

As presented in the previous chapters, negative outcomes in a range of areas such as academic achievement, unemployment, housing, criminal justice system involvement, mental health, and social relationships are prevalent issues surrounding the lives of youth and young adults transitioning out of the child welfare system (Bender et al., 2015; Berzin et al., 2011, Okpych & Courtney, 2014). To build on existing literature, this chapter focuses on an interpretive methodological approach to further examine care leavers' lived realities with the aim to enhance understandings of the experiences of young adults who transitioned out of the child welfare system, and more specifically, why they are at risk of poor outcomes in many life domains. My qualitative methodological approach is meant to fill the following two gaps in the literature: (1) scarcity of care leavers' voices - particularly within the Canadian context (Jones & Kurk, 2005; MCYS, 2016); and (2) deficiency in theoretical development (Berridge, 2007; Berridge, 2017; Forsyth, 2017; Stein 2006). Thus, the rest of this chapter presents relevant details associated with the use of the methodology and data in the following areas: (1) research design, (2) research participants' recruitment, (3) ethical considerations, (4) method of data collection, (5) method of data analysis, and (6) researcher reflexivity/positionality.

3.1 Research Design

To reiterate, a broad search of the extant literature reveals that care leavers' voices are limited in research, and generally, the research has been conducted on them, instead of with them. Likewise, the literature emphasizes that research focusing on the long-term trajectories of individuals with child welfare experiences are sparse (MCYS, 2016; Trocmé, Roy, & Esposito, 2016). This gap in knowledge serves as a barrier to designing policies and practices to address the

needs and priorities of youth and young adults transitioning out of the child welfare system (Tarren-Sweeney & Vetere, 2013). Therefore, exploring this population's subjective understandings of their transition out of child welfare can contribute to the literature. Doing so warrants using a qualitative research design, because numerical data cannot explain care leavers' intricate lived realities (Kendrick, Steckley, & Lerpiniere, 2008; Powell, Graham, & Truscott, 2016). One-on-one (16 face-to-face and 5 telephone) semi-structured interviews was the data collection method used for gathering rich descriptive data about young adults' personal perspectives surrounding their lived experiences in and out of care (Creswell, 2013; Maxfield & Babbie, 2014; Ritchie, Lewis, Nicholls, & Ormston, 2013). This method provides a social framework that allowed for verbal and in most cases non-verbal interactions, which increased rapport building and the authenticity of participants' voices (Davison, 2004). This study does not test theory but rather constructs analytical concepts from descriptive data and uses a criminology and social justice lens with insights from Crenshaw's intersectionality theory and Beck's individualization theory to develop an intersectional individualization lens (expanded on in Chapter 5). Combining Beck's and Crenshaw's work is necessary as it provides a theoretical framework (i.e., intersectional individualization) that recognizes changes in social structures and context, as well as multiple and intersecting identities shaping the experiences of care leavers. This type of integrative theoretical framework is missing in the care leavers' literature.

3.2 Research Participants' Recruitment

Young adults who transitioned out of the child welfare system are a marginalized and hard-to-reach population. According to researchers (Bassett, Beagan, Ristovski-Slijepcevic, & Chapman, 2008; Maxfield & Babbie, 2014; Savage & McCarron, 2009), access to marginalized populations is one of the most difficult phases of research. Thus, gaining access to the 21 care

leavers was not a solitary task; it involved stages of discussion and negotiation with gatekeepers (Fassinger & Morrow, 2013). To increase the possibility of the targeted sample size (30) or to achieve data saturation, this study utilized two sampling techniques (purposive and snowball), which followed the ethical guidelines of the Ontario Tech University Research Ethics Board (REB), Tri Council Policy Statement 2. A purposive sampling technique provided an opportunity for gender and racial diversification of experiences and perceptions (Corbin & Strauss, 2015; Creswell, 2013; Gray, 2013). Given that care leavers are a hard-to-reach population, the sample criteria did not determine any specific quotas with equal numbers of participants with different characteristics; instead, the group structure guided the sample recruitment and analysis of the data obtained. Using the purposive technique, participants were recruited through two partnership organizations (i.e., a child protection organization and a drop-in program for at-risk and street youth). Both organizations are in the Greater Toronto Area. To further access this population and increase the sample size, snowball sampling technique was utilized. First, I asked colleagues to send out a request for participants (see appendix 2). Second, care leavers who participated in an interview were asked to pass along a request for participants to other young adults who fit the research criteria to participate. The following section provides more details with respect to participants' recruitment.

With approval from the Executive Director and Operations Manager of the youth drop-in program, I was granted permission to attend the drop-in program to recruit participants. Hence, from December 2019 to March 2020, I attended the drop-in program three days per week, anytime between 9:00 am and 2:00 pm for about 2 to 4 hours each day to recruit participants. This was a drop-in program that provided services to at-risk and street youth between 16 to 26 years old. Therefore, not all individuals who utilized the program lived in foster/group homes and/or were

over 18 years old. Additionally, there was no guarantee that eligible participants attended the program every day, and thus, it was important to visit the program as often as possible. It was my responsibility to approach attendees, explore their eligibility, invite them to participate in the study, and schedule all the interviews.

During the recruitment, I was transparent about my position, intent, and group home employment experience. I identified myself to each participant as a student researcher from Ontario Tech University and expressed my interest in interviewing individuals, who lived in and transitioned out of group or foster homes associated with the Children's Aid Society, about their experiences. Throughout the interaction with potential participants, I explored their age, how long they lived in care, and how old they were when they left care. Once an individual met the eligibility criteria and voiced interest in participating, I provided additional details about the study as specified in the informed consent form (see appendix 5), encouraged them to ask questions, and provided responses to their questions. Not all participants were ready or available for interviews on the day they were recruited. Thus, these interviews were rescheduled at the time of recruitment for another day. At no point did I ask for their telephone number or offer mine to use as a medium to confirm or schedule interviews. I took this approach to avoid situations where they may feel embarrassed to disclose that they did not have a telephone or a reliable telephone plan. I was aware that many of the youth and young adults who attended the drop-in program did not have a telephone or a telephone plan that allowed communication without a social media source.

From the group at the drop-in program for at-risk and street youth, 11 young adults voluntarily participated in face-to-face interviews. Two respectfully declined to participate, because they did not want to revisit their child welfare experiences. In addition, seven others had voiced their interest to participate, but interviews were not conducted for different reasons. These

include: (1) I could conduct only one interview at a time, and thus, some individuals could not wait and did not want to bother about scheduling an interview for a future date or time; (2) some did not attend the program daily or did not had transportation to commute to the program which hindered their participation; and (3) because of the COVID-19 pandemic, four scheduled interviews were not conducted. There was no way to contact these individuals and there was a lack of access to the program. I reached out to the staff by email and telephone to inform them of the flexibility to conduct interviews by telephone or online and my interest to recruit more participants, but there was no success due to the pandemic.

In terms of the recruitment at the child protection organization, I was told that the organization was servicing about 50 young adults who were eligible to participate. Nevertheless, I cannot determine a specific response rate because the staff controlled the recruitment. I had no access to potential research participants. The gatekeepers at the child protection organization were given the recruitment request (see appendix 2) to pass on to potential research participants and the recruitment poster (see appendix 1) to post on their bulletin board. Within a nine-month period (December 2019 to September 2020), the organization provided the names and contact information (i.e., telephone number or email address) for nine potential participants. I contacted seven of the individuals but only four responded. Of the four that responded, three individuals participated (two in-person and one by telephone), and the other individual agreed to participate, provided consent, did not follow through with two scheduled interviews, and eventually stopped communicating. Three individuals did not reply to my email. I followed up with subsequent emails, but they did not respond. I did not contact two of the individuals, because I was informed that they were individuals with intellectual challenges and that they could only participate with assistance from a support staff member. I was provided with the names and email addresses of the two individuals

and support staff members; however, I did not contact them to explore the possibilities because of ethical concerns of confidentiality and risk of harm. Additionally, I frequently communicated with the primary gatekeeper at the child protection organization about my intentions to recruit more participants, but there was no further success or communication.

I am aware that this is a hard-to-reach population and the COVID-19 pandemic made it more difficult to recruit participants. At the same time, it is likely that the child protection agency provided the names of individuals who continued to access services from the agency and maintained contact with the agency staff and who the staff assumed would be willing to partake in the interview. Given this, I must acknowledge the potential of bias, which suggests that I only interviewed individuals who maintained a good relationship with the agency.

The remaining participants were recruited without the help of a social service organization. To reiterate, young adults who participated in the interviews and my colleagues passed on recruitment information about the study to eligible participants. Ten individuals contacted me and expressed interest, of which seven voluntarily participated (3 in-person and 4 telephone), and two did not meet the eligibility criteria. The other individual agreed to participate, provided consent, did not follow through with three scheduled interviews, and eventually stopped communicating. As stated in the informed consent form, participants were told that regardless of whether they completed the interview or not, they would still receive an incentive of a \$20 Walmart gift card in appreciation for their participation. The five young adults who participated by telephone received \$20 through e-Transfer.

3.3 Ethical Consideration

The study procedure for recruitment, informed consent, interviewing, audio recordings, transcripts, and data management followed the ethical guidelines of the Ontario Tech University

Research Ethics Board (REB), Tri-Council Policy Statement 2, and were approved by the respective two partnership organizations (i.e., a child protection organization and drop-in program for at-risk and street youth). I provided each participant with an informed consent form in person and/or through email. Prior to conducting the interviews, I explained to the participants the significance of and reviewed the informed consent form (see appendix 5). I encouraged participants to read and ask questions to clarify the outlined conditions, and emphasized that participation was completely voluntary (Creswell, 2014; Valentine, Butler, & Skelton, 2001). In addition, I educated the participants about the need to provide honest responses, of the risk that uncomfortable experiences or situations that occurred in the past may arise (Schelbe et al., 2015), and that they were not obligated to answer a question or participate in the study if they thought that the experience would lead to discomfort (Marshall & Rossman, 2014). I explained that they could terminate the interview and/or withdraw from the study at any point without explaining the reason(s) and invited them to sign (voluntarily) the consent form to confirm that they were ready to partake in the interview (Creswell, 2013; Gray, 2013). For the interviews that were conducted by telephone, participants provided informed consent in advance.

I scheduled the interviews in a discreet manner to ensure that the participants did not see each other at the interview location (room), before or after their interviews (van Wijk, 2014). At the commencement of each interview, I checked-in with the participants to confirm their comfort level and willingness to participate, reviewed the significance of the research topic, and explained the possible benefits and risks of their participation. I also reviewed the confidentiality agreement (including limits to confidentiality) and reiterated the intent to audio-record the interviews, transcribe verbatim, and integrate in the study (Liamputtong, 2007). To uphold confidentiality and encourage participants' authentic voices, I provided assurance in masking all information

including direct quotes in publications (van Wijk, 2014) that could compromise participants' anonymity (Creswell, 2013, 2014). I assured participants of the value of amending all transcripts by eliminating personal identifiers including places, names, and even reference to identifying features such as piercings, tattoos, and scars/marks. I invited participants to select their own pseudonym to protect their identity, but all 21 noted that they had no issue with their correct name reported in the study. I further explained my ethical responsibility as a researcher and encouraged them to select a pseudonym. Most selected their own and I selected for others who requested for me to provide a pseudonym.

To reiterate, there were topics discussed in the interviews that had the potential to make participants feel uncomfortable. As Kendrick et al. (2008) as well as King and Churchill (2000) suggest, I monitored the participants' progress for signs of anxiousness with the aim to pause or terminate the interview as per participants' request. Fortunately, all the participants who provided consent, completed the interviews. In addition, there was no need to breach confidentiality and engage in reporting of any kind. At the end of each interview, I debriefed with the participants and offered the contact number for a distress helpline in case they were upset about anything we talked about. None of the participants accepted the number, mentioned that they were upset, or showed signs of discomfort. They confirmed that they were not upset and expressed appreciation for the opportunity to tell their stories.

3.4 Method of Data Collection

This study draws from 21 (i.e., 16 in-person and 5 telephone) in-depth, one-on-one semi-structured interviews (in English with mainly open-ended questions – see appendix 3). Data collection occurred between December 2019 and September 2020. Initially, REB approval was granted for face-to-face interviews, and thus 16 young adults were interviewed. As a result of the

COVID-19 pandemic, data collection was suspended, and REB approval was sought and granted for one-on-one interviews online or by telephone. Thereafter, five young adults were interviewed by telephone. The duration of each interview ranged from 45 to 105 minutes. All interviews were conducted at a private and quiet location.

The goal of this research was to capture participants' authentic voices that are context-specific, which is an important component for qualitative analysis (Maxfield & Babbie, 2014). According to Fassinger and Morrow (2013), participants' authentic voices play a significant role in supporting research findings. Thus, a private space and quiet location was conducive to generating an open and honest dialogue, which added to the probability of authenticating voices (Creswell, 2013, Gray, 2013; Guba & Lincoln, 1994). Given that accurate data collection was crucial to sustain the authenticity of this research, I audio recorded the interviews to strengthen descriptive validity, which enhanced the truthfulness of both the transcription and analysis (Marshall & Rossman, 2014). I omitted interview and observation notes because such divided attention could have hindered me from attending to research participants in a just manner, capturing relevant information, or spontaneously asking appropriate follow up questions (Kendrick et al., 2008). However, after each interview I recorded relevant notes about the session for my own reflection.

The interview format consisted of a series of mostly open-ended predetermined questions, asked in changeable order depending on participants' responses, which allowed for the flexibility of asking spontaneous probing questions (Creswell, 2013; Marshall & Rossman, 2014; Maxfield & Babbie, 2014). The probing questions encouraged participants to provide detailed responses, thereby, allowing for high-quality holistic accounts and narratives from all participants and better insights on their experiences transitioning out of care. Despite the informal nature of this method,

it decreased the likelihood of partial conclusions and increased the potential for collecting rich, thick data to achieve the goal of this research (Creswell, 2013).

3.5 Method of Data Analysis

Data analysis for this research project involved using an interpretive methodology facilitated by the qualitative data analysis software program ATLAS.ti. An interpretive methodology uses participants' own words to understand the meaning they construct from their personal experiences (Creswell, 2013; Lincoln, 1995; Maxfield & Babbie, 2014). Drawing from Creswell (2013, 2014), interpretive methodology creates a platform that allows for understanding care leavers' subjective life experiences and conducting an inductive analysis. I listened to each audio recorded interview once to ensure clarity and made necessary notes on preliminary codes and themes. Later, the audio recorded interviews were transcribed verbatim in Microsoft Word. After transcription, I once again listened to the recorded interviews and verified the transcripts to ensure accuracy in preparation for coding (Creswell, 2013). The rigorous process of listening, transcribing, reading, and making notes, allowed for engagement with the data which enhanced my knowledge of care leavers' diverse perspectives. Next, I uploaded all interview transcriptions into ATLAS.ti for inductive coding and analysis.

First, through an iterative process of reading and re-reading each participant's transcript, I tried to objectively understand and make sense of their individual experiences and made notes of preliminary codes and themes. Second, I identified major fragments of interest, used an open coding technique, and assigned specific codes to chunks of quotes. Third, I reviewed the coded transcripts to ensure accuracy of the assigned codes. Fourth, I read and re-read the coded quotes, compared the coded quotes for similarities and differences, merged where applicable, and created broad codes/categories. Fifth, through a reiterative process of reviewing the broad coded quotes, I

merged related broad quotes into themes. During this process, I recognized no new themes (a sign of data saturation) and visible connections to the research questions, the literature, and the theoretical framework. As a result, I made relevant notes regarding the stated connections with links to the descriptive data. Sixth, I further analyzed the emerging themes, selected descriptive quotes to strengthen the emerging themes, and accordingly made comments to help create the analysis. In total, seven prominent themes emerged, and thus in chapter four, I thematically reported the findings. Overall, the data analysis created deep engagement with care leavers' narratives, which provided nuanced understandings of how they perceived their transition out of the child welfare system.

Nevertheless, Creswell (2014) recommends going beyond descriptive analysis by using the data to build knowledge and states “a final step in data analysis involves making an interpretation in qualitative research of the findings or results” (p. 200). As Creswell (2014) proposes, in chapter five, I used a theoretical lens, which reflects a social justice perspective. The aim is to develop an interpretation of the research findings to provide a nuanced account of care leavers' lived realities. It should be noted that the interpretation lacks statistical data; therefore, testing for statistical significance is not viable. Instead, I engaged in a discussion that combines a social justice lens (i.e., intersectional individualization) with relevant information from the research findings to build on extant care leavers' literature and theoretical frameworks. The aim is to use the intersectional individualization lens to qualitatively enhance understandings of the experiences of young adults who transitioned out of the child welfare system.

In reference to some scholars (Creswell, 2013, 2014; Marshall & Rossman, 2014; Starks, & Trinidad, 2007), the researcher is the key instrument for data analysis, and therefore, I was responsible for gathering, transcribing, coding, quoting, categorizing, developing themes, and

interpreting the data. Given these responsibilities, it is important to be cognizant of Creswell's (2013, 2014) suggestion that validity is a valuable component in qualitative research as it determines the truthfulness of the research findings. Hence, to enhance validity, I conducted a comprehensive data treatment by scrutinizing the data, identifying, and reporting contrary results. This demonstrates researcher objectivity as I presented participants' authentic voices rather than only presenting findings that support theoretical explanations. In addition, I adhered to the rule of description and horizontalization as recommended by Spinelli (2005). The rule of description includes a process of describing the data collected, instead of explaining it. In this context, the rule of horizontalization is a process of recognizing that each shared experience has equal value, and thus, requires equal attention. In other words, the goal is not to rank the narratives according to significance (Spinelli, 2005). Next, some authors (Berger, 2015; Creswell, 2013, 2014; Marshall & Rossman, 2014) agree that researchers must be self-aware and self-critical of their actions throughout the process of their study to enhance trustworthiness and credibility of the research by verifying that the findings are fair representations of participants' voices (Creswell, 2013; Kornbluh, 2015; Liamputtong, 2007). Therefore, in what follows, I discussed my situatedness within this research.

3.6 Researcher Reflexivity/Positionality

Since it is frequently stated that the researcher is the primary research instrument in qualitative research studies (Creswell, 2013, 2014; Marshall & Rossman, 2014; Starks, & Trinidad, 2007), it is paramount to inform readers where I positioned myself as the researcher to mitigate the likelihood of bias (Creswell, 2013). In this study, I examined how young adults (a vulnerable population) understand their transition out of the child welfare system. Therefore, my group home employment experience with this population and the power imbalance between the researcher

(myself) and participants (care leavers), could raise questions linked to potential bias in the data collected and the reported findings. To mitigate the likelihood of bias, I focused particular attention on activities relating to the concept of reflexivity. In the context of qualitative research, the term 'reflexivity' refers to focusing,

the researcher lens back onto oneself to recognize and take responsibility for one's own situatedness within the research and the effect that it may have on the setting and people being studied, questions being asked, data being collected and its interpretation (Berger, 2015, p. 220).

In reference to the above, it is important to consider how my prior knowledge and experiences (or lack of) influenced this research process with the aim to enhance: (1) readers' understandings of my positionality as well as the contextual interactions between myself and the research participants; (2) transparency and rigor of the research process; and (3) credibility of the research findings. Considering that I was the assumed primary instrument for this study and the data was obtained through a collaboration between the researcher and participants (i.e., myself and care leavers), attention to reflexivity on my experience was important (Creswell, 2013, 2014; Marshall & Rossman, 2014). Thus, in what follows, I provide a self-reflection with respect to my personal, professional, and other experiences to help readers understand how these experiences helped to shape my overall role in this research project.

I am a Guyanese of East Indian descent. I was born and raised on a small island in Guyana where almost all the inhabitants were farmers including my parents. Support services and opportunities for self-sufficiency were often limited. This caused most individuals in my community to encounter several challenges across systems of power. For example, I was the only male in addition to the principal's son within my age group of approximately 25 males to complete high school. This number was somewhat consistent across time and gender. After high school and

with guidance from my high school English teacher, I pursued postsecondary education and became a teacher at the same elementary school that I attended in Guyana.

Within my community, there was an extreme lack of educational and employment opportunities as well as relatively high rates of poverty, alcohol and marijuana use, and suicide attempts and deaths. There was inadequate access to basic needs such as medical care, food, clean water, clothing, and decent shelter. As a child, youth, adult, and teacher, I witnessed the following situations: limited parental guidance to children and youth, harsh corporal punishment at home and school, students who became unconscious at school because of hunger, illness, and/or fatigue, and young people's involvement with the police. These experiences allowed me to understand first-hand the barriers that young people and their families experience in relation to opportunities for independence and overall well-being. I suggest that an examination of Guyana's history of slavery, indentureship, and colonization with links to exploitation, systematic oppression and discrimination, structural inequality, and cultural insensitivity can provide a broad explanation of the root causes of the above circumstances.

In Canada, during a practicum placement which was a partial fulfillment of the Child and Youth Worker (CYW) Advanced Diploma program, I had my first exposure to children and youth with child welfare involvement as well as an adolescent residential group home. This is where and how my interest on young adults who transitioned out of the child welfare system was sparked. Based on my past experiences as a child, youth, and teacher in Guyana as well as being a minority in Canada who faced barriers to equity and inclusivity, I felt connected to children and youth in the child welfare system. Immediately after I completed the CYW program, I gained employment as a part-time CYW with an agency that provided child protection services to children and youth between five to 18 years old. I worked at several group homes within the agency and typically

with youth between 12 to under 18 years old. Because of my experiences over the years, I continued to feel connected to this population and wondered about their outcomes after their departure from care. As a result, my interest surrounding this population continued to develop and eventually brought me to this study.

Prior to this study, I had some interactions with the two partnership organizations (i.e., child protection organization and drop-in program for at-risk and street youth) where I obtained research participants for this study. During my tenure in the CYW diploma program, I completed a 14-week full-time practicum placement (Summer 2011) in the Children's Services Department at the child protection organization. With respect to the youth drop-in program, during the CYW program (Winter 2011) and my undergraduate degree (Winter 2014), I visited the program and communicated with the Executive Director. On both occasions, I had to connect with a community program and complete an assignment that reflected a social justice and community perspective. My overall experience stated in this section seemed to create both advantages and disadvantages with an insider and outsider perspective.

First, I anticipated easy access to the two organizations, because of my previous involvement (insider experience). Together, introducing myself as a doctoral student with an interest in young adults' transitions out of the child welfare system, previous interactions with these organizations, and group home employment experience were all factors that seemed valuable based on the responses I received. Without hesitation, both organizations welcomed my interest and voiced the possibility to help with recruitment once ethical clearance was obtained. It should be noted that I contacted other organizations and voiced my research interest, but they showed no interest to explore the possibilities.

With respect to the drop-in program, I felt my past connection increased my credibility which contributed to the possibility to accessing the program daily. Upon arrival at the program, I always checked-in and engaged in brief conversations with multiple staff members. While the recruitment had involved a tremendous amount of time and effort, the response rate was reasonable. I felt that the research relationship I developed with the staff members allowed easy access in an organized fashion to this isolated and marginalized population. Similar to the literature (Ritchie et al., 2013; Savage & McCarron, 2009), my regular visits and collaboration with gatekeepers (staff members) influenced participants to partake in the interviews without feeling coerced to participate. As previously indicated, had it not been for COVID-19, I could have recruited and interviewed a larger number of participants.

On the other hand, my experience with the child protection agency was different. While the agency approved the Research Collaboration Agreement with Ontario Tech University, I only had contact with the primary gatekeeper. Methodologically, access to this marginalized population through this agency was one of the most difficult phases of this research, because it was solely dependent on gatekeepers. Thus, gaining access was not a solitary task; it involved repeated communication and discussion with the primary gatekeeper (contact person) (Fassinger & Morrow, 2013) who noted repeated communication with persons who had contact and worked with potential participants. Even though I established credibility in ways that made sense to the two partnership organizations (i.e., child protection agency and youth drop-in program) and care leavers' population (Bassett et al., 2008), accessing participants through gatekeepers at the child protection agency increased recruitment barriers and decreased the probability of participation. Thus, during the nine-month period with this collaboration with the child protection agency, only three individuals participated in this study. Therefore, while my practicum experience and

familiarity with children and youth in care can be considered insider experiences, which contributed to the Research Collaboration Agreement approval, the rigid structures of the agency, lack of direct access to and experience with participants, and not being employed by the agency situated me as an outsider.

While being an outsider decreased access to participants, it served as an advantage in that participants felt comfortable to freely talk about their lives. For example, care leavers criticized workers and services they received, and voiced their dissatisfaction about their experiences (Marshall & Rossman, 2014). Another outsider disadvantage was that there was no way for me to know if participants provided socially desirable responses (discussed in Chapter five). As recommended by Ritchie et al. (2013), I avoided showing strong reactions to participants' responses as that could hinder sharing valuable information. Thus, reflexivity was achieved by accepting the possibility for multiple truths and perspectives as well as showing appreciation for care leavers' voices which are often excluded from the literature (Creswell, 2013).

My work (insider) experience with this population in the group home setting helped me develop rapport, foster interaction, and open avenues for exploring areas of importance to care leavers (Bassett et al., 2008). Drawing on Kanuha (2000), I was aware that this experience could lead to oversights, such as failing to explore ambiguities, assuming participants' responses, and completing their thoughts. To be reflexive, I actively listened to participants' stories, gave them the power to voice their subjective experiences, and tried to remain objective (Corbin & Strauss, 2013; Creswell, 2013). In addition, undivided attention helped me to ask appropriate probing questions that helped to obtain richer data. I accepted and acknowledged participants' responses regardless of differing values and beliefs. This created an environment that was conducive to sharing personal information.

Based on my experiences and perspectives while I lived in Guyana, living as a minority in Canada, and my group home employment experience, I formed opinions on issues relating to barriers to social justice particularly equity and inclusivity. Since I can relate to these barriers, it makes me uncomfortable when I feel a one-size-fits-all approach is/was used and barriers to equity and inclusivity are/were ignored. Therefore, for this study, it was necessary for me to be reflexive on my views on discrimination and marginalization. In this regard, I took the position that these issues potentially occur unintentionally, because of a lack of awareness of individualization and intersectionality (discussed in chapter 2 and 5) as well as a lack of a social justice approach to help decrease care leavers' risk of negative outcomes. Therefore, I tried to maintain neutrality while learning about the research participants' experiences and objectively reflected on the circumstances surrounding the data. Drawing on Davison (2004), I reflexively utilized my professional experience and empathy to decrease participants' discomfort and increase the likelihood of gathering rich, thick data.

Although I shared some experiences working with this population, it is not viable to claim an understanding of their lived realities (Vachon, 2013), since I never lived in care. However, I am committed to respecting diversity and promoting equity and inclusivity. Insights from Couture, Zaidi, and Maticka-Tyndale (2012) suggest that it was essential to consider the disparities of the 21 participants who differed in age, socio-economic status, culture, race, and gender, as well as their possible exposure to unfortunate situations (e.g., violence, abuse, neglect, living in care, transitioning out of care). Thus, I continuously reflected on my actions and recorded notes after each interview to identify and understand how my experiences, social identities, and worldviews influenced my research practice (Creswell, 2013; Fassinger & Morrow, 2013). In addition, I engaged in a continuous self-reflective process by collaborating with my research supervisor as

Fassinger and Morrow (2013) assert that such can bring “strong feelings and deeply ingrained attitudes to light so that they can be addressed appropriately during the conduct of the research” (p. 72).

I was cognizant that my experiences and perspectives on social justice, particularly equity and inclusivity held some potential for the shaping of the themes and interpretation of care leavers’ experiences. To ensure that this study highlighted and interpreted care leavers’ lived realities/experiences, and not mine, I revisited the notes taken after each interview, interview transcripts, and literature. The aim was to be reflexive in a way to clarify the potential for any personal biases linked to the data, and not to seek similarities and differences amongst the literature, my personal views/experiences, and care leavers’ experiences.

While practices surrounding reflexivity seem to be difficult for researchers, I recognize why scholars suggest reflexivity as a requirement because it improves the quality of the research including transparency, rigor, and credibility (Creswell, 2013, 2014; Marshall & Rossman, 2014; Teh & Lek, 2015). Using the methodology in this chapter, the chapters that follow analyze and thematically report the findings from the 21 semi-structured interviews as well as use a theoretical lens to increase an understanding of reasons why care leavers fare so poorly after they leave care.

3.7 Conclusion

In summary, this chapter discussed the qualitative methodology used in this research project. To reiterate, this project draws from 21 in-depth, one-on-one semi-structured interviews with young adults between 19 – 27 years old who transitioned out of the child welfare system. Participants were recruited through two sampling techniques (i.e., purposive and snowball). More specifically, I explained the procedures used to protect the participants and data as well as how the

data was obtained, analyzed, and interpreted. Chapter four reports the research findings in a thematic format.

CHAPTER 4: RESEARCH FINDINGS

4.0 Introduction

In this chapter, I summarize the major research findings derived from 21 one-on-one semi-structured interviews with young adults between the ages of 19 – 27 who transitioned out of the child welfare system. In what follows, I provide participants' demographic characteristics and examine how they made sense of their transition out of the child welfare system. It is important to note that care leavers reported both positive and negative experiences, but overall, they consistently shared an abundance of adversities that heightened their risk of negative outcomes. In this respect, I specifically focus on a range of experiences that are linked to negative outcomes, which broadly support previous literature on youth and young adults who transitioned out of the child welfare system. With this specific focus, the following seven themes emerged to demonstrate how care leavers understand their lived realities: (1) Low academic achievement and educational experiences; (2) Employment challenges; (3) Housing instability and homelessness; (4) Weak social support network; (5) Mental health challenges; (6) Criminal justice system involvement; and (7) Limited preparedness for transition out of care. While these themes are discussed separately, it is worth noting that there is some overlap amongst the different themes, because most of these areas are interconnected with each other and impact care leavers' everyday lives. In a broad sense, each of these themes characterize care leavers' lived realities as being largely shaped through their involvement with the child welfare system.

It should be noted that while the focus in this chapter is on how care leavers understand their transition out of care, at times, I also include experiences from before and during care, because these experiences intricately intertwine and continued to negatively impact their lives outside of care. Additionally, there are instances where I include demographic information such

as age, gender, and race/ethnicity in this chapter, but a larger portion of this focus is saved for the theoretical discussion in chapter five. To adhere to ethical guidelines of the Ontario Tech University Research Ethics Board (REB), Tri-Council Policy Statement 2, I use anonymized direct quotes and pseudonyms throughout this chapter. In what follows, the findings show care leavers' demographic characteristics and describe transition out of the child welfare system as a journey full of uncertainties, limited guidance, and inadequate supports, which present a range of challenges that increase risk of negative outcomes, as well as barriers that hinder the shaping of care leavers' lives.

4.1 Research Participants' Demographic Characteristics

The participants for this study were comprised of 21 young adults between the ages of 19 and 27 (mean = 22.24 years) who lived in and transitioned out of the child welfare system. In terms of gender preference, one self-identified as transgender, six as female, and 14 as male. Participants self-identified their race with two as Indigenous, six as Black, and 13 as White. The length of their stay in the child welfare system ranged from approximately three to 18 years, and participants exited care between the ages of 16 and 18. In terms of academic achievement, only two participants completed the requirements for a high school diploma within the typical four-year timeframe and/or before they exited care. During data collection, 10 of the participants did not yet have a high school diploma. Of the 11 who achieved a high school diploma, two attained a college diploma. One participant who did not complete a high school diploma, gained entrance (with adult [19+] status) into college to pursue an entry level program. After successful completion of the entry level program, this participant achieved a three-year college diploma and was in the final semester of a bachelor's degree. None of the nine young adults who did not complete high school, or a higher level of education were enrolled in school or working towards obtaining their high

school diploma or trying to gain additional education. Participants reported attending between three to at least 30 different schools and residing between two to at least 30 group and/or foster homes. At the time of the interviews, four individuals had full-time employment, four had part-time employment, and 13 had no employment but reported some form of financial assistance from the government.

4.2 Low Academic Achievement and Educational Experiences

This section focuses on care leavers' educational experiences as a group and more specifically the challenging circumstances surrounding their experiences with school. Consistent with international research on care leavers' educational outcomes, low educational achievement was a common theme that emerged from the data (Flynn, Tessier, & Coulombe, 2013; Okpych & Courtney, 2014; Mendes et al., 2014). While care leavers tried to make sense of the fundamental right to education and their journey to achieve their full potential, they recognized the importance of obtaining at least a high school diploma but perceived numerous disruptions in their education. These include many school changes, low academic expectations, problems with teachers and peers, bullying, mental health challenges, financial problems, unstable housing/homelessness, and insufficient guidance/support. As a result, they voiced histories associated with challenges such as the lack of focus, struggles to meet academic expectations, absenteeism, suspension, expulsion, and school drop out. The following section describes and provides quotes to illustrate care leavers' lived realities with respect to navigating their educational institutions.

Young adults expressed numerous and unexpected school changes, especially during the school year as detrimental to building healthy connections at schools, which negatively impacted social relationships and their overall academic performance. Research shows that children and youth in care move approximately three times per year and each move can slow their academic

progress by roughly six months (Kirk & Day, 2011). The following is an account of the experience of a participant who attended at least 30 schools:

It was really hard going to school while being in care. It was easier before high school because most schools teach the same criteria below grade 8 but it varies across school districts. It was hard always switching and being the new you . . . eventually you just stopped caring, because it is just the same thing over and over and you get bored of it. I remember in high school I did the same course for three years because we moved so often. I never finished grade 9 English and I never struggled with that subject. It was terrible listening to Romeo and Juliet year after year (Sonia, 23-year-old White female).

Based on participants' interpretations, they struggled to cope with changes and repeatedly doing the same work weakened their motivation. Thus, Sonia exited care without a high school diploma and dropped out of school. Her story emphasizes the negative influence of frequent school changes and suggests the importance of stability to foster students' academic progress. When others were asked specifically how moving from school to school impacted them, one female responded, "*That was hard. I had issues making friends . . . I got picked on a lot*" (Allisha, 22-year-old Indigenous female - attended about 19 schools). Another participant added: "*I wish I had been able to stay at the same school so I could feel like I could become a part of that world*" (Sandra, 26-year-old White female - attended about 16 schools). In addition, on the subject education, when participants were asked what they would say to those who were responsible for them about what they could have done differently to help them, Abraham (19-year-old Indigenous male who attended at least seven schools) responded:

If you are going to move a kid around a lot in their developing years . . . I think it would have been important to do an assessment of where I was at the school before I left and then put me in a school where I could continue on the same education plan. Maybe also give me skills and tips on how to make new friends and maybe tell me what might happen.

Based on care leavers' narratives, there was a lack of continuity in their academic journey, and thus, navigating an inconsistent educational pathway increased gaps in academic achievement and risk of low academic achievement. It is important to note that some participants had more school

changes than the number of schools attended, because at times they returned to schools they previously attended. According to Kirk and Day (2011), every school change can negatively affect the educational outcomes of children and youth in care. Therefore, it is important for education and child welfare systems to collaborate and focus on children and youth's best interests. For example, the system should try to avoid school changes and ensure the transfer of children's academic and personal records between schools and Children's Aid Societies (CAS) to help foster their academic growth. Noonan et al. (2012) emphasize that inadequate communication amongst CAS personnel, schools, and families can cause students' academic progress to significantly regress.

Low academic expectations from members of the child welfare and/or education systems, particularly in high school was highlighted as another impediment to education. Young adults stated that they had no choice in the decisions surrounding their education, which sometimes contributed to a lack of motivation and school dropout. As cited by Stephanie (25-year-old Black female), the following quote illustrates how she made sense of her experience navigating her education:

I didn't have good experiences . . . had one worker who I still get a little traumatized thinking about the things she has said to me . . . She definitely took her job and used it against me. She knew she had a lot of control over my decisions. She went to my school in grade 9 and put me in all locally developed classes [see below for definition] even though they [the school] suggested that I didn't need to be in locally developed classes. She basically said that she was my guardian and that's what was going to happen. Before I could apply to college, I had to do a victory lap to meet the requirements. I wasn't old enough to make those decisions and I had no say.

Locally developed refers to courses with modification in expectations to allow students to meet the mandatory credit requirements in English, Math, and Science to qualify for a High School Diploma. Locally developed credits do not qualify for college or university admission without upgrade to college or university level. While in care, Stephanie did not find success at school.

Eventually, she dropped out of school, left care at 16, attended alternative school for about three years, and completed a college diploma. Another participant (Vanessa, 20-year-old White female) who dropped out of school in grade 10 and did not continue her education added similar sentiments:

They kept putting me in locally developed classes . . . CAS and my counsellor [guidance] at the time told me that I needed to be in those classes because of my IEP [Individual Education Plan]. They based it off my 2008 record when I needed help with spelling and reading. I was like, no, I am pretty good when it comes to those things now . . . I thought that would really mess me up because I wanted to go to college. Every year I would ask to be upgraded and they would say no. It made me so unmotivated . . . it made me feel stupid. It was too easy for me to want to do it . . . I just felt very singled out and shut down and voiceless by my school and CAS.

Given Vanessa's age, the 2008 record would have been used sometime around 2013 or after to determine the level of courses she was capable of handling at the grade 9/10 level. Many care leavers in this study had an IEP. Usually, an IEP document outlines students' strengths and needs and how instructions must be delivered to them to help them learn and be successful at school. Changes can be made as required for the benefit of their educational achievement (Ontario Ministry of Education, 2011). These findings emphasize that the welfare and school systems should monitor children and youth's progress, as well as review and update their IEPs so that they can receive services based on their needs. The aim should be to improve their academic level. Overall, care leavers' accounts suggest that labels led to low expectations, which were detrimental to their academic progress, especially when they had the vision to pursue postsecondary education. Consequently, low expectations seemed to fuel school dropout, which increased young adults' disadvantage in other life domains.

Next, young adults conveyed circumstances with teachers and peers at school that often led to school suspension or expulsion, which contributed to not completing a high school education. Izic (19-year-old White male) expressed: *[I had . . . personal issues with peers and*

teachers . . . They kicked me out of the school.” Likewise, another male stated “*I was the one that got transferred from schools, the one that got suspended. I had plenty of suspensions*” (Wayne, 22-year-old White male). In addition, Bush (27-year-old White male) who completed up to grade 11 described:

Teachers didn’t like me because I was disruptive . . . when people thought I was misbehaving I was just trying to get help . . . Grade 10 I got kicked out, went to a group home, then went to jail and went to school there. Then got put into a foster home and went to school there so high school was really bad for me as there was a lot of moving around.

These accounts imply that punitive measures such as suspension or expulsion were used in response to behaviours that were deemed disruptive or unsafe. There are many possible underlying factors that can trigger behaviours that influenced the school system to make decisions that disrupt participants’ education. For example, trauma from care leavers’ history of neglect or abuse, exposure to domestic violence, separation from their family, and numerous school and home changes can contribute to behaviours deemed unacceptable (Bala et al., 2015; Noonan et al., 2012). Additionally, labels, social stigma, limited social skills, and educational challenges can further heighten socially unacceptable behaviours (Batsche et al., 2014; Brownell et al., 2010).

Young adults reported experiences of being victims of bullying during their academic journey at the different schools that they attended during care, which often impacted their overall academics and sometimes resulted in school dropout. The following is an account of one participant’s experience linking bullying with school dropout:

I never really had good experiences with school because I was bullied from kindergarten to grade 10 . . . In grade 8 it really got bad . . . It was to the point where I wanted to kill myself. I would cut myself. I became bulimic and I didn’t want to eat. I would try to take pills it was a really bad situation . . . I decided to stop going to school in grade 10 (Vanessa, 20-year-old White female).

For some care leavers, bullying was an originating factor for suicide attempts and school dropout. At the time of the interview, Vanessa had reservations about continuing her education, but did not

make any attempts to do so, nor did she have a concrete plan. Similarly, Yoyonel (21-year-old Black male) narrated his experience of being bullied whereby he reported it to teachers, and nothing was done to address it, which influenced him to retaliate.

When I went into care . . . I was doing good in classes, but then eventually I was getting in trouble because kids would bully me . . . I wasn't fighting because my parents taught me that it was not worth it fighting to get yourself in trouble . . . they wouldn't do anything about it, so I took it into my hands when people were bullying me. I'd try to fight back to make sure that they wouldn't keep doing that to me. A lot of schools and foster parents (did not understand) . . . what I was dealing with at school and the trauma that I had was difficult for me at that time to be myself. I was getting into trouble with so many things at school and home [while in care]and all that stuff was a problem for me.

Care leavers' experiences noted that they were susceptible to bullying at school. Their experiences of trauma due to abuse or neglect and other inconsistencies during care may have deprived them of social skills that made them vulnerable targets. Care leavers' perspectives imply that bullying was a detrimental factor to their mental well-being and engagement with school. Research shows that there are connections amongst bullying, suicidal thoughts/attempts, poor school performance, and school dropout (Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000). Therefore, it is important for the child welfare and school systems to consistently communicate with and support children and youth in care as these may help to reduce their victimization or the impacts of their traumatic experiences. Furthermore, some scholars state that victims of bullying often experience mental health challenges such as depression, anxiety, and eating disorders (Kaltiala-Heino et al., 2000; Lie, Ro, & Bang, 2019).

Additionally, young adults made links to mental health challenges during their academic journey. Their stories suggest that due to challenges relating to mental health, they possibly struggled to cope with the various demands for school such as waking up, preparing for, and attending school, maintaining focus, and completing academic work. Russell (23-year-old White male) who did not complete high school stated: *"I had problems with my sleeping schedule. So,*

while I was at school it was harder for me. I would get two hours of sleep and then be unable to focus.” Since dropping out from school, Russell did not make any attempts to continue and at the time of the interview, he had no concrete plans with respect to education. When asked what was the most challenging for them with respect to school, one male responded: *“My biggest challenge was staying focused. I grew up suffering from ADHD, which I much later found out was borderline personality disorder”* (Jupiter, 22-year-old White male). According to Jupiter, despite adequate supports both in care and at school, he had to attend school an additional semester to complete the requirements for his high school diploma. In addition, when care leavers were asked who supported them during challenging times at school, JT (25-year-old White male) noted: *“Nobody, while I was in care, nobody . . . I only had a couple (teachers), and they didn’t even know what was going on. They just thought ‘oh this kid has got issues’.*” When JT left care, he did not finish high school, and subsequently quit. He added:

After I left the home [care] I just started slacking . . . When I was there, they made sure I went to school . . . There were times I didn’t sleep for 16 hours but that was being depressed . . . I was in a depressive state dealing with depression trying to cope and deal with stuff.

In later years, JT continued school but did not complete the requirements to obtain the diploma. Based on care leavers’ perceptions, the demands for school seemed to negatively impact their mental health, which further increased challenges with school. It also suggests the importance of receiving adequate mental health and educational supports to help individuals maintain stability and achieve success at school. According to Berlin, Vinnerljung, and Hjern (2011), school achievement can help to decrease mental health challenges, which makes it more important to improve students’ academic success.

Finance was noted as another reason for some young adults not continuing their education. As noted by one participant (Emily, 22-year-old White female), *“I was looking into college . . . I*

was one of those kids who thought ‘oh God I have to come up with lots of money to go pay for it’.”

Another participant added: *I came from a poor family I can’t go to college* (Izic, 19-year-old White male). One participant said that having to work while attending school impacted his mental health and overall academic performance, which ultimately caused him to quit school. In this respect, Jupiter (22-year-old White male) explained:

I started post-secondary. . . I ended up having to bail out of it as it wasn’t currently suiting my time and my financial status . . . Getting the CCSY [see below for meaning] which was the \$996.00 . . . a month, it’s still not enough for living arrangements. I also had to work full-time to really make ends meet . . . I was travelling a lot. It wasn’t suiting my mental health either.

CCSY is known as Continued Care and Support for Youth, which is the financial support service that is provided to care leavers when they transitioned out of care until their 21st birthday (OACAS, 2020). Based on young adults’ accounts, it seemed that they perceived that the financial supports provided by CAS were inadequate to help them transition to self-sufficiency and cover the cost for education. Consistent with Brownell et al. (2010), this study suggests that participants left care with inadequate family and financial supports. Therefore, financial stress made it difficult for care leavers to continue their education or pursue post-secondary studies.

An unstable home environment and/or homelessness were factors mentioned by care leavers that impacted their education. This deterred them from continuing their education while in care or after they exited care. Smith (25-year-old Black male) expressed: *“Due to my homelessness, it is hard to go to school and work and being on the street. You need stability and since I lost my support it was a very unstable time.”* Smith completed high school after he exited care but had been consistently homeless. He wished to attend post-secondary education but noted his poor mental health and homelessness as major barriers. Another participant (Bryan, 20-year-old Black male) added:

The environments I lived in always everyone doing something crazy, like always a weed smoker. Guys always like to fight all the time just in the group home. Those things I was used to growing up in so when I come to school, I always had the group home mentality. I smoked a lot of weed and didn't care about my grades.

Bryan dropped out of school after he transitioned out of care. Later, he attended alternative secondary school, but quickly dropped out. Since leaving care Bryan did not have a stable place to live, and at the time of the interview, he lived in a homeless shelter. Overall, this suggests a stable home environment where individuals feel secure and supported can lead to academic success and strengthen their connections with society.

Despite care leavers' level of educational attainment, overall, the findings show that young adults acknowledged difficult pathways as they navigated the structure of education. Consistent with previous literature this study finds that overall, care leavers transitioned out of care without obtaining a high school diploma and with a major gap in education (Brownell et al., 2010; Pecora, 2012). Schools are the initial context in which children embark on formal education with the expectation to build a foundation with knowledge required to help them achieve success and self-sufficiency. Therefore, it is important to proactively take steps to address obstacles that may decrease learning and create an environment that is conducive to increasing learning. This approach is necessary to equip care leavers with the potential to complete high school and undertake postsecondary education. Day et al. (2011) as well as Hook and Courtney (2011) contend that there is a link between level of education and employment. This suggests that low academic achievement is a major risk factor that is likely to re-enforce other risks that may restrict care leavers transition and outcomes.

4.3 Employment Challenges

Challenges with employment is another theme that emerged throughout the analysis. Corresponding with previous research, the data reveals that participants left care unemployed and

those who were employed mostly earned low income and had unskilled jobs (Berzin, 2008; Brownell et al., 2010; Dworsky & Gitlow, 2017; Stewart et al., 2014). This section provides descriptions with quotes to illustrate care leavers' experiences with respect to employment.

Some young adults depended on the Continued Care and Support for Youth (CCSY) program, a financial support service that is provided to care leavers when they transition out of care until their 21st birthday (OACAS, 2020). The following describes one young adult who left care unemployed, never found employment, and was still in receipt of the CCSY of approximately \$1000 per month. *"It's been hard to find work . . . professionals have looked over my resume . . . I have applied pretty much every year from when I was 17 and I still haven't gotten a job"* (Billy, 19-year-old Black male).

Other care leavers relied on alternative sources of financial assistance from the government including Ontario Works (OW) or the Ontario Disability Support Program, (ODSP). For instance, Wayne (22-year-old White male), who was unemployed, stated that he received \$300 per month from OW and added: *"I don't really have too much success actually looking for work."* Another participant (Russell, 23-year-old White male) never worked in care, aged out (age 18) of care, and later worked. Russell stated: *"I work as a security guard for concerts and events . . . at a (grocery store) to put the meat and stuff out and . . . at a (dollar store) stocking boxes."* At the time of the interview Russell noted that he had been unemployed for some time and received \$800 per month from ODSP. In addition, Allisha (22-year-old Indigenous female and in receipt of ODSP) mentioned that she worked many unskilled jobs for short periods and noted *"(I work) minimum wage, \$11.45-\$12.45 [an hour]."* Despite the governmental supports, care leavers struggled to financially support themselves, which put them at risk of experiencing problems in their overall lives. Participants described a combination of additional reasons that contributed to poor

employment outcomes. These included undereducation, lack of motivation and opportunity, inadequate support, mental health challenges, discrimination, inability to maintain employment, and criminal justice involvement.

According to young adults, their level of education was a major barrier to employment. They repeatedly expressed that their failure to obtain a high school diploma or post-secondary education provided limited employment opportunities. The following quote emphasizes one participant's perception of his experience of how the incompleteness of a high school diploma increased challenges with employment:

I have never had a steady job in the workforce. If I am being honest, you can't really move up in these jobs, there's only so much you can do . . . There are always labour jobs but without high school education I don't think I can get much farther (Abraham, 19-year-old Indigenous male and in receipt of CCSY).

Care leavers' accounts suggest that they left the child welfare system with inadequate education, which increased challenges finding employment. On the other hand, one participant who completed a college diploma as well as voiced satisfaction with his employment choice and income stated: *"If I had continued going to school, I could have probably opened a few more doors [employment opportunities]"* (Walter, 24-year-old White male). Care leavers' perceptions allude to their awareness of contemporary society with respect to the association between education and employment. Previous literature states that due to structural changes within contemporary society labour markets are more competitive, and thus, increases the demands for higher levels of education (Furlong & Cartmel, 1997).

Some participants voiced the lack of opportunity or motivation to work while in care. These individuals perceived that the opportunity to enter the workforce while in care was one way to boost their employment prospects. For instance, Sonia (23-year-old White female and in receipt of ODSP) who was unemployed and received social assistance illustrated:

CAS kind of screwed me over employment wise. CAS doesn't set you up properly. You are never allowed to hold onto your ID or anything. You are handed money for things and that is what you think. When you come out it is really weird adjusting, and you are still getting money . . . I didn't really care about employment.

Based on Sonia's account, the structure of the child welfare system failed to adequately prepare them to seek employment, and thus they exited care with no employment experience. According to Dworsky and Gitlow (2017), care leavers who worked during the year before leaving care were at least four times more likely to find employment and earn higher income than other care leavers who did not work while living in care. Given this, this study recommends for CAS to join partnerships with organizations and/or employment agencies to help youth develop required skills and abilities (e.g., through volunteering) to help them enter the labour force before they transition out of care.

Even young adults who worked while in care and obtained a high school diploma expressed challenges with finding and maintaining employment once they left care. For example, Carlito (19-year-old White male - obtained high school diploma) entered the workforce while he was still in care, but later experienced challenges finding and maintaining employment, and thus, he continued to access financial assistance from OW. When participants were asked to share their thoughts on what could have helped to improve their employment, Carlito expressed:

Presentation, I never had good work attire or clothes to go to work or interviews. I never got cell phones to call work to talk to my boss. Everything had to be done through my worker. I could not be approved for shifts outside my group home without my worker and that made it difficult for employment.

Carlito's account suggests that these types of restrictions in care can provide limited opportunities to allow youth to meet their full potential in terms of employment before they transitioned out of care. Thus, it is important for CAS personnel to communicate with youth and make accommodations to strengthen employment experience, which can make their lives easier when

they transition out of care. Another participant who worked while in care and obtained his high school diploma expressed inconsistencies with employment outside of care and stated location as a major issue. At the time of the interview, Yoyonel (21-year-old Black male) had a part-time job, worked five-hour shifts (four days per week) but commuted a total of four hours per day by public transit. Yoyonel voiced challenges with commuting and finding employment in general, especially closer to home. When asked what possible plans he had to improve his employment, Yoyonel stated, *“I am trying to get my resume fixed up to get it better so that I can find a job closer to where I live.”* These accounts suggest the need for consistent support such as assistance with updating resumes and opportunities for care leavers to gain employability skills as required. Additionally, CAS can form partnerships with organizations that can hire care leavers and help them find suitable employment to assist them in achieving independence.

Some young adults noted that while expectations were often clear, there were inadequate supports to help achieve the expectations. As Sandra (26-year-old White female, student, and unemployed) explained: *“They (child welfare workers) told us we needed a job but not how to get one. They told us the expectations but nothing to actually support that”*. Further, Vanessa (20-year-old White female) who received CCSY added:

I would always ask people to help me write a resume and support me, but they always have an excuse. I have also asked my CAS workers if they could help me write a resume even if it is over phone because I need help. I don't have a resume. I have never worked a day in my life. I don't know how I would start.

While it is important to set clear employment expectations for youth in care, the expectations must be realistic and appropriate supports must be provided to help youth and young adults to achieve the expectations. For example, it is necessary to provide equitable supports to help them to explore and discover their strengths as well as create a resume, which can help boost their confidence and

readiness to seek employment. Additionally, this process has the potential to help youth and young adults discover their interests and explore suitable jobs.

Care leavers cited that their history of mental health challenges caused them to endure difficulties to cope in the work context or hindered their ability to maintain employment since they left care. Eventually, this contributed to their unemployment experiences. Bush (27-year-old White male) who did not complete high school, never worked in care, and exited care at 18 years old noted:

I didn't get an actual job until I was 19 . . . As of this summer I've been on medication for mental health issues. The medication is a high dosage. I'm having issues they put me asleep. They cause drowsiness so it is affecting my work. I've had to take time off and have not been working for the last six months.

In addition, young adults noted that the interactions and dynamics within some employment settings were unfavourable. Thus, another issue that linked mental health illnesses to unemployment was with respect to accommodation, inclusivity, and discrimination in the workplace. When a participant was asked what could make work easier for him, Smith who had limited work experience and had been experiencing lengthy periods of homelessness since he left care explained: *"The employer to be more understanding and less stigmatic. Even people who have mental health disabilities can still work but at a certain pace. I wish there were more jobs like that where you can work"* (Smith, 25-year-old Black male). Care leavers' mental health seemed to deteriorate without support and impacted their overall transition to independence. Thus, it is relevant for care leavers to receive appropriate supports to maintain decent mental health, which can help them improve their employment and overall quality of life.

On the other hand, some participants did not perceive finding employment as the problem but rather maintaining employment. A participant who is in receipt of ODSP conveyed: *"I never had issues getting a job. It's keeping the job and staying interested in what I am doing. I could be*

doing it and then decide I don't want to do this anymore" (JT, 25-year-old White male). Likewise, Allisha (22-year-old Indigenous female and in receipt of ODSP) added:

I worked at a lot of places but only for a short period of time. Most of the time I get a job and then wake up and decided I don't want to do it. Or at work I get too anxious and then I ended up leaving.

Based on participants' subjective experiences, there can be several reasons why they were unable to maintain employment. These include factors related to poor mental health, uncertainty, and poor living conditions, all of which individuals in this study consistently faced. However, this study suggests that these factors are vital to address with the aim to increase young people's chances of maintaining employment.

Criminal Justice System (CJS) involvement was another perceived barrier that linked to unemployment or limited employment opportunities. For example, Yoyonel (21-year-old Black male) stated that he had only one involvement with the justice system. He retaliated after being repeatedly bullied at school while living in care, which decreased employment opportunities. He stated: *"Most of the places I wanted to work I couldn't, because they saw my criminal record. They saw that incident and it changed their mind thinking that I'm a troubled Black person and that's what I do"* (Yoyonel). Bush (27-year-old White male) stated: *"I feel like I am at less of an advantage because of my criminal activity, I can't get a good job."* Vanessa (20-year-old White female) added: *"Now I can't work with kids or vulnerable people . . . It will be hard to get employment because of the criminal thing.* According to Vanessa, she was arrested and charged in connection to an altercation she had with a domestic partner. Participants' stories indicate exclusion with respect to employment that is consistent with previous literature (Lee et al., 2015), which suggests a connection between criminal justice system involvement and unemployment.

Therefore, CAS should consistently provide equitable supports to care leavers with criminal justice involvement to help them navigate employment and successful transition.

An interesting finding that emerged is that while care leavers were receiving financial assistance from the government, they were likely to earn wages off the record and not receive an official paycheck, referred to as “pay under the table”. Abraham (19-year-old Indigenous male and in receipt of CCSY) who did not complete high school stated: *“I have always been paid under the table.”* Izic (19-year-old White male) who received \$340 per month from OW added: *I look for cash stuff, because I don’t have high school. I have to do trade stuff and I have to find people I can work with.* In addition, Grashman (21-year-old White transgender) stated: *“They require more experience than high school . . . Cash is all I am getting offered right now.”* These narratives imply that because of low academic achievement, care leavers were working cash jobs and earning below minimum wage to help supplement insufficient governmental assistance. Additionally, it also suggests that if care leavers declare earned income above a certain threshold, it could disqualify them from governmental financial assistance and benefits relating to health and dental.

When taken together, these findings demonstrate that care leavers apparent difficulties with employment include a combination of factors, which overlap with previous literature (Dworsky & Gitlow, 2017; Hook & Courtney, 2011; Stewart et al., 2014; Van Audenhove & Vander Laenen, 2017). More specifically, this study uses care leavers’ narratives to highlight factors such as undereducation, lack of motivation and opportunity, inadequate support, mental health challenges, discrimination, inability to maintain employment, and criminal justice involvement that interacted with employment for care leavers. Thus, they experience unemployment and underemployment, which increased barriers to independence.

4.4 Housing Instability and Homelessness

Based on the participants' interpretations of their lived realities, this section shows that living in and transitioning out of the child welfare system, housing instability, and homelessness are intersecting topics that are closely related to how participants in this study experienced exiting the child welfare system. More specifically and consistent with previous literature (Courtney et al., 2011, Gypen et al., 2017; Stewart et al., 2014), this study found that individuals transitioning out of the child welfare system are at an increased risk of housing instability and/or homelessness. Care leavers described their housing situation since leaving care as either *insecure, chaotic, horrible, terrible, not good, worse, no options, in the air, problems with housing, homelessness, or hardship*. While the focus in this section is on describing and providing quotes to show care leavers' interpretations of their experiences associated with housing since they transitioned out of the child welfare system, at times it includes their housing situation while they resided in care to provide some background information of their living situations before they exited care.

Overall, the data shows that participants experienced several home changes while living in care, which suggests a lack of or limited housing stability during care. For instance, one participant (Sonia, 23-year-old White female) stated that she lived in more than 30 group/foster homes and after care, she changed at least 10 residences in addition to periods of homelessness.

I stopped counting after 30 moves . . . I kind of fear stability. It is why I still moved a lot after leaving care. Any time shit goes well, shit goes south, so it is kind of hard to trust good times . . . I'm couch hopping at the moment . . . Even though I am homeless, it is better than being in care ...Honestly, I was just happy to be out of the group home . . . There is a disadvantage because you put yourself in unsafe living situations because it has been better than care.

When Sonia first transitioned out of care she resided with a former boyfriend. According to Sonia, since leaving care she did not find a safe place to live, had limited options in terms of housing, no housing supports, and at times continued to live with domestic partners even though she considered

the relationships to be unhealthy. At the time of the interview, Sonia specified that she was homeless and couch hopping. Another participant (Wayne, 22-year-old White male) conveyed that he lived in at least 11 group/foster homes. When Wayne left care, he lived with his parents for a short period, and eventually changed housing at least 20 times. In addition, he shared experiences of homelessness since leaving care and at the time of the interview he was renting the basement of a gym for \$100 per month. Wayne narrated:

Since I left care, it has been . . . horrible but now it's started to turn around like I said I am staying at the basement of the gym . . . Absolutely . . . hardship for a 16-year-old. Many times, I got turned down especially at 16/17 years old because of age, no one wants to rent you their place . . . You know when I was homeless, I was more comfortable, but my living situation was worse . . . It's been roadblocks more than anything else, nobody wants to rent to 16/17-year-olds . . . They ask, 'where are your parents?'

Evidently, care leavers interpreted early experiences of housing instability before they left care. Consequently, once they departed care, they continued to experience instability and experienced hardship to find and maintain housing as well as avoid homelessness. These findings are consistent with previous literature, which suggest that the instability experienced during care increase care leavers' risk of poor outcomes in many areas of their lives (Salazar, 2012; Villegas et al., 2014). Despite participants' homeless circumstances, they favoured their lives out of the child welfare system.

Some young adults expressed experiences of living in youth shelters, which suggest that they were unable to maintain housing after they left care. For example, Emily (22-year-old White female) stated that when she first exited care, she lived with her grandmother. She added: *"I went through a lot of unstable housing back then between my grandmother and the boyfriend I had at the time . . . I was homeless . . . I went to a shelter."* In addition, another participant noted that upon transition, the Children's Aid Society put him into semi-independent living where he lived for about four months. *"Other than that, I have been homeless. I had two places with buddies, but*

it's been hard to find places . . . [been homeless] three to four times in two years back and forth" (Bryan, 20-year-old Black male). At the time of the interview, Bryan lived at a homeless shelter. These stories imply that care leavers were eligible for shelter support and realized that they could not survive on their own. Therefore, investments in affordable housing programs are vital specifically for care leavers until they achieve independence.

Participants linked their housing instability and homelessness with their experiences of drug usage and mental health challenges as well as the lack of, or limited supports. They mentioned circumstances of living outdoors under harsh conditions. For example, Izic (19-year-old White male) expressed mental health issues and past drug usage as factors that affected his life. After he exited care, he lived respectively with his biological father and mother for short periods and subsequently experienced housing instability as well as lengthy periods of homelessness.

I was homeless . . . living in the forest and lived off the forest . . . I was in the forest for most of this winter . . . I don't want to have to be homeless anymore. I want to be able to have a normal life . . . Since I left care, it has been hell but it's better than being in care. I have a life now. I have my freedom now . . . I can rebuild my life and do whatever I want to do with my life now (Izic).

At the time of the interview, Izic was satisfied with his situation living in a friend's double garage. Another participant (Grashman, 21-year-old White transgender) described his housing situation as terrible and repeatedly specified that since leaving care, he has been mentally unstable, which made him vulnerable to homelessness. Grashman emphasized: *"I've been on and off homeless . . . had bed bugs and cockroaches since I moved out of care. I have not been stable, happy nor able to be calm enough to live with my family."* In addition, Smith (25-year-old Black male) noted that when he transitioned out of care, CAS put him into an apartment by himself but referred to it as a semi-independent program. Shortly after, he too experienced housing instability as well as lengthy periods of homelessness. Smith recalled:

I'm sleeping on the street . . . I sleep outside of town hall on the cement . . . Right now, its winter so there was a snowstorm, and I woke up completely covered in snow . . . I was in the semi-independent program, but I was by myself, they got me into a place . . . From the age of 18 I lost my first home, and I was on the streets while still in school . . . I didn't get support. They paid my rent but that was about it . . . I became homeless way too early. I didn't get the tools I needed . . . I also never got help dealing with my mental health issues. That is why I usually lose my places, because I can't control what I'm feeling with the depression . . . I been homeless for about four to five months every year.

These unfortunate experiences show that inadequate supports for housing, mental health, drug use, and other possible challenges make individuals transitioning out of the welfare system vulnerable to homelessness. Research shows that in comparison to others within the same age range in the general population, care leavers with mental health problems are more susceptible to homelessness (Stein, 2012). Therefore, it is important for structural systems to provide equitable supports in all areas of care leavers' lives to increase stability and decrease the risk of housing instability and homelessness. Some young adults stated that they sometimes do not disclose their homeless situation unless they decide to seek temporary accommodations with close friends. For example, JT (25-year-old White male) informed that he only disclosed his homeless experiences whenever he asked someone for shelter. Nevertheless, he stated that one previous summer, he lived in a tent for one month. He further added: *"This past summer I slept under a bridge for the majority of the summer. Thank God it wasn't winter. I did it up until November. So about three to four months (JT)*. Despite the vulnerability to homelessness, JT also voiced that he preferred his current life out of the child welfare system. At the time of the interview, JT lived at his friend's one-bedroom apartment, and they shared the same bed. Given that some participants do not always reveal their homeless situation or lived with friends to avoid being on the streets suggests the possibility that some care leavers belong to a segment of the hidden homeless population.

In some cases, participants pointed out that their experiences with housing instability and homelessness contributed to their lack of ability to care for their children. For example, Vanessa

(20-year-old White female) explained that she resided at more than 10 places since she left care and both of her children were not in her care because of housing instability. One lived with their biological father and the other lived with their paternal grandmother. She added: “*Since I left care it was negative . . . I have basically been couch-hopping*” (Vanessa). In addition, Allisha (22-year-old Indigenous female) noted that she lived at about 10 – 15 different places since she left care and was currently living with her paternal grandmother for a short period. Below Allisha expressed her sentiments about her living situation since she left care:

It is worse, way worse . . . I have lived in so many places. I had to give my daughter to my dad at one point because I couldn't find a proper place. My housing situation is crap . . . I have been homeless . . . almost a year. The longest time I stayed at a place was three months and that was only because we sold coke.

Given these mothers' lived realities associated with the child welfare system, it is possible that they sought ways to avoid contact with CAS and other systems of power, which increased their vulnerability to housing instability and homelessness.

Some care leavers talked about high financial cost for rent as a barrier to housing, and thus cohabitated with domestic partners, which sometimes exacerbated their housing instability. For example, Jupiter (22-year-old White male) noted: “*It's very hard economically to find a good place,*” and that he had been homeless several times, and each time he was homeless, he made the decision to leave a troubled relationship (domestic partnership). The following script illustrates one of Jupiter's experiences of homelessness.

It was blizzarding, I would stay in the bus shelter I thought for sure I would die but I ended up being fine. I tried to sit in gas stations but got kicked out for falling asleep. Another night I was at a Tim Hortons because it was cold and I fell asleep at the table, and so they kicked me out and after that I gave up trying. I would walk through the whole night to keep myself awake and as warm as I could.

At the time of the interview, Jupiter was not homeless, had a stable full-time job, but not satisfied with his living situation. Another participant (Bush, 27-year-old White male) had similar

experiences with domestic partners and described his living situation since he left care as “*worse . . . because there’s no structure to it, no security*”. In the following, Bush expressed his perception and experience of his living situation since he left care:

I absolutely hate it . . . housing is just way too expensive. Since leaving care I haven’t had anywhere secure. It’s not like living in a foster home knowing you can go home at nights. I don’t know where I can go . . . being evicted right now . . . They are either not affordable or not available or they need credit checks. The world is so structured. To make the system work, they have it working a certain way. If you are from outside the system, it’s hard to get in.

Bush’s narratives conveyed a sense of marginalization, particularly in terms of housing. When asked where he went after he transitioned out of care, Bush noted that he moved into a rooming house with friends, and later he lived respectively with his grandmother, with his biological mother, by himself, with an aunt, different girlfriends, and by himself again. He added:

I lived in Hembrick, Oshawa, New Brunswick, Peterborough, Angus Ontario, Bradford Ontario, North Bay, Stevensville, all over the place . . . Living situations were crappy moving a lot. I refer to myself as a gypsy on the run. Living out of suitcases from town to town, never living with anyone steady. There’s a lot of drugs in my life. A lot of not stable but stagnant, I’m all over the place. There was never any stability.

These experiences suggest that difficult transitions from the child welfare system and lack of stability are associated with structural marginalization and disadvantage including poverty and homelessness.

Participants voiced circumstances which link to insecure or unsafe housing as well as risk of homelessness. For example, one male described: “*I never really had my own space. I have always lived with someone. Even though I wasn’t physically homeless, there were times where I would struggle to find a place to go for the week or a night*” (Anthony, 23-year-old Black male). Similarly, Russell (23-year-old White male) noted: *I was on the street for like a day or two and then I stayed with one of my close friends for two months, then I went with my friend’s parents and then into an extended care type thing.*” Another participant mentioned: “*I managed to stay off the*

streets . . . I went from living in a basement with three other people to living in the trap house, which was bigger, but I slept on the couch for a year” - A trap house is place that sells illegal drugs (Abraham, 19-year-old Indigenous male). In addition, Billy (19-year-old Black male) specified: *“Last summer . . . I was living at . . . [a] house and they threatened to kick me out.”* While at the time of the interview these participants shared accommodation with others, overall, their lived realities suggest a sense of uncertainty in relation to housing and the need for an alternate approach to provide them with more security.

In contrast, while there were cases where young adults expressed less concerns associated with housing, they acknowledged how challenging it was or could be with limited or no support to maintain housing. For example, a participant (Yoyonel, 21-year-old Black male) who worked part-time and received about \$900 per month through the extend support program detailed his financial hardship to cover the cost for rent and other expenses. In addition, Stephanie (25-year-old Black female) who worked fulltime and received supports from family members since she transitioned out of care noted:

It is a struggle and a lot of people when they leave care, they may not make it. I think that is important for people to know that life after care can be harder for others . . . When you are 16 -18 most kids still live with their parents but when you are a crown ward and living independently and are trying to make it, \$1000 a month is nothing. It is very hard to live. My mom and my current partner supported me financially at times. Without him supporting me I think life would have been very different . . . If I didn't have them, I would have struggled.

Similarly, Walter (24-year-old White male), another participant with a college diploma stated that he worked full-time and has a strong support system. The following account provides Walter's perception that links to when an individual turns 21 years old, and the financial support terminates: *“You are pretty much thrown to the wolves. You better have made sure you got everything in line. I know a few of my foster brothers who have fallen off because CAS drops them flat on their face.”*

Finally, Sandra (26-year-old White female) who completed a college diploma and will soon complete a bachelor's degree, shared that she lived at six different places since she left care. She expressed additional sentiments with respect to her housing situation:

Mostly positive. Between living in the basement apartment and finding my current place we went through two apartments that only lasted a couple months each because we would rent the upstairs, and someone would rent the downstairs. Downstairs they would be smoking pot and cigarettes and [there would be] dogs and partying. I'm not going to have my kids around that, so we had to leave.

Despite that some young adults experienced limited challenges with housing, their accounts suggest the need for appropriate supports to strengthen transition from care. Also, to decrease negative outcomes not only in housing but other areas such as mental health, employment, and education.

In summary, based on care leavers' interpretations, transition out of the child welfare system is linked to challenges in finding and maintaining stable housing as well as homelessness. Even though some participants received financial support from CAS during the extended care period (from transition – 21 years old), the overall findings demonstrate that risk of housing instability and homelessness as part of care leavers' lived reality. This suggests that current financial and other supports for transition are inadequate. Therefore, CAS in collaboration with other systems of power should make investments (e.g., equitable educational, employment, and mental health supports) to reduce care leavers' risk of homelessness.

4.5 Weak Social Support Network

This section presents the findings on participants' perceptions of their social support networks. Based on the acquired data, experiences before care as well as the dynamics and structures of child welfare including group and foster homes broadly shaped care leavers' experiences in a way that continued to impact their social support network after they left care.

Overall, the structure of the child welfare system provided limited opportunities for care leavers to develop and maintain meaningful relationships. More specifically, young adults voiced several situations that hindered their ability to promote quality relationships. For example, one participant stated: *“When you are in care you are alienated from them [family]”* (Sonia, 23-year-old White female). In general, care leavers reported no relationship or limited supportive and stable relationships with biological family members such as parents and siblings, which reduced the number of people in their support group. Young adults cited circumstances such as the death of one or both parents, disruption with family members, court restrictions, lack of information about their whereabouts, never meeting them, or inadequate support to build and maintain relationships.

Care leavers’ stories suggest that frequent and/or numerous home and school changes that occurred during care decreased their capacity to build and maintain meaningful relationships. Participants reported changes between three to at least 30 schools, and two to at least 30 group and/or foster homes. According to Kirk and Day (2011), children and youth in care change homes about three times per year, which often results in school changes and challenges. In this study, care leavers voiced their dislike and perception about these changes with respect to social relationships. As Emily (22-year-old White female) stated: *“My biggest challenges were constantly being the new kid . . . I was bouncing from foster homes to group homes and different cities, and I would have to switch schools. Constantly trying to make new friends.”* Another participant (Smith, 25-year-old Black male) added: *“It was hard . . . most people go to school with the same set of people. I never had the opportunity to have a childhood friend . . . It was frustrating not having positive friends.”* The following quotes further highlight how other care leavers linked their experiences of school changes to social relationships:

I hate changing schools; it was so tough . . . Some people say ‘I know him from kindergarten’ but . . . I can never say that. From the time I get to know [people]. . . I’ve

to move somewhere else again and again and again . . . I feel like you can't make friends no matter where I go (Bryan, 20-year-old Black male).

Moving from school to school was really tough on me. I would make a good group of friends and . . . by the time I made these friends, CAS would take me away from that school and put me in another one. That was very rough on me and after a while I gave up trying to make friends and kept to myself (Abraham, 19-year-old Indigenous male).

When I came into care, I had to be moved around to a lot of group homes and foster homes. I was moving schools quite frequently and it was hard. I would move to a new school, and I wouldn't know anybody, and in a class full of kids I didn't know. Meanwhile everyone knew each other (Anthony, 23-year-old Black male).

It's a lot different when you are grade nine going into a new school because that is normal. It is a lot different when you get plopped into the school because then people notice the new girl and single you out. No one really talked to me, and everyone was snooty (Vanessa, 20-year-old White female).

Based on participants' interpretations, the lack of a consistent school environment was a barrier during their early developing years, which weakened their social relationships with peer groups. The frequent school changes that occurred while young adults lived in care were likely perceived by CAS personnel to be appropriate placements or changes to help promote their overall progress. However, care leavers seemed to view these changes as a major risk factor that undermined social relationships. Previous research shows that a lack of consistency in relationships can impact an individual's ability to develop relationships based on trust (Bellis et al., 2017).

There were instances where participants reported that while they were in care, they had limited or no access to their biological families. The accounts of care leavers suggest that at times not enough was done to help them know or build relationships with their biological families, which hindered their ability to form meaningful relationships with them during their transition. One participant (Smith, 25-year-old Black male) entered care at birth and when he turned 21 years old, CAS arranged a meeting, and he met his birth mother for the first time at a CAS location. Smith conveyed:

My entire life I have dreamt about, and I can't wait to meet my real mom, but Children's Aid wouldn't let me see my mom. After I turned 21, CAS finally let me see my mom. Legally I wasn't able to go meet my mom until I was 21 from court rule . . . I have known her about five years now, but I never had a good relationship with her. Maybe I spent only about 100 hours interacting with her. CAS didn't prepare me for meeting her, like what the day will look like. They didn't give me any information about her growing up. It's like meeting this random woman after 21 years it is kind of a shock to me too. For me too being racially different - my mom is white, and I am black I didn't know she was going to be white . . . She said she doesn't know anything about (my father) . . . It is hard for me like right now and I grew up my entire life without a family and that does take a toll and it changes you. My social interactions are limited I am always quiet.

At the time of the interview, Smith had absolutely no one who he considered family or no one he could rely on. Another participant (Abraham, 19-year-old Indigenous male) noted: *"I was crown ward without access, but I fought for crown ward with access when I was 16 and got it."* With some support from CAS Abraham met his father twice and mother once (she was in a coma when he saw her). Additionally, Wayne (22-year-old White male) explained: *"I wanted to go see who my real family was . . . I couldn't find the truth. I found out maybe not the full truth, but I found out the truth in the lies which allows me peace."* When participants were asked where they went when they transitioned out of care, Wayne noted: *"I went with my parents, and I figured out that didn't work so then I moved."* Unfortunately, at the time of the interview, these participants did not have a relationship with their parents and did not reference their biological family as individuals they can count on for support in times of need.

Care leavers explained challenges of having relationships with others outside their family circle including peers and teachers, which was largely attributed to their child welfare experiences. They specified reasons such as limited opportunities to develop relationships as well as feeling excluded, stigmatized, embarrassed, or discriminated. Smith (25-year-old Black male) illustrated:

Being in care has completely cut me off from any type of interaction. I haven't dated. In school you usually get a girlfriend, but I was in a segregated class. Being in CAS, I felt invisible most of the time so I didn't think anyone would even waste their time to even talk or look at me . . . My relationship with the teachers. . . were kind of distant. They looked

at us as troublemakers because of the group home stigma towards us . . . With peers I didn't really enjoy those I was surrounded by. They came from different situations and there were kids that were screaming and yelling. [The] tantrums . . . made me feel uncomfortable speaking to most of them.

Smith perceived that stigmatization, and the lack of opportunities hindered his social growth. At the time of the interview, Smith had no one who he could rely on for support or to call in emergency situations. Sandra (26-year-old White female) noted: *"I wasn't able to date certain people because their families were scared of me. When you are in care you limit yourself to the bad crowd but that is the only crowd that really accepts you."* Another participant (Walter, 24-year-old White male) perceived that he was judged and excluded because of his child welfare experience. Walter stated: *"Being in foster care assuming that I am a bad kid. One of my good friends wasn't allowed to hang about together. His parents couldn't know. I wasn't allowed to go to their cottage with the group."* Additionally, Billy expressed his hesitation to have conversations about his personal life because he feared stigma about his child welfare involvement. This ultimately limited his social interactions and relationships as he illustrated:

My friendships when I was younger didn't get to the maximum . . . because I was embarrassed about being in care . . . When I started getting into relationships at school, people would always ask me about my parents and who I lived with . . . I didn't want people to know . . . that I was in care. A lot of times the teacher would just say it and some people would find out about my situation . . . It happened a lot of times throughout care. Also, I noticed that when the teachers know you are in care . . . it's not like confidential, they tell everybody. I have experienced it where teachers knew, and some parents started to know, and I was getting in trouble . . . I would get harsher punishments compared to the kids who weren't in care . . . Say for example, someone doesn't know you are in care but knows someone else is in care and their reaction to it and the stigma of being in care. You see the kids and (some) teachers' reactions and it's not a good reaction (Billy, 19-year-old Black male).

Consistent with Mann-Feder (2018), Billy's account suggests that his perception of stigma hindered his ability to develop relationships. Overall, care leavers' stories convey that their child welfare experiences presumably created a primary identity for them that fits outside of normative

structures, and thus, shaped their interactions and social relationships with others. More specifically, their involvement with child welfare created labels and obstacles that stigmatized and excluded them as they tried to form personal connections, which otherwise negatively affected their social relationships.

Participants' stories suggest that romantic partners or friends were a major source of informal support. At the time of the interviews, most of the participants were either single (10) or in short-term/unstable relationships (7), while others were in long-term /stable relationships (4). According to care leavers, many of these relationships were often unreliable, short-term, or exclusively limited to emotional support. Regardless of the circumstances, participants specified that their current and past intimate partners or friends were major forms of support, and in some cases, the only source of support. For example, when participants were asked who they could depend on if they needed help, Sonia (23-year-old White female) explained: *"I have a rule, don't depend on anybody but yourself. You will just end up being disappointed . . . Emotionally it would be my friends. They will make time for me."* At the time of the interview, Sonia was in a short-term/unstable domestic partnership which terminated. Another participant stated:

Well exes and girlfriends at the time would help me. My best friends, mainly friends . . . Being able to talk to them without judgement. They would try to help me move forward. But I didn't really tell them everything either . . . It's hard to trust. I have got very big trust issues. It doesn't matter how good people are I see the bad energy that comes off of people (JT, 25-year-old White male).

Most of the short-term relationships ended relatively close to the time the interviews were conducted. Nevertheless, participants emphasized the benefits of these relationships. The following is an account of Izic's experience of a new relationship which had recently ended.

It's still new but it's going good. She supports me she wants me to do better. She wants to get rid of my charges and get my school. She wants me to be able to work. Even the small things she helps me with grocery shopping. Last time I got my paycheck we went to Walmart together and shopped (Izic, 19-year-old White male).

These accounts suggest that care leavers seemed to have weak social networks, particularly limited constancy in supportive relationships. According to the National Governors Association Centre for Best Practices (2007), these limitations tend to increase young adults' vulnerability and risk of poor outcomes in other life domains such as mental health and criminal justice system involvement.

Some participants reported that they had some meaningful relationships with family members (e.g., parents and siblings) but due to past and/or current circumstances, the relationships were not consistent. For instance, Anthony (23-year-old Black male) expressed uncertainty about his relationship with his birth parents and two sisters who were younger and residing with his mother. *"My relationship with my mom has been on and off so it's been that way with them too . . . My dad I don't speak to, I haven't spoken to him in two years."* Similarly, another participant said: *"My little brother is heavily addicted to drugs . . . I do talk to him . . . He reminds me a lot of my mother, who I don't talk to"* (Allisha, 22-year-old Indigenous female). Additionally, Bryan (20-year-old Black male) noted: *"I talk to my mom and . . . I don't have anybody else to talk to. She is like my everything in that sense. Everyone else [i.e., siblings] thinks I'm . . . a loser."* When young adults were asked who they can depend on for support, Bryan stated: *"Nobody now. I do talk with my mom, it's just that I have a restraining order at her building, because I caused so much trouble there."* Care leavers' accounts seemed to suggest that relationships with siblings and biological parents were strained and contact with them was limited.

Young adults' recollections of their lives before care while they lived with their birth families and dynamics in the context of group/foster homes involved unpleasant experiences, which persisted to impact their lives outside of care and current relationships with others. In the following quote, Yoyonel echoed some details of his experiences before, during, and after care.

My dad hit me a lot . . . the hitting was traumatic and when I got into care it was a little bit harder . . . I moved to a lot of foster parents because they just couldn't understand what I was going through. Because of that I had issues with school [getting bullied and into trouble] and stuff going on inside the household [foster/group homes] . . . Once you're in care you can't have the connections with your family members, they cut that off from you. So, eventually when you're in care you start slowly forgetting about the past or memories that you had with your parents and slowly forget certain stuff you did.

When participants were asked to describe their relationship with family members since leaving care, Yoyonel (21-year-old Black male) stated:

The whole thing with children's aid and how they took us, that's the stuff we are dealing with right now to get that part fixed up and everything. Right now, were okay but it's not the same relationship that I had with my dad a long time ago. It's a bit hard to talk to him.

In the following account, Sandra also shared her perception of her life before, during, and after care, which continued to impact her family relationship:

Whether you are living with your family or with the staff, I am not good. I have . . . fear of stability and I don't feel like I have meaningful relationships with my family . . . I didn't feel like I had anyone there for me in the group home and there for me afterwards. I don't think it is an isolated thing it must have happened to other people. A lot of people can't deal with things themselves; they kill themselves after care. Acknowledge that problem and figure out what can be done to deal with it. There needs to be interventions from the beginning until that person is a functional adult in the way that the individual characterizes it . . . I am so insecure about family relationships . . . I put myself in care, but it was because no one wanted me . . . I am 26 now but I am still dealing with the trauma because for most of my years I pushed it aside. I realized that they [biological family] so badly didn't want me around . . . So now even though we are close and get along I know that I could say something, and they would be gone.

Care leavers' narratives suggest the need for intervention programs to address traumatic experiences that occurred before and during care. Additionally, care leavers' accounts indicate that before and after they exit care, they should receive equitable supports to help them develop and maintain healthy relationships centered around mutual trust and care with biological families and/or relevant others. These supports have the potential to improve care leavers' well-being and resilience to cope and achieve independence.

In terms of extended family members (e.g., grandparents, aunts, uncles, and cousins), overall, young adults expressed limited connections, and in some cases, had never met them. Some highlighted that while in care access to extended family was limited and since they left care, they found it challenging to build or rebuild relationships with extended family. Others noted a lack of effort, language barrier, that it was a decision, or that they lived far away, which limited their ability to build connections. One participant noted: *“I don’t know my extended family”* (JT, 25-year-old White male). Another stated that her paternal grandmother who passed away was the only extended family member she had a connection with and further explained: *“I don’t have biological family . . . On my mom’s side they (grandparents) are 80 but they are straight up Italians, they don’t know English, so they don’t really mention or ask for me”* (Vanessa, 20-year-old White female). Anthony (23-year-old Black male) added that he had contact with his maternal *“grandparents but they live far, and they are older.”* In addition, Sonia (23-year-old White female) explained:

When you go into care minus your immediate family you don’t see much of them while in care . . . So, when you come back (exit care) . . . you don’t know these people . . . It is kind of dehumanizing coming out . . . When you are younger you don’t realize all the effects it has on your life. When you are older you realize not knowing your family . . . You come out of care and realize everyone has long-term relationships and you have to recreate them . . . and it is really hard.

These narratives suggest that young adults had a lack of or limited connection with extended family. This decreased the number of people they could contact in times of need, which increased their risks associated with transitioning to independent living.

Overall, care leavers had little or no personal connections with CAS workers, foster parents, or group home employees. Even if they had contact with them, they were not mentioned as one of the persons care leavers could rely on for support with the exception of one male (Walter, 24-year-old White male) who mentioned his foster parents. For participants who were under 21

years old and accessing the Continued Care and Support for Youth (CCSY) from CAS, their connection was limited, and in many cases, they voiced discontent similar to care leavers who were over 21. For example, many young adults specified major difficulties in communicating with their CAS workers and with the frequent worker changes that impacted the formation of relationships. One young woman noted: *I currently don't have any relationship with them because they don't contact me back . . . I never got close enough to them* (Allisha, 22-year-old Indigenous female). Another young woman explained: *"I tell her and ask why she penalizes me for not getting back to her when she isn't getting back to me. There are always excuses"* (Vanessa, 20-year-old White female). Others noted: *"I haven't talked to them since I left at 17 years old"* (JT, 25-year-old White male). *"If I see some of them, I'll talk to them, if I see some other ones, I'll probably punch them out. I don't keep in touch with them"* (Wayne, 22-year-old White male). *"I tried to cut them off. Group homes put us through a lot of nasty things at a very young age"* (Emily, 22-year-old White female). *"I do not talk to any of the group home workers. I never got relationships with workers, because of how mistrusted I felt. I could never develop a relationship with them"* (Carlito, 19-year-old White male). In addition, Bryan specified:

Workers honestly have a bad way of trying to help people . . . A place to stay and food to eat that's all they care about. They are always changing workers; you like one person and then you get another worker . . . I been texting her (extended care worker) the last couple days to find out about my scholarship. I can tell they don't want to pick up the phone because it's the weekend. Figure out how to find actual caring people, not numbers, they are people who care, fill in the gaps which is kind of sad. Like one business all about the money at the end of the day (Bryan, 20 years old male on CCSY).

Care leavers' accounts suggest a gap in relationships with professionals such as CAS workers, foster parents, and group home staff. During the conversations with care leavers, it was evident that many of them had limited social support, which increased struggles in transition. While in care, CAS and group/foster home workers were a significant component of their social network,

but these relationships did not seem to exist once participants transitioned out of care. Although the transitional workers who were assigned by CAS may have been a source of support during transition out of care, care leavers did not consider them as individuals they can depend on for support.

There were instances where care leavers had no one who they perceived could assist them in times of need. For example, when participants were asked who they can depend on for support, JT noted: *“Myself. . . it’s hard to say because when I call people who I thought would help, they say sorry can’t help you.”* Likewise, Bush added: *“I have no one. Recently I was in the hospital, and they asked for an emergency contact, and I don’t have anyone. My mother and I don’t talk due to court orders, so I really don’t have parents.”*

In summary, care leavers’ perceptions and experiences suggest that they had limited opportunities to develop and maintain meaningful relationships. Their child welfare experiences seemed to increase their risk of weak social networks. According to Scannapieco, et al. (2007), care leavers’ experiences of numerous fractured relationships may decrease their ability to develop the skills necessary for maintaining meaningful relationships. Therefore, this may limit the potential for care leavers to have reliable people in their lives who they can contact in times of need. Marion, Paulsen, and Goyette (2017) emphasize that it is vital for care leavers to have trusting relationships, because such relationships are a significant component of care leavers’ successful transition. Therefore, it is important for the structure of child welfare to take all necessary steps to help children and youth develop relationship skills and ensure that they build and maintain relationships with significant people before they transition out of care.

4.6 Mental Health Challenges

This section summarises the findings associated with care leavers' interpretations of their mental health and how this overlap with other areas of their lives. In most cases, care leavers reported challenges linked to more than one mental health diagnosis. Some of the diagnoses young adults mentioned included borderline personality disorder, fetal alcohol spectrum disorder (FASDs) attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) bipolar disorder, major depression, anxiety disorders, post-traumatic stress disorder (PTSD), insomnia, dystonia, mood disorder, schizophrenia, and oppositional defiant disorder (ODD). These findings are consistent with previous research, which states that care leavers have an increased risk of mental health challenges, especially those that exited care after their 16th and before their 18th birthday (Courtney et al., 2012; Teggart & Menary, 2005). Unlike previous literature, these findings originate from care leavers first-hand experiences and include their voices, rather than quantitative data, or child welfare workers' perspectives.

Despite obvious challenges associated with mental health, care leavers' stories indicate a lack of, or limited, mental health support. At the time of the interviews, participants were not attending counselling or therapy sessions, and only some were using psychotropic medications. While care leavers recognized the benefit of, and expressed their desire for professional help (e.g., medication, counselling, and therapy), most specified that they cannot afford the cost for appropriate services. For example, Sonia (23-year-old White female with FASDs and borderline personality disorder) who was not qualified for this type of support stated:

Therapy is very expensive when it isn't covered. That is something I think CAS should cover for life . . . They should be paying for the trauma they have caused like indirectly. That is the only way people can transition into being a functioning member of society and get over traumas of being in the system. Otherwise, we will just keep self-medicating and making ourselves worse.

Sonia expressed continued mental health challenges and made connections to traumatic experiences in care. Thus, when care leavers were asked what they wished had been in place to improve their lives out of care, one participant (Sandra) noted:

As I have gotten older, and I am starting to think about more things I am dealing with internally. I have realized that if I had benefits to access consistent therapy right now . . . that would be amazing, but I don't have that. There are extended benefits until 21 but when I was 21, I wasn't thinking about that. Now that I am 26, I have more time to deal with those hard things, but I don't have the financial means to do it. So, remembering that you have raised these children and youth and they are gone but they don't know what to do with themselves. When you are family, you support them for as long as they need to be supported until they can support themselves (Sandra, 26-year-old White female, on medication for depression and anxiety).

In addition, another participant noted: *"I wish that my mental health didn't deteriorate . . . me not getting counselling besides pills to help understand it. I wish I was provided with counselling"* (Allisha, 22-year Indigenous female, diagnosed with anxiety, bipolar disorder, borderline personality disorder, depression, and schizophrenia). Allisha added: *"My Green Shield (dental and health benefit carrier) hasn't been working lately. It's supposed to be basic coverage. It covered my daughter's ringworm cream, but not her pink eye drops . . . It just covers some things."* Young adults perceived the need for mental health support, including counselling and therapy to improve their lives and that being over 21 years of age put them at a disadvantage. According to the Ontario Association of Children's Aid Society [OACAS] (2020), through the Aftercare Benefits Initiative (ABI) which is funded by the Ontario Ministry of Children, Community and Social Services, eligible care leavers between the ages of 21 and 29 receive "counselling and life skills supports" (n.p). Participants' accounts of their experiences in this regard are contrary to the abovementioned claim noted by the OACAS (2020), which suggests that despite being vulnerable, not all care leavers are eligible for support. Consistent with previous study by McGorry, Bates, and Birchwood (2013), this study found that care leavers receive limited supports to address their mental health.

Although some care leavers acknowledged their eligibility, they did not utilize available supports except for the monthly financial support up to 21 years old or ended contact with CAS because of dissatisfaction with their services. The following is an account of Vanessa's (20-year-old White female, diagnosed with anxiety, depression, and ADHD) interpretation of her experience:

I asked CAS if they could fund or help me out with counselling and they said no that they didn't provide that or do stuff like that. They prescribe stuff from their office, and I wanted something outside of (away from) the office. Everything in the office is half ass. I go there and never feel that anything is accomplished there . . . I don't feel like they put enough effort . . . Since I was in care I couldn't wait to get out of care and deal with CAS anymore.

According to young adults, they preferred not to visit or access services particularly at the CAS building. Although Abraham (19-year-old Indigenous male) was recruited through CAS to participate in this study and was receiving services from CAS, he specifically requested not to schedule the interview at CAS's office. With respect to services, Walter (24-year-old male, White male) noted:

It was sayonara, it was bye bye when I turned 21. . . I personally chose to end it. There were options in place where I could still get funding from the ward . . . and benefits and health, but I personally chose not to.

Additionally, Emily (22-year-old White female) specified that she did not utilize Green Shield benefits and clarified: "It was my choice not to get that back. I never used that, and I had my health care (OHIP)." These accounts indicate that while care leavers seemed to be aware of the available supports, they made the decision to terminate contact with CAS or not to use the services because of limited confidence in the effectiveness. According to Butterworth et al. (2017), it is important for care leavers to maintain support and trust from the services they receive, because these are major factors in fostering transition and independence out of care.

Some young adults noted that while they were in care, they had opportunities for professional mental health support but made contrary decisions due to their perceptions of medication, labels, and stigma which caused their mental health to deteriorate. One participant who was diagnosed with dystonia, depression, and mood disorder noted:

I didn't want to go to therapy, because I didn't want to be labeled as crazy. I didn't want anyone to know. I didn't want to sit there and talk about my problems. My mood was very unstable. I didn't want to take medication, because I didn't want people to think she needs medication, she is crazy. So, I kind of fell into that stigma and that category of not wanting to be labelled. So, I didn't take medication and I didn't go to therapy (Stephanie, 25-year-old Black female).

Although participants seemed to understand their mental health symptoms, they made decisions out of fear. For example, when Abraham (19-year-old Indigenous male, diagnosed with ADHD, PTSD, FASD, and depression) talked about his mental health challenges and was asked if he had opportunities to express his feelings, he stated:

I had a therapist but I didn't want to raise red flags so they could put me on more medication. That was my fear. In my mind the way CAS fixes problems is by throwing medication at kids, throwing them in group homes, out on restrictions. So sadly, I did lie to the therapist about how I felt for fear that I would be put on more medications.

While care leavers appeared to recognize their need for professional mental health supports, their accounts suggest that they tried to conceal their mental health challenges. Based on care leavers' perspectives, they struggled to manage their mental health challenges without the appropriate professional support because of the fear of medication, labels, or stigma, and thus their mental health deteriorated.

As young adults talked about their mental health diagnoses, they made connections to situations such as feeling alone, substance abuse, self-harm, and suicidal thoughts or attempts. For example, one participant stated: *"I was never alone but always lonely"* (Wayne, 22-year-old White male, diagnosed with ADD, ADHD, Bipolar Disorder). Russell added: *"I struggled with substance*

abuse . . . and mixing it with anxiety and depression and paranoia . . . I could be in a room full of people and still feel alone” (Russell, 23-year-old male diagnosed with depression, anxiety, ADHD, and ODD). Another individual stated: *I tried committing suicide over six to seven times . . . I would cut my thighs with a razor* (Izic, 19-year-old White male, diagnosed with PTSD, anxiety, depression, and insomnia). According to Izic, he once again thought of suicide when he was homeless and using drugs. Similarly, Jupiter (22-year-old White male, diagnosed with ADHD and borderline personality disorder) expressed: *I found it very hard to voice what I was going through, so it came out in things such as self-harm, suicide, and depression*. These findings suggest that the lack of adequate support to address care leavers mental health challenges increased their risk of loneliness, substance abuse, self-harm, and suicide as well as disruption in other life domains. For example, young adults noted that their mental health challenges contributed to criminal justice involvement, unemployment, homelessness, and weak social bonds (as stated within other themes).

Participants expressed views of circumstances while they lived in care that caused their mental health to deteriorate and with limited or no supports, they continued to face challenges outside of care. As stated within prior themes, young adults voiced their dissatisfaction associated with the frequent home and school changes while living in care and about the lack of an explanation from authority figures and opportunity to make choices linked to their lives. According to Smith (25-year-old Black male), his experience in care including the many school and home changes as well as the lack of bonds and supports, intensified his mental health challenges including depression, anxiety, and PTSD. Smith conveyed:

I was never told why. I had good relationships with the families. I would come home one day from school and then my worker was in the driveway. They would just drive away, and I would be looking back like why I am leaving, and I never got told why or what the reason was . . . My mental health challenges, I have always had problems with attachment

disorder. In foster homes, I lived with them for a long time and then they would move me and that gave me anxiety and depression. I think about how my life would be if I had stayed with the families and it is complicated for me to think about . . . Not having closure and not being able to speak to them put me in depression and attempted suicide a few times.

Research shows that lack of stability is correlated with poor mental health (Wynton, 2016) and stable placements foster healthy relationships, which are valuable for mental well-being (Furey & Harris-Evans, 2020). In this study, the confusion fueled by the moves and the loss of relationships while in care continued to impact care leavers' mental stability. For instance, Smith specified that he had suicidal thoughts while in care but only after leaving care he attempted suicide. Smith was not on medication or in receipt of any formal professional support and repeatedly talked about the lack of mental health support, his desire to receive appropriate support, and how his mental disorders were negatively impacting his overall life. Smith further explained:

Once I left care, apparently all my paperwork for my diagnosis have disappeared. My mental health is wavering. I don't know why I feel this way most times. All of it is triggered with mental health. One thing I struggle with most is like a PTSD. I don't like to be touched or shake hands because I was restrained in CAS and since then I can't deal with being touched.

When participants were asked what supports they had, Smith stated: *"I would call . . . mental health . . . or go to the hospital, but they aren't the same staff every day . . . the only place I can go to reach out for help."* Allisha (22-year-old Indigenous female). added: *"I had to go to the hospital to get mental help and evaluations to get help because I have no support systems to get help"* These findings help explain that transition out of the child welfare system is a vulnerable period for care leavers whereby they often report deterioration in mental health and/or a range of mental health issues (Tarren-Sweeney, 2008; Vinnerljung et al., 2006). Care leavers' accounts suggest the importance for mental health supports during their transition to help them maintain stability. Research shows that in comparison to young adults of other populations, care leavers are two to four times more likely to experience mental health problems including posttraumatic stress

and mood disorders (Havlicek, Garcia, & Smith 2013; McMillen et al., 2005). Thus, adequate communication amongst CAS personnel, hospitals, mental health institutions, care leavers, their families or significant people in their lives including the transfer of care leavers' mental health and personal records between Children's Aid Societies, hospitals, and mental health institutions can help to improve care leavers' mental health.

Some young adults felt that circumstances such as abuse, neglect, and the lack of voice in care caused their mental health to deteriorate in and out of care. For example, JT (25-year-old White male diagnosed with depression, anxiety, and PTSD) recalled his traumatic experiences living in care with the following description:

It's a bunch of head damage like we are going to beat and then abuse you. There is more of they were trying to suppress something in me. Not let me be myself. . . I don't know how to explain it. Lots of abuse, physical, mental, sexual. I used to get choked and picked up by my head. Shook me in the air, fingers down my throat. My foster dad would do that. I watched it happen to my brother he hung him upside down at the staircase he was asleep. . . Just being abused, being strangled, shaken, dirty ashtray, fingers down my throat. He used to shove his fingers in my nose while he had me in the air . . . Their kids used to make me wear my sister's underwear and stuff.

According to JT, when he was 18 years old, he revealed his traumatic experiences to his CAS worker, but nothing was done to bring justice, or he did not receive professional support in the form of counselling or therapy to address the harm caused. JT described his life out of care as “very rocky, I started getting very depressed and didn't know how to deal with it. I smoked a lot of weed.” His mental health continued to deteriorate and contributed to school dropout, unemployment, and homelessness. Another participant (Carlito, 19-year-old White male, diagnosed with bipolar disorder and ADHD) shared his undesirable child welfare experiences.

I felt really trapped. I was really abused. I was in a mental health state psychosis. Their excuse was that they did not know how to deal with me . . . I was asking for help . . . I mean to talk to someone they said they don't know what I was talking about. That was very hard, and I struggled and with that abuse. I was denied food. I was denied showers at times . . . I was denied talking to any of my family members unless it is approved by my worker. They

said they will get it approved by my worker but said they were never talking to my worker. That was confusing to me and made me very sad.

From Carlito's account, he felt mistreated and suppressed in care. When asked what options he had since leaving care, Carlito noted: "*I can control my identity . . . I am free now,*" but he expressed that his experience in care continued to impact his life out of care as he sometimes replayed his welfare experiences.

Sometimes I have flashbacks of the trauma and the abuse. It was me trying to defend my right to this as I was expressing myself, voicing myself like we should, in care right, respectfully, but some of the staff will take that as disrespectful 'you are not allowed to talk to me until you learn how to talk right.' I am like 'don't say that to me.' These flash backs make me think that I can't talk, when I'll be able to talk . . . how I'm going to be able to talk. They were very abrupt in their decisions, and they were impulsive in how they acted towards me . . . I wasn't allowed to wear clothes because they said something on them, but I didn't have any clothes to wear. Because they had marijuana leaves on it, I couldn't wear them. Sometimes I feel this, right, and these things affect me.

Carlito's account confirmed that his experiences from care continued to impact his well-being. While in care, participants had the expectation that their life will be better out of care. They preferred their life out of care and considered it better but like Carlito, others pointed out challenges separating themselves from their past traumatic experiences, which continued to impact their mental health and overall life outside of care. For example, Vanessa (20-year-old White female) stated: "*I thought things would change and get better, but I never thought it would go back to the way it was*" (Vanessa, diagnosed with anxiety and depression and ADHD). Another participant added:

You never quite leave that group home mindset. It is always there. You are always fighting this alter ego that doesn't want to be civil . . . I thought I would be so happy that my life would be perfect as soon as I left care . . . You still have to work on yourself to be happy. It doesn't come as easy (Sonia, 23-year-old female diagnosed with borderline personality disorder and FASD).

Overall, young adults' interpretations suggest that care leavers are a population who faced traumatic experiences such as abuse and neglect, which are linked to poor mental health. Therefore, appropriate mental health supports are required during and after care.

Finally, although some participants did not specifically identify experiences associated with mental health challenges, their stories suggest that they may or may not have had a mental disorder. In addition, they were either never diagnosed, unsure, or learned to manage the symptoms. For instance, one participant noted: *"They said I had ADHD, but I don't know how correct that was because I was told after the fact that I don't"* (Billy, 19-year-old Black male). Anthony (23-year-old Black male) added: *"When I was younger, I was diagnosed with ADHD, and I was on medication for a little bit."* In addition, Emily stated that she was recommended medication which she refused. *"It was supposed to treat something bipolar which I was never tested for. I never saw a psychiatrist, never had a diagnosis. I went through a psychological test but that was with a staff member."* In addition, Emily indicated: *"I was heavily into drugs, I was depressed"* and that she attended a mental health diversion program to resolve a property damage charge.

In summary, care leavers shared experiences that showed their mental health deteriorated since leaving care, as well as intertwined with and impacted their everyday lives. Additionally, from young adults' perspectives, their poor mental health increased barriers to education, employment, stable housing, social relationships as well as increased their risk to criminal justice involvement, homelessness, unemployment, substance use, and suicidal thoughts/attempts (as illustrated in other themes). While care leavers continued to experience shortcomings due to their mental health illnesses, they did not mention any specialized mental health interventions to address their needs apart from medication and hospitalization for previous self-harm or suicide attempts.

This is consistent with extant literature, which states that care leavers are at-risk of experiencing mental health challenges that need specialized attention. However, compared to others within the same age range in the general population, care leavers tend to receive less support to address problems relating to poor mental health (Clausen et al., 1998; Staudt, 2003).

4.7 Criminal Justice System (CJS) Involvement

Young adults in this study reported several challenges associated with the criminal justice system. These include activities relating to robbery, burglary, assault, assault causing bodily harm, uttering death threats, property damage, mischief, theft under \$5000, breach of probation, and absent without leave (AWOL). Absent without leave (AWOL) is a term used in child welfare, which means that a child or youth leaves or is absent from a foster or group home without consent or advanced approval. When AWOL occurs, group or foster home workers usually contact the police who may go out in the community, try to locate the child or youth, and return the individual to the residence. If a child or youth is not located within 24 hours or the person's whereabouts is unknown, a missing person's report (MPR) is filed. This section examines participants who interacted with the criminal justice system before, during, and after care for one or more of the activities listed above. It specifically focuses on participants' perceptions and experiences regarding the circumstances that led to their interactions and the structure of child welfare and criminal justice system involvement during the circumstances. Below provides examples of how young adults described their involvements with the criminal justice system.

First, this section examines care leavers who interacted with the justice system before entering care. Some young adults specified that while they lived with their biological family, they were involved with the youth justice system. These involvements were mainly associated with

domestic violence against a biological family member. The following is an account of one participant's experience that caused him to enter care.

I was charged with uttering death threats. My mom called the police. I was held and appeared in video court, and I was bailed by CAS. I had conditions, my conditions of probation and counselling and the judge decided that I needed counselling to help with my anger (Carlito, 19-year-old White male).

While in care, Carlito had additional interactions including repeated AWOLs, theft under \$5000 and mischief under \$5000. Another participant relayed a similar experience with a biological parent that led to involvement with the youth justice system before he entered care.

I was charged with assault . . . I used to be angry and that was why I was in care. I was angry about my dad not being around anymore and I was confused so I was abusive to my mom. Sometimes I would hit her. I get really angry to the point where I would break something in the house and her and my sisters would get scared. The police would be called and one time I was charged with assault (Anthony, 23-year-old Black male).

Anthony had interactions in care and since leaving care he had charges for assault and domestic violence. Before care, these participants had been residing in single-parent homes led by their mothers who felt threatened and for safety reasons, they alerted the police. As a result, CAS became involved, and these participants entered the child welfare system. These individuals entered care at an older age (around 14 – 15 years old), which explains why their first interaction occurred before they entered care. As previously noted, these participants had further interactions with the criminal justice system that led to charges, probation, and diversion programs.

Next, the focus is on individuals who had contact with the justice system during care. Overall, participants cited that their first contact with the police commenced shortly after they entered care, particularly for AWOL, which was a way of deliberately removing themselves from care settings. One participant stated:

I was 14 in the group home. I never been in trouble before entering care . . . The police picked me up most of the times, but sometimes they didn't find me. I never turned myself in

. . . I was in a holding cell . . . for AWOL so they held me there until I was picked up by group home staff (Emily, 22-year-old White female).

Similarly, Allisha (22-year-old Indigenous female) stated: *“My first interaction would have been with me running away [AWOL]”*. In general, participants had repeated incidences of AWOL, which seemed to be a common occurrence in group/foster home settings. Trying to cope with the intricacies of their lives and dynamics of care, particularly the imposed restrictions (e.g., not allowed to go out in the community, early curfew, and bedtime, cannot have sleepovers or sleepover at their friends’ house) were reasons that seem to influence participants’ decision to AWOL. Eventually, these individuals had subsequent involvements for more serious matters such as assault, mischief, and theft (discussed below).

In addition, participants had incidences other than AWOL that occurred during care. Young adults voiced experiences that occurred within the group home setting that were seemingly triggered by staff members or other youth within the homes, which appeared to be a trend in the overall dynamics of care. For example, Wayne (22-year-old White male) had interactions with the justice system for AWOL, which overtime included more serious offences. Wayne narrated an experience where he had a migraine, felt almost helpless to the point where he would pass out. As a result, he decided to lie down in the basement of the group home, but staff continuously insisted that it was not a good idea, and he should go to his bedroom.

They want me to go to my bedroom, which was noisier, because I was close to the kitchen. I went to the deepest darkest part of the basement to take care of my migraine . . . I woke up to me holding the staff up by her throat and holding her against the wall. I don’t know what happened, but I remember somebody grabbing my hands and face down to the ground and me coming to a staff dangling off the ground my hand on the throat telling you should leave me alone.

According to Wayne, he was charged with attempted murder, but the charges were dropped. Since Wayne left care, he had charges for assault and burglary and spent about eight months in jail.

Similarly, Stephanie (25-year-old Black female) who had her first interaction with the police for AWOL when she was about 14 years old, progressed to more serious contact with the law. Stephanie was arrested several times and charged for uttering death threats, assault causing bodily harm (three times), mischief, and breach of probation. The following is one of her situations that led to police involvement:

I was the only Black in the whole agency and in the group home. It was hard for me because when fights happened, they would always call me a nigger or a monkey. One of the charges was because this girl repeatedly called me a nigger and she tried to hit me. I beat her up and put her in the hospital for a day and a half because I gave her a concussion.

Stephanie noted that the staff members in the group home were aware of the name calling but did little to stop it. She stated that because she was under 16, she received a conditional discharge and probation, and after three years the charges were removed from her record. Since leaving care she managed to avoid interactions with the criminal justice system except for seeking a criminal record check for employment purposes. Care leavers' interpretations of their experiences connect to previous research, which shows that there is a link between feeling excluded during adolescence and criminal justice involvement that seems to continue during adulthood (Lee et al., 2015).

There were instances where young adults' accounts suggested that their race was a factor that contributed to their criminal justice involvement. Smith (25-year-old Black male) had his first interaction with the justice system in the group home setting when he was around 13 years old. According to Smith, a male resident had said sometime demeaning about Smith's family and Smith response to him led to involvement with the justice system.

I said something back and he picked up a butter knife and I ran in the group home office, and I sat in the office with staff and pulled a pair of scissors next to myself. The staff called the cops and said there were two Black males waving knives and scissors into each other's face which was not the case. The police came and apprehended me and put me in the jail and then I had to be restricted and I couldn't go back to my group home until the one other youth was willing to accept my apology . . . The staff . . . said they were both waving knives and scissors, which was incorrect, because nobody was waving anything. The person

simply picked up the knife and I picked up a pair of scissors . . . I had to end up dealing with court and so it was pretty traumatic . . . I was in the other group home for four months and I had to do some courses and write a letter, go back to court have him read the letter and he had to accept my apology and then I go back to the group home.

Another participant (Anthony, 23-year-old Black male) stated that he may have said something that upset a female resident who called the police and reported that he hit her with a frying pan on her head which was false. Anthony was unaware that she called the police until the police arrived and arrested him while he was viewing a program on television. Anthony conveyed that the officers did not communicate with the group home staff before the arrest, and at the time of the arrest, the shift had just started and there was a different staff member:

Without asking questions the police put handcuffs on me and arrested me. That was one of my worst experiences because there was no reason for them to arrest me . . . It made me feel less of a person . . . In the police officers' eyes . . . I feel like if I was white, they would have just come and talk to me before anything, but I feel like because I was Black, they arrested me without evidence. They called me the n-word. Yeah, I remember. It was pretty obvious.

According to Anthony, after the officers confirmed his innocence, he was released without a charge. Based on some participants' interpretations, being Black put them at a disadvantage and increased their involvement with the criminal justice system. This aligns with a governmental report conducted in Ontario by the MCYS (2016), which states that certain identities including Indigenous and Black youth are overrepresented in the child welfare and youth justice systems. Additionally, care leavers' stories indicate that misinformation within group/foster home settings increased their involvement with the justice system.

Young adults noted that although some circumstances did not require police intervention, group/foster home personnel alerted the police. For example, one young male (Izic, 19-year-old White male) expressed that because he refused to exit his bedroom, group home staff called the police.

They (cops) just grabbed me and slammed me against the wall like if I was a piece of shit and they gave me bruises. (They) put handcuffs on me, slammed me against the wall . . . and dislocated my shoulder. It caused me issues when I was homeless and now my shoulder droops (Izic).

Izic had other involvements during care (AWOL, conflict with peers and staff in the group home) and after care (assault with a weapon and failure to appear in court). Another young male recalled his experience and hinted that police involvement was unwarranted. “*For hitting a kid with a pillow, the staff called the police and they charged me. I don’t know why they couldn’t just talk to the kids*” (Bryan, 20-year-old Black male). Bryan’s first involvement with the police was for robbery while he was in care. Most of his involvement with the justice system occurred while he was in care including several interactions for AWOL and charges that were dropped. In addition, since leaving care Bryan had a restraining order to stay away from the apartment building where his mother resided. Overall, even though young adults had other interactions with the justice system, many felt that they were mistreated in the group homes and by police.

While living in care participants experienced challenges at school, which sometimes led to behaviours that influenced educators to contact the police for support. For example, Billy had moved to a new home and school just before the beginning of tenth grade in high school and was struggling to cope with the change in environments, the loss of strong relationships at his previous school, and not having closure as to why he changed homes. In addition, he felt betrayed by his foster mother and lied to by his CAS worker. Together, these elements contributed to numerous instances of misbehaviour where the school alerted the police.

I had a lot of friends there . . . It was a very bad moment, and I was really emotional because I had been lied to . . . Grade 10, it started off really bad for me. I was getting into a lot of trouble . . . getting suspended and in trouble with the police (Billy, 19-year-old Black).

While Billy did not provide specific details relating the interactions and outcomes, he noted that he was suspended multiple times for weeks. He reported instances of false claims about AWOL, which led to police interactions and felt that because of his history he got into trouble for minor offences. In addition, he attended a diversion program, had several charges, attended court, and all but one of the charges was still pending at the time of this interview. However, Billy did not disclose the nature of the charge that was still unresolved. Another participant (Yoyonel, 21-year-old Black male) explained that entering care was difficult especially dealing with the lack of communication and connection with family members. Additionally, since he entered care, he was bullied which continued in both elementary and high school. The following is an account of a situation that occurred during history class in the presence of others including staff and students. *“He was bullying me. I grabbed the scissors . . . He tried to grab it from my hand and then he cut my finger. As he tried to grab it again, he poked his finger”* (Yoyonel). The school alerted the police and Yoyonel was expelled from school, charged, and subsequently moved from Toronto to a group home and high school in another city (over 100 km away) where he lived and attended school for three years. Yoyonel explained:

It impacted me a lot because when I tried to tell my side of the story, they wouldn't listen. I didn't have anybody that would listen to help me tell what happened. Eventually, they (CAS workers) were telling me to accept that I was the one that got him stabbed . . . Dealing with that affected my life and the rest of high school . . . I went many times to court and then I pleaded guilty because they told me that it was better instead of going through the whole thing. For that they ended up not putting it as a criminal charge. I went to a group home and it was required to stay there to show them that I was good.

These experiences suggest that it is important for individuals with child welfare experiences to receive appropriate supports in both the child welfare and justice system to help them cope and avoid interactions with the criminal justice system and low academic achievement. For example, one young male put forth the suggestion: *“For teachers and stuff like that it's not really a normal*

kid, he is dealing with a lot, more so it will probably be a lot harder for him to focus on school” (Walter, 24-year-old White male).

In some instances, participants’ accounts of their experiences suggest that they committed delinquent acts that could have led to the criminal justice system involvement but never had interactions with the police or received a charge or consequence. For example, one participant (Russell, 23-year-old White male) talked about his experience of substance use and abuse, while another (Sandra, 26-year-old White female) stated that while she was in care, she shoplifted items such as pregnancy tests, hair dyes, and candies on several occasions but was never caught by the police. In addition, she stated:

I would leave staying out past curfew or just longer than I was supposed to. I wouldn’t come home for the night. I would call and ask if I could stay out for the night and they would say no, and I would say ‘ok I will see you tomorrow’ and then they would put that down as AWOL).

Additionally, Walter (24-year-old White male) confirmed that he had a few encounters with the police while in care when he skipped school and smoked marijuana in the bushes near his high school. *“The police station was across the street from the high school, so they [police] could see us but I was never arrested or charged”* (Walter). Walter noted that since leaving care he interacted with the police only for speeding. These participants reported contrary experiences from others within this study.

Young adults perceived that their child welfare experience and repeated interactions with the justice system while in care influenced the way police responded to them for even minor offences. For example, Sonia (23-year-old White female) specified that she had numerous involvements with the police while in care and described her care experience as being on a war path trying to cope. *“I would steal and fight. I got diversions but I was never charged . . . I had breaches of conditions because I would AWOL.”* Since leaving care, Sonia, managed to stay free

from the CJS for a few years, but she recently received a charge which she perceived as unjustifiable, because she did not commit the act, instead she was at the scene of the incident. She explained:

The cops have lied in the statement. They said I attacked them when I didn't . . . I was treated like another statistic because of my past in the group home. I don't think I will ever be looked at as a normal member of society by police because they have access to everything from when I was a youth. There are cops I had issues with that I still see now, and it causes issues . . . Even though I have been working my ass off to support my grandmother and my dad, finishing high school, working, volunteering, and staying out of trouble, none of that mattered. As soon as I got arrested, I became a statistic.

Another participant (Billy, 19-year-old Black male) shared similar views and noted: “*It puts like a radar on me where any little thing I would do I would just get some more trouble even though it wasn't that serious . . . just because I had that history.*” Care leavers’ perceptions connect with previous literature. While there is no available evidence to show that individuals who lived in care commit more criminal acts than their peers in the general population, they have higher rates of criminal justice involvement (Berzin et al., 2014; Lee et al., 2015).

Young adults’ interpretations of their experiences suggest that mental health challenges and/or being under the influence of alcohol and other drugs contributed to their involvement with the criminal justice system. For example, while the details of the situation were not noted, young adult (Abraham, 19-year-old Indigenous male) stated that his mental health contributed to an issue with a former girlfriend at school that led to police involvement, charges, school expulsion, and hospitalization. Abraham noted: “*I got in trouble with the law pretty much, so the law got involved . . . It was due to my mental health.*” Another participant added:

This year I was drunk I have no clue what was going on. I wake up in a holding cell . . . I had beat the . . . Mr. Sub owner . . . I have a breach and then assault of a peace officer (Grashman, 21-year-old White transgender).

Participants' experiences suggest that there are possible connections between mental health challenges and/or being under the influence of drugs and criminal justice system involvement. For example, McMahon and Fields (2015) suggest that care leavers who had problems with alcohol and drug use and mental health were at an increased risk of involvement with the criminal justice system.

Abusive domestic partnership was a common factor cited by young adults that resulted in their involvement with the criminal justice system since leaving care. For example, one participant explained that as he was trying to leave an abusive former domestic partner who had previously injured his head, the former partner called and reported to the police that he had beaten and threatened her life. *“Out of extreme rage, I was pretty mad and said that I felt like slitting her throat”* (Jupiter, 22-year-old White male). According to Jupiter, he was arrested and charged. It later changed to *“probation with conditional discharge . . . I had the circumstances explained how my criminal record would be set for three years . . . While I didn't commit the abuse act, I did obviously threaten her”* (Jupiter). Another participant expressed her story about her involvement with the justice system for domestic violence. Vanessa explained:

I got arrested with my son's father on Canada Day 2018 because we got into a fight, and he beat the . . . out of me. He ran into the ravine, and he got scratches all over him. His mom called the police and told them I scratched and bruised him. He was just going to get arrested because the police saw the condition, I was in. His mom lied and got me arrested and we both got dual charges (Vanessa, 20-year-old female).

As a result, Vanessa had to attend court and subsequently attended a Partner Assault Response Program as required by the court. As previously stated, relationships with romantic partners were a major source of support for care leavers. Despite that these relationships were often short-term and limited to emotional support, in some instances, it was the only source of support. Given this,

participants' stories suggest that these experiences made them vulnerable to abusive relationships, which tended to result in police involvement and legal consequences.

Finally, while some care leavers were somewhat vague about matters relating to their overall involvement with the justice system, they mentioned consequences including charges, and/or prison sentences for repeated and more serious offences since they left care. One participant served a restraining order and added: "*[I was charged] twice, one was for mischief and then mischief and assault . . . I had to pay \$5000 for damages*" (JT, 25-year-old White male). Additionally, the following is an account of another participant (Bush, 27-year-old White male) who had several infractions.

Just recently I was arrested and put in jail for three months and I got out in November. As of today, I have 14 more charges which extend to assault, assault with a weapon, breaking and entering house dwelling, criminal harassment, nine breaches/failure to comply, and failure to appear in court.

Young adults' accounts suggest that difficulties with transition from care exposed care leavers to risk of criminal justice system involvement including arrests, charges, convictions, and incarceration.

Overall, and as similarly illustrated by previous research (Berzin et al., 2014; Courtney et al., 2011; Lee et al., 2015; Ryan et al., 2016; Southerland et al., 2009), participants in this study experienced risk of contact with criminal justice system. Based on care leavers' interpretations, there were some circumstances that seem to require involvement with the justice system, while at times it was unnecessary and unreasonable. This corroborates with Berzin et al. (2014) and Lee et al. (2015) who found that there is no data to show that care leavers commit more crimes in comparison to other populations of a similar age. Additionally, these findings show an overlap between the child welfare and justice system, a phenomenon referred to as crossover (Bala et al., 2015; Finlay & Scully, 2019).

4.8 Limited Preparedness for Transition Out of Care

Most of the care leavers within this study expressed views associated with limited preparation for transition out of care and independent living. The experiences and perspectives reported within the previous themes (i.e., low academic achievement, employment challenges, mental health challenges, housing instability and homelessness, weak social support networks, and criminal justice system involvement) are indications that this group of care leavers were not equipped with the skills for transition. To further examine their lived realities, this section focuses on their interpretations with respect to preparedness for transition out of care. The findings indicate that care leavers did not feel adequately prepared to embark on their transition out of care.

Young adults described that during care, there was a lack of attention paid to several aspects considered vital to adulthood, which led to a sense of unpreparedness to undertake life out of care and adulthood. According to Sandra (26-year-old White female) who got pregnant right after she exited care, CAS acts the parental role, and therefore, should educate teenagers about adulthood and help them develop practical skills. Sandra explained: *“Not talking about sex doesn’t mean people won’t get pregnant. I wasn’t prepared for adulthood . . . Learning about renting somewhere, credit scores, taxes, financial management, anything to do with actual adulthood was never talked about.”* Next, Emily (also got pregnant as soon as she exited care) shared her thoughts on what should be included to improve transition. *“I wanted to learn how to do my taxes. I wanted to learn how to dress for an interview. I wanted to learn about the landlord tenant board. I wanted to learn about life”* (Emily, 22-year-old White female). In addition, another mother with no employment experience specified: *“I wish they would help me find a job and find housing . . . I just felt like they threw me to the wolves and said figure it out”* (Vanessa, 20-year-old White female). Based on these accounts, it appears that these females felt neglected by the child welfare

system. Consistent with Jackson and Cameron (2012), participants perceived that they were not prepared for life out of care, and thus, they experienced a range of negative outcomes after transitioning from care to independent living.

Young adults' interpretations of their departure from the child welfare system suggest transitions that were both abrupt and poorly prepared. According to care leavers, it seemed that they exited care with limited guidance and skills to face life outside of care. Based on their perceptions, they encountered difficulties and uncertainties that caused their lives to deteriorate. For example, Smith (25-year-old Black male) who was homeless specified, "*I wasn't prepared, I didn't think people could be homeless. They did not prepare me for the consequences.*" Smith acknowledged the financial support provided to care leavers up to 21 years old but felt that nothing was offered beyond that including opportunities to learn skills to become independent and responsible. When participants were asked what they wished had been in place to better prepare them for transition out of care, Bush (27-year-old White male) who also experienced homelessness stated: `

I wish they hadn't just kicked me out the door. One day I was in care and one day I was out . . . I wish they would have been more hands on with me in the foster home to help me transition into life . . . I didn't learn anything but how to survive on the streets and how to do drugs. They could've played a better role in teaching me to be a better person. Led me and guided me in different things but they didn't . . . I wish I had people and things in place that would help me. I wish they taught me how to do taxes or get a job, cook, clean, and do laundry. Life skills transition me into life, instead of 'oh you're 18 there's the door - bye now.'

Bush's account suggests that he did not possess the skills to live independently, and his transition felt abrupt and uncertain. Based on care leavers' accounts, it appears that alternative approaches are required to prepare them for life outside of care. It is important to provide ongoing and tailored preparation programs for care leavers to develop and sustain skills for independent living. In

addition, these findings show that a gradual process, rather than an abrupt transition can help strengthen care leavers' abilities to navigate transition out of care towards independence.

Some young adults mentioned specific examples of their familiarity with relevant life skills while they lived in care. Their perceptions seemed to suggest that the structure of care did not allow opportunities for them to learn these skills in a manner that is applicable to individual situations and life out of care. As a result, they recommended precise ways that could have better prepared them for transition out of care. In this context, Sonia (23-year-old White female) mentioned a comparison with respect to buying groceries and cooking that had relevance to structures in and out of care, which should be taken into consideration when preparing for transition. In the following quote, Sonia shared her perception of how CAS could improve their transition out of care:

It should have been a requirement to learn budgeting and grocery shopping . . . It is different, you are shopping for everyone in the (foster/group) home, not only for the kids but the staff too. You go from shopping for a dozen people to two people. It took a long time to get the portion down because I was so used to cooking for 10 people . . . It took me literally like eight months to get the portion right to cook for me and my boyfriend. He [boyfriend] would be looking at this big pot of rice and he'd be like 'why you cooked like six cups of rice.' I was so conditioned.

Apparently, care leavers had opportunities to participate in grocery shopping and cooking while in care. However, the structure of child welfare seemed to have conditioned them, which made it difficult to make necessary adjustments outside of care. Food is a daily necessity, and therefore, poor food management can be a major problem specifically for a population who is already at a disadvantage. For example, buying and cooking excessive amounts of food may likely not fit within care leavers' budget and ultimately lead to food waste or financial problems, which can impact other areas of care leavers' lives. This suggests the need for the child welfare system to

make adequate accommodations to enable children and youth to fully develop these important life skills and ensure that they are equipped in this regard before they exit care.

Some care leavers thought they were ready to leave care, but after they transitioned out of care, they perceived a sense of inadequate preparedness for independent living. As a result, care leavers encountered several challenges including housing, employment, financial, and relationship uncertainties. Upon reflection, one male stated: *“I wished I knew more about the world . . . More about things I would have to pay for . . . I thought I was [prepared], but I wasn’t . . . I don’t think I have really ever been prepared.”* (Russell, 23-year-old White male). According to Russell’s interpretations, he continued to experience challenges that hindered him from achieving self-sufficiency. Likewise, another male who experienced challenges added, *“all these things come out of being transitioned without knowing how hard it was to be alone in this world. How difficult it is to kind of face these issues on your own”* (Jupiter, 22-year-old White male). From care leavers’ narratives, it appeared that after they transitioned out of care, they encountered unforeseen circumstances (e.g., housing instability/homelessness, weak social bonds, employment problems), which suggest gaps in preparedness to face life outside of care with limited guidance. Therefore, it is important to have more meaningful conversations about the big picture perspectives of transition (what life may look like outside of care) before care leavers exit care and during transition. Additionally, young adults should receive equitable and ongoing supports and guidance until they achieve independence.

In contrast, there were instances where care leavers felt that they had the skills or supports for transition out of care. Nevertheless, they acknowledged that this transition can be difficult without family and/or other supports. In terms of readiness for transition, Stephanie (25-year-old Black female) did not give any credit to CAS with respect to her preparedness for transition with

the exception of the financial support of \$1000 per month, which she felt was insufficient for independent living. The following is an account of how Stephanie made sense of her experience.

I knew it would be hard, but I didn't think it would be that hard . . . I was prepared but I was prepared by myself. I wouldn't say they [CAS] prepared me. I did it on my own. I paid attention how to do groceries, and I knew how to do laundry when I was young living with my mom. My mom taught me a lot of independence . . . I was fortunate to have my mom for financial and emotional support and my partner as well. If I didn't have them, I would have struggled.

When Stephanie left care, she moved into a transitional program where she lived for about two weeks. After, she moved into an apartment and her current domestic partner cohabited with her. According to Stephanie, the consistent support from her domestic partner and her biological mother allowed her to successfully transition out of care. Walter (24-year-old White male) shared a different experience where he lived with a traditional two parent foster family who supported his overall growth and allowed him to stay with them after he aged out at 18 until he was 21 years old.

Walter stated:

They allowed me to stay in their house. They charged me \$250.00 a month, which was really cheap, all my food, everything paid for. At the time I wasn't making too much money. . . I was in a place where my foster parents knew I was still a kid and put a roof over my head. CAS was really good where they gave you \$1000.00 a month and if you are working that is pretty good for someone that age.

At the time of the interview, Walter was sharing an apartment with a domestic partner. While Walter felt that he had adequate support, he acknowledged that other former youth in care need more support to help with successful transition. Participants accounts suggest that while the extended supports (e.g., financial, health, dental, counselling, and life skills supports) funded by the Ontario's Ministry of Children, Community and Social Services were valuable, they were insufficient to help youth and young adults with transition to independent living. Additionally, their voices show that strong bonds with family or significant others along with additional social

and financial supports increase care leavers' capacity to successfully transition from the child welfare system.

Overall, the results show a lack of preparation for transition out of the child welfare system was a significant concern for care leavers. Consistent with previous literature, young adults in this study reported that they were unprepared for transition out of care, which created barriers that decreased their ability to achieve independence (Geiger & Schelbe, 2014; Gomez et al., 2015; Jackson & Cameron, 2012). This indicates that adequate preparation is a vital component to help care leavers maintain progress after transitioning out of care.

4.9 Conclusion

The themes (i.e., low academic achievement and educational experiences, employment challenges, housing instability and homelessness, weak social support network, mental health challenges, criminal justice system involvement, and limited preparedness for transition out of care) were described by care leavers as barriers that decreased their ability to achieve positive outcomes. Generally, the findings are clear that most care leavers endured hardship, which increased their risk of poor outcomes in many areas of their lives. Care leavers' first-hand experiences conveyed evidence that their involvement with the child welfare system shaped their transitional experiences out of care. Most notably, as they try to navigate this new and unfamiliar journey with limited preparation and support, their past and current experiences continued to hinder their progress in areas such as education, employment, housing, criminal justice system, social support network, and mental health. To build on chapter four, chapter five provides a discussion pertaining to the themes that emerged from the research findings. The discussion attempts to answer the following two overarching research questions: (1) How do young adults

make sense of their transition out of the child welfare system? and (2) How do structural changes and young adults' multiple, intersecting identities shape their transition out of care?

CHAPTER 5: DISCUSSION AND CONCLUSION²

5.0 Introduction

The qualitative data gathered during the interviews with care leavers described a series of interconnecting outcomes. Chapter four summarizes these findings in a thematic format and includes young adults' own voices, which shows that care leavers experience risks of poor outcomes across several life domains. The themes (e.g., low educational achievement and educational experiences, employment challenges, housing instability and homelessness, weak social support network, mental health challenges, criminal justice system involvement, and limited preparedness for transition out of care) from the descriptive findings are consistent with previous social work research and reports across decades and nations, which imply that care leavers are a population who are vulnerable and marginalized (Bender et al., 2015; Berzin et al., 2011; Dworsky & Courtney, 2009; Dworsky et al., 2013; Forenza, 2016; Gaetz et al., 2016; Hook & Courtney, 2011; Mendes et al., 2014; Ministry of Child and Youth Services [MCYS], 2016; Okpych & Courtney, 2014; Shah et al., 2017).

Nevertheless, this study is unique, because it differs from prior studies whereby it created a safe platform for care leavers to voice their personal experiences and perspectives. This is a major contribution as this study provides care leavers' authentic voices, which according to Jones and Kurk (2005) and MCYS (2016) are limited in extant literature, specifically in Canada. As previously mentioned, the MCYS (2016) specifies that since "there is no way to follow a child or youth as they move in and out of care" (p. 9), existing literature is overwhelmingly anecdotal. Additionally, much published work includes child welfare workers' perspectives as well as

²Portions of this chapter appear in an article published in *The Journal of Public Child Welfare*, 2021, copyright Taylor & Francis, available online: <https://doi.org/10.1080/15548732.2020.1856284>

quantitative and secondary data (Courtney, Dworsky, Brown, Cary, Love, & Vorhies, 2011; Dworsky & Gitlow, 2017; Hook & Courtney, 2011). Generally, research has been conducted on care leavers, instead of with care leavers. In contrast, this research includes interviews with care leavers and used their perspectives of about their lived realities to contribute qualitative knowledge to the literature. This is particularly important because the perspectives of care leavers are understudied, which presents a significant knowledge gap in the literature.

To build on chapter four and previous research, this final chapter discusses the themes that emerged in this dissertation in more depth and attempts to answer the following two overarching research questions: (1) How do young adults make sense of their transition out of the child welfare system? and (2) How do structural changes and young adults' multiple, intersecting identities shape their transition out of care? The first part of the discussion examines the themes derived from the research findings to answer the first research question. Through this examination, this dissertation suggests that care leavers made sense of their transition out of the child welfare system as difficult to navigate structural barriers with multiple risks, which often led to future disadvantage in a range of areas. Given the consistency in findings, which show a lack of progress in decreasing this population's risks of negative outcomes, the second section of this discussion argues that it is partially the consequence of inadequate theory development as noted by many (Berridge, 2007; Berridge, 2017; Forsyth, 2017; Rambajue & O'Connor, 2021; Stein 2006). As a result, this dissertation suggests locating care leavers' experiences within a theoretical framework to enhance understandings of the intricacies of their lived realities. In doing so, it is possible to combine insights from intersectionality and individualization, which create the intersectional individualization lens. The intersectional individualization lens extends understandings of the multiplicative disadvantage of care leavers as they navigate their transition out of care and as they

engage with societal structures. This discussion builds on previous literature with the use of care leavers' voices and a theoretical framework to extend understandings of care leavers' lived realities. Following the discussion, this dissertation provides limitations and strengths of this study, implications for future research, theorizing, policy, and practice within this specific field, and ends with concluding remarks.

5.1 Young Adults' Sense of Transition Out of Care

Care leavers' transition out of the child welfare system involves major changes, pressures, and responsibilities. Transitioning out of care means moving from a restricted structure (i.e., the child welfare system) to full responsibility with limited guidance and services to navigate other societal structures (e.g., education, employment, housing, criminal justice system, social support network, and mental health). To facilitate this abrupt shift, there have been continuous structural moves in upgrading governmental services and supports to preparing individuals for transition out of care and supporting them during their transition (Geiger & Schelbe, 2014; Gyphen et al., 2017; Hook & Courtney, 2011; Okpych & Courtney, 2014; Reid & Dudding, 2007; Stein, 2012; Stott, 2013). Despite this progress, findings within this study established descriptive evidence suggesting that care leavers were inadequately prepared and supported for self-sufficiency. In particular, the narratives provide much clarity about young adults' understandings of their experiences. Care leavers made sense of their transition out of care with high levels of unpreparedness, which heightened difficulties in navigating structural barriers that contributed to future disadvantage in multiple areas of their lives. More specifically, care leavers made sense of their transition through lived realities linked to low levels of academic achievement, weak social relationships as well as high levels of unemployment, housing instability, homelessness, criminal justice system involvement, and mental illnesses. These multiple, negative lived realities overlap and create

intersecting areas of marginalization. Thus, it is difficult to focus on one specific area (e.g., education) without including others to explain how young adults made sense of their transition out of care.

In this study, care leavers' understandings suggest that the child welfare system had a significant influence on their transition out of care. Young adults lived between three to 18 years in care, but most lived over seven years. Even participants who entered care at birth or lived over 12 years in care, considered their lived realities as experiencing multiple disadvantages. This presents concerns and questions with respect to the quality of supports and services provided to enhance their growth during their developing years, and why risk of poor outcomes continue to be a significant part of their lived realities. However, this discussion recognizes that care leavers are a heterogeneous population who possess diverse backgrounds (e.g., race, age, gender, etc.) and experiences before they entered care (e.g., poverty, different types of abuse, and/or neglect). It should be noted that during care, this population experienced additional adverse circumstances. There were different types of abuse and poor quality of care linked to abuse/neglect and exposure to violence in care, in addition to restrictions such as specific time for shower and meals, and limited contact with family members. Furthermore, participants experienced disruption in education including school changes, suspension, expulsion, and police involvement. Moreover, care leavers experienced fractured relationships such as limited family/community connections, and changes in workers, peers, and teachers. Together, these shaped care leavers' experiences and increased their risk of negative outcomes outside of care. In what follows is a discussion based on the major findings of this study to illustrate how care leavers made sense of their transition out of care.

First, based on young adults' perspectives, they departed care with low academic achievement (i.e., without a high school diploma), limited or no employment experiences, and with inadequate mental health, financial, family, and community supports. This dissertation argues that these shortcomings indicate a lack of skills and preparation for transition, which together decreased care leavers capacity to achieve self-sufficiency. While young adults recognized the value of postsecondary education or achieving at least a high school diploma, their perceptions suggest that their child welfare experiences undermined their ability to achieve their full potential. Most notably, care leavers' stories suggested that the frequent school changes, stigma and dynamics attached to care, and/or lack of family, mental health, and academic supports often impacted their lives. For example, it decreased their ability to fulfill academic expectations, form and sustain healthy relationships with teachers and peers, and maintain mental stability, as well as increased their risk of being bullied at school. The overlapping of these circumstances increased difficulties to cope, which triggered behaviours that fuel suspension, expulsion, and/or criminal justice involvement. Together, these created further stigma and marginalization, which promote low academic expectations and increase low academic achievement and/or school dropout. Thus, the abovementioned impacted care leavers' overall academic progress, such as not completing the requirements to attain a high school diploma or pursue higher education, as consistent in previous literature (Blome, 1997; Courtney & Hook, 2017; Hernandez & Naccarato, 2010; Jones, 2010; Kirk & Day, 2011; Mendes et al., 2014; Salazar, 2012). During the transitional years, care leavers faced challenges including unstable housing, financial hardship, poor social relationships, and mental health illnesses, which impacted their ability to continue their education.

Second, both in this study and previous literature (Day et al., 2011; Hook & Courtney, 2011), care leavers linked their low academic achievement (i.e., no high school diploma or

postsecondary education) to experiences with unemployment and underemployment. Research shows that care leavers exited care with a lack of preparedness for employment (Dworsky & Gitlow, 2017; Stewart et al., 2014; Van Audenhove & Vander Laenen, 2017). Notably, young adults referenced that while in care, they had limited preparation and support for employment. For example, many individuals had a lack of or limited opportunities to work whereby they needed approval from their child welfare workers or could not work certain shifts. Others experienced inadequate employment supports such as a lack of assistance to prepare a resume or apply for jobs. Consequently, they left care with limited or no employment experience. While trying to navigate employment during transition out of care, young adults perceived additional barriers that excluded them from employment. These included issues relating to discrimination, lack of motivation, criminal justice involvement, and mental health challenges. These barriers caused care leavers to encounter problems finding and maintaining employment, which led to poor employment outcomes and dependence on financial assistance from the government. For instance, care leavers depended on governmental supports from Ontario Works (OW), Ontario Disability Support Program (ODSP), and Continued Care and Support for Youth (CCSY). It should be noted that despite being unemployed care leavers did not mention the receipt of Employment Insurance (EI) benefits, which suggest ineligibility because of the lack of sufficient employment hours. Regardless of the supports received, care leavers struggled to financially support themselves, which put them at risk of experiencing problems in their overall lives. Consistent with previous research, unemployment extends across other areas of disadvantage such as mental illnesses, criminal justice involvement, poverty, housing instability, and homelessness (Davison & Burris, 2014; Dixon, 2008; Hook & Courtney, 2011).

Third, in this study, young adults experienced major issues linked to unstable housing and/or homelessness, which is also consistent within previous literature (Courtney et al., 2011, Dworsky et al., 2013, Fowler et al., 2009; Fowler et al., 2017). As stated previously, care leavers endured instability while in care because of many home and school changes, broken relationships, and the overall structure of child welfare. Care leavers' accounts suggest that their child welfare experiences contributed to their low educational achievement, unemployment, weak social relationships, and mental health issues, which intersected and helped explain their housing instability and homelessness. In many instances, young adults made sense of their transition as a journey with major challenges and limited or no supports/resources to improve their transition, which is an indication as to why these care leavers experienced housing problems. Previous research within Canada and other nations shows that child welfare involvement is strongly associated with homelessness (Gaetz, et al., 2016; Nichols et al., 2017; Stewart et al., 2014; Wade & Dixon, 2006; Zlotnick et al., 2012). Overall, care leavers' perceptions suggest that they made sense of their transition out of care as being substantially shaped by housing instability and homelessness.

Fourth, care leavers' understandings suggest experiences of weak social support networks. In this context, social networks refer to classmates, teachers, peers in care, foster/group home workers, CAS workers, counsellors, and other professionals linked to care. Despite having numerous people in their lives, the structures of the child welfare system undermined their capacity to build and maintain quality relationships. Thus, the lack of consistency contributed to their having fragile social support networks that caused uncertainty. For example, during care, they endured numerous school and home changes that presumably severed previous relationships and reduced possibilities to develop meaningful relationships. Scannapieco et al. (2007) emphasize

that this type of instability often leads to a tremendous number of fractured relationships that tend to hinder care leavers' ability to develop skills for sustaining healthy relationships. Care leavers described challenges communicating with child welfare professionals and the lack of meaningful relationships with them (both in and out of care). Even young adults who maintained contact with CAS through the Continued Care and Support for Youth (CCSY) expressed limited connections and discontent with child welfare professionals. Additionally, while in care, many care leavers experienced having limited or no contact with immediate and extended family members such as parents, siblings, grandparents, aunts, uncles, and cousins. As a result, this reduced the number of people in their social network since leaving care. Reasons for limited family connections included the death of one or both parents, conflicts with family members, court restrictions, lack of information about family members' whereabouts, never meeting them, and/or a lack of support to develop and sustain relationships with them. It is important to note that there were instances whereby individuals exited care without a positive relationship with at least one person who they could rely on for support. This was an issue that some care leavers experienced at the time of the interview, and this coincides with previous literature (Batsche et al., 2014; Haggman-Laitila et al., 2018). According to Dinisman (2016) as well as Schofield, Larsson, and Ward (2017), building and sustaining trusting relationships before transition is an essential component in the readiness to depart care.

Fifth, and consistent with previous literature, perceptions of poor mental health were raised by care leavers (Burge, 2007; Goemans et al., 2016; Milburn et al., 2008). In this study, care leavers described challenges associated with multiple mental health diagnoses, which overlap with other areas of their lives. Before young adults entered care, they likely suffered adverse experiences (e.g., poverty, abuse, neglect, or exposure to domestic violence) along with the

removal or separation from of their biological family, which are factors that tend to impact mental health. In addition, some described additional adverse experiences, which they experienced during care that were similar to before they entered care (e.g., abuse, neglect, restrictions, exposure to violence in group or foster homes), as well as disruption in education, housing, and relationships. Together, these examples suggest that the longer a child stays in care, the risk for these circumstances increase, which ultimately heightens their risk of mental illnesses. For instance, frequent school and home changes as well as the loss of relationships were noted as factors that impacted mental health. Newton et al. (2000) examined individuals without symptoms linked to mental illnesses and found that their mental health weakened, after they encountered multiple changes in their environments (i.e., schools and homes). This suggests that even though children and youth may receive appropriate interventions to address traumatic events that occurred before entering care or have the capacity to show resilience to them, multiple placement changes can cause their mental health to deteriorate. From young adults' understandings, not only their experiences before care (neglect, abuse, or exposure to domestic violence) impacted their mental health, but also several care-related factors including time spent in care, number of school and home changes, limited mental health intervention, and limited supportive relationships. Consistent with previous research, this study found that while care leavers struggled with multiple mental health illnesses (Baldwin et al., 2019; Tarren-Sweeney, 2008; Geomans et al., 2016; Vinnerljung et al., 2006), they did not receive or have access to adequate mental health services and supports (Clausen et al., 1998; Staudt, 2003).

Finally, young adults' accounts of their experiences demonstrated lived realities linked to criminal justice involvement. Previous literature shows that in comparison to other populations, children and youth living in care, particularly those in group homes have higher rates of

involvement with the criminal justice system (Bala et al., 2015; Berzin et al., 2014; Courtney et al., 2011; Lee et al., 2014). The data in this study shows how care leavers were vulnerable to criminal justice involvement. For example, foster parents and group home personnel tended to contact police when care leavers negatively responded to situations leaving them feeling excluded, targeted, and discriminated against. Also, police intervention occurred when individuals negatively responded to restrictions such as not being allowed to relax in the basement when feeling unwell, leaving home without permission, and refusing to comply with rules. Police contact was also made for minor discrepancies (e.g., horse playing and not returning home before curfew), and when care leavers were in crisis linked to mental health, trauma, and triggers from other residents or foster/group home personnel. Additionally, there were instances in which inaccurate information was provided to police, which led to legal consequences and tremendous pressure on their mental well-being. Many of the previously mentioned behaviours (e.g., horse playing and not adhering to curfew) are often considered normal and would not draw police's attention for others living with their biological families. These alleged unnecessary contacts with the police increased care leavers' vulnerability to poor mental health, low academic achievement, and unemployment, which further promoted future conflict with the criminal justice system. Additionally, young adults assumed that individual factors such as their race, child welfare experience, and prior involvement with the criminal justice system were elements that sometimes increased their future involvement with the criminal justice system. While there was no evidence in the interviews that I conducted to prove any biases, according to Lee et al. (2015), there is no supportive evidence to show that individuals with child welfare experiences commit more crimes than others their age in the wider population. Nevertheless, a governmental report conducted by the MCYS (2016) documents that marginalized populations including Indigenous and Black youth are

overrepresented in the child welfare and youth justice systems. According to Bala et al. (2015), this crossover between the two systems occurs because of a lack of support programs within the child welfare system, which propel involvement with the youth justice system.

In summary, this discussion illuminates how care leavers made sense of their transition out of care in the following areas: education, employment, housing, social support networks, mental health, and criminal justice system. Despite the negative perception of their understandings, this study recognizes that child protection intervention remains vital to protect children and youth from harm (i.e., abuse, neglect, and exposure to domestic violence) and promote family stability. With their designated parental power and responsibilities, it is essential for the child welfare system to liaison with other systems of power to address gaps in supports. According to young adults in this study, the current approach of the child welfare system is failing to help them gain self-sufficiency. For instance, based on care leavers' accounts in this study, apparently care leavers' child welfare experiences created primary identities (i.e., child in care, youth in care, youth or young adult transitioning out of care, care leavers), which can cause marginalization with respect to systems of control that serve them. Despite care leavers' intersectional identities, and the fact that they should be respected, the presumably stated primary identities seem to exist within their lived realities, and thus, shape their experiences when interacting with systems of social control. Thus, without a social justice approach to address individual identities and needs both in and during transition out of care, advances in care leavers' outcomes are unlikely to occur. To facilitate a different approach, the following section suggests that locating care leavers' experiences within a theoretical framework could enhance both child welfare practice and care leavers' outcomes.

5.2 Reforming the Literature with an Intersectional Individualization Lens

Snow and Mann-Feder (2013) suggest that the child welfare system's current model of practice is based on developmental theories. As previously noted, research shows that care leavers are a vulnerable and marginalized population who are likely to experience multiple risks of future disadvantage (Bender et al., 2015; Berzin et al., 2011; Dworsky et al., 2013; Hook & Courtney, 2011; Shah et al., 2017). Given the consistency of poor outcomes across decades and nations, this dissertation takes the stance that the lack of progress in improving care leavers' lives is in part the result of an overly empirical focus in the care leaver literature; and, agreeing with some scholars (Berridge, 2007; Berridge 2017; Forsyth, 2017; Rambajue & O'Connor, 2021; Stein 2006), a lack of adequate theory development. More specifically, while there is an abundance of literature that describes the problems and negative experiences of care leavers, there is still a lack of adequate theoretical explanations as to why these issues persist. Existing theoretical explanations often broadly utilize development and life course theories (e.g., Arnett, 2004; Bowen, Ball, Jones, Irish, 2020; Collins, Paris, Ward, 2008; Jones, 2019; Pryce et al., 2017; Salazar, Noell, Cole, Haggerty, & Roe, 2018) but these theories are limiting in various ways. Most importantly, these theories often assume a linear, mostly middle-class, life course in which deviations from the 'norm' are problematic. Also, individual responsibility and resilience is often promoted as the solution to negative outcomes rather than broader structural changes. Unfortunately, it is beyond the scope of this dissertation to review the range of theories that have been used to help explain care leavers' poor outcomes.

Instead, this dissertation offers an alternative theoretical framework (i.e., intersectional individualization lens). This lens has a social justice focus with the aim to extend our understandings of young adults' disadvantage as they navigate their transition out of care and

engage with societal structures. Insights from Beck's (1992, 2009, 2010) individualization theory provide awareness of structural changes and risks that are present in contemporary times, as well as the changes care leavers navigate with limited or no structural guidance. On the other hand, Crenshaw's work creates a foundation for understanding the multiple, interconnected, and indivisible social identities that shape care leavers' experiences and how their experiences with systems of power could present as marginalization, oppression, or privilege. Drawing from the relevant literature, this section provides a framework that combines the two theories with care leavers' experiences to enhance our understandings of young adults who transitioned out of the child welfare system. Collectively, insights from individualization and intersectionality provide a more robust understanding of how structural changes, availability of choices, as well as multiple, interconnecting, and indivisible identities and spaces influence care leavers' ability to navigate their transition out of the child welfare system. While individualization theorizing helps to capture how structural changes impact care leavers' ability to navigate their transition out of the child welfare system, it is beyond the scope of individualization to examine care leavers' intricate social identities and experiences. However, the inclusion of intersectionality can help to fill this gap and move us more closely toward an intersectional individualization.

As previously mentioned, Beck (2009) acknowledges the risks that are present in modern society and claims that risks have the potential to magnify inequalities. Beck (2007) stresses the importance of attending to the inequalities in modernity, but his theorizing did not fully consider social categories such as race, class, gender, or other areas of social difference as valuable elements. Beck (2002) considers these as categories of the past, which have less relevance regarding social inequalities in second modernity. Atkinson (2007) and Curran (2013) criticize Beck's theorizing for failing to consider these social categories as important in explaining

inequalities. According to Curran (2013), Beck's argument lacks an alternative explanation for inequalities, and therefore, raises the concern about what is responsible for social inequalities. Curran (2013) further critiques Beck's theorizing for excluding discussions on power relations regarding privilege and advantage. Nevertheless, Beck's work has been prominent in youth research, and thus, this dissertation maintains that Beck's work is necessary to capture the complexities care leavers endure as they navigate macro-structural changes associated with their transition out of the child welfare system.

The following sections combine individualization and intersectionality theorizing to form an intersectional individualization lens in an attempt to challenge power relations and offer a better understanding of young adults' experiences transitioning out of care. Furthermore, a major advantage of combining individualization theory with intersectionality theory is that it reflects a social justice perspective that can help to capture invisible experiences or the nuances of experiences, issues of inequity, and the nature of social structures relating to care leavers lived realities/subjectivities/experiences (Alvi & Zaidi, 2017; Farrugia, 2013). As will be demonstrated in this section, the combining of the two theories shows the following: (1) choice, changes in structures, and multiple, intersecting identities shape care leavers transition out of care; (2) the decline in restrictions from child welfare structures and care leavers navigating new and other structures are features of social change that increase individualization and risk of social marginalization; (3) intersectionality provides a micro-level counterpart to Beck's macro-level theorizing in a way that is applicable to the experiences of young adults who transitioned out of care; and (4) structural changes and a one-size-fits-all approach increase reflexivity and risk of negative outcomes.

5.2.1 Choice and Multiple Intersecting Identities Shape Transition Out of Care

Within this section, employment is used as an exemplar to illustrate how choice and multiple intersecting identities shape care leavers' transition out of care. As previously illustrated, employment is one of the key issues that affect individuals transitioning out of care. More specifically, this study's findings show that participants left care with limited employment experiences, a lack of employment experiences, or a lack of preparation for employment, which continued to impact their lived realities out of care. To provide a deeper understanding of how care leavers navigate their lives and in particular, why they experience risk of unemployment after they transitioned out of care, I focus on the concept of choice as conceived in individualization theorizing (Beck, 1992; Higgins & Nairn, 2006), which is an intricate concept that cannot be viewed in isolation from the changes in structures (from individualization) as well as concepts from intersectionality such as multiple, intersecting identities and invisible experiences (Andersen & Collins 1992; Crenshaw, 1989, 1991). For instance, when individuals leave care, the certainty provided by the collective structures of the child welfare system no longer exists. Consequently, with limited or no guidance from traditional social structures including the child welfare system, birth/foster family, and other structures they interact with, it becomes care leavers' individual responsibility to navigate new social structures that are often in flux and fragmented. Thus, the journey transitioning out of care is shaped by individualized choices (Beck, 1992), as well as care leavers' inseparable, interwoven identities that are generally changeable depending on contextual or situational experiences (Andersen & Collins 1992).

Consistent with Tyrell and Yates (2018), young adults in this study expressed that transition out of care provided them with fewer restrictions as well as more freedom and choices as they were no longer required to adhere to the rigid child welfare structures. Drawing insights

from Beck's (1992) work to understand young adults' perception on how the decline in restrictions from child welfare structures provided them with more choices and freedom, I suggest that choices and freedom played out differently for care leavers in comparison to young adults who never lived in care. Despite the notion that choices increase, care leavers' lives are still restricted outside of care (Beck 1992; Beck & Beck-Gernsheim 2002). For instance, Furlong and Cartmel (1997) mention that because of structural changes, there are currently demands for higher levels of education and labour markets are more competitive. Thus, consistent with the literature (Adley & Jupp Kina, 2017; Dworsky et al., 2013; Gomez et al., 2015; Lee, et al., 2014; Rutman et al., 2007; Ryan et al., 2016; Tyrell & Yates, 2018), this study finds that despite the claim that care leavers seemed to be freer with a variety of options to choose from, they experienced numerous challenges resulting in poor outcomes in many life domains. For example, amongst other negative experiences, care leavers in this study experienced low levels of academic achievement, unemployment, housing instability, homelessness, criminal justice system involvement, weak social support network, and poor mental health.

Choice, changes in structures, and intersecting identities of care leavers form a component of the intersectional individualization lens, which suggests that they are intricately connected and must not be examined independently from each other. For example, circumstances such as low levels of academic achievement, criminal justice involvement, child welfare experiences, intersecting identities such as race, ethnicity, gender, and class exclude care leavers from employment opportunities. With the focus on choice and young adults' perception that their level of education, criminal justice system involvement, and other experiences while they were in care continued to impact their lived realities, I suggest that care leavers may face further restrictions. For instance, due to their vulnerability and experience of unemployment or underemployment,

care leavers may be unsure about what sort of employment is suitable for them. Additionally, they may have low employment expectations and/or focus on their intersecting identities (e.g., race, ethnicity, age, gender, language, class) and invisible experiences (e.g., low level of education, criminal justice system involvement, homelessness, mental health) and see them as barriers to employment. Thus, with respect to everyone's individual circumstances and perceived barriers, information associated with appropriate employment opportunities and employment choices may be limited.

Through the application of the intersectional individualization lens, I argue that even though care leavers may feel a sense of liberation from the restrictive child welfare structures, have choices, and act responsibly, their distinctive experiences may vary because of their intersecting identities (race, ethnicity, age, gender, class) and multiple disadvantaged statuses (low educational achievement, child welfare involvement, mental health challenges, lack of family support). Together, these elements make it challenging for care leavers to engage with choices and structures that safeguard them from poor outcomes, and consequently, undermine care leavers choices and diminish employment opportunities. This discussion demonstrates that social identities of care leavers are relevant and must be simultaneously considered to better understand how their experience of inequity shapes their choices as they navigate structures/structural changes during their transition out of care. Their multiple identities make their situation more intricate, influence their choice, and expose them to more risks. Consequently, care leavers need to work harder trying to cope with the competitive nature of society given the lack of support from formal (e.g., child welfare) and informal (e.g., family) networks. Thus, within the context of employment, this discussion highlights what choice looks like for a marginalized and vulnerable population as they

exercise their choices while negotiating their individual identities and broader contextual frameworks.

5.2.2 Navigating New Structures Increase Risk of Social Marginalization

This section shows that the decline in restrictions and guidance from child welfare structures and care leavers navigating new and other structures are features of social change that increase individualization and risk of social marginalization. Drawing on Crenshaw's intersectional theory and Beck's individualization theory, I suggest that after the decrease in guidance from child welfare structures, care leavers were inevitably forced to navigate and situate their visible and invisible identities within new and additional structures (education, employment, family, criminal justice system), which are elements of social change that exposed care leavers to long-term consequences. Thus, the transition from the child welfare system can be described as heightened individualization (a do-it-yourself biography with lack of support/guidance) and risk of social exclusion. Consistent with existing research (Gomez et al., 2015; Jackson & Cameron, 2012), young adults in this study reported the lack of adequate preparation and skills for transition out of care and self-sufficiency. Regardless of care leavers' vulnerability, social context, and inseparable identities, systems of power have the expectation for care leavers to navigate their transition the same way as other or middle-class populations. Insights from intersectionality (Couture et al., 2012; McCall, 2005; Yuval-Davis, 2006), recognize that care leavers possess inseparable social differences relating to socio-economic status, age, gender, race, and ethnicity, along with unfortunate circumstances before, during, and after care (e.g., abuse, neglect, violence, etc.) that played a role in their transition out of care.

Despite the complexities of care leavers intersecting social identities and invisible experiences, insights from Beck's work emphasize that young adults' responsibility to navigate

risky situations and fragmented structures are individualized. This increased individualization with no guidance often makes care leavers more vulnerable as well as heightens uncertainties and the likelihood of social marginalization. To restate, collective social structures, particularly family, education, and employment that previously shaped individual biographies (in first modernity), transformed and look different in second modernity. This does not indicate that these structures do not hold a major importance in second modernity. However, the responsibility to navigate social structures no longer hinges on collective patterns, instead it is based on individual choices that are constrained because of the competitive nature of contemporary society (Beck 1992; Beck & Beck-Gernsheim 2002; Beck & Willms 2004). It should be noted that although the wide variation in social structures offers more flexibility, new opportunities, and different choices, it did not make it easier for individuals including care leavers to navigate these structures that increase their uncertainties and risks. Therefore, individualization theory enhances understandings about the inequitable demands that are imposed on care leavers to navigate transitions that are non-linear, accelerated, extended, fragmented, and reversible. On this note, it is essential to understand that individuals transitioning out of care may on an individual level encounter a lack of certainties while attempting to make decisions relating to education, employment, and other vital features necessary to navigate and shape their trajectories. By contrast, Crenshaw's intersectionality theory suggests the presence of barriers excludes care leavers from opportunities that can shift their trajectories in an upward direction. Fundamentally, the intersectional individualization lens presents a framework that draws attention to the intersection of the decrease in constraints from child welfare structures, appearance of other structures, inadequate guidance from new structures, as well as inequity and discrimination caused by social identities and invisible experiences. This

confluence of factors shapes care leavers' transition out of care and increases their vulnerability and risk of marginalization.

5.2.3 Reducing the Gap Between the Micro and Macro-level

In this section, the intersectional individualization lens argues that reducing the gap between the micro and macro-level could lessen care leavers' risk of poor outcomes. Combining insights from intersectionality and individualization helps to build the intersectional individualization lens, which allows intersectionality to offer a micro-level understanding to Beck's macro-level theorizing in a fashion that makes it relevant to the experiences of individuals transitioning out of the child welfare system. While Beck (2007) describes individualization as a "macro-sociological phenomenon" (p. 681), O'Connor (2019) and Woodman (2009) note that it is rather unclear how it impacts diverse populations' experiences and understandings within a practical context. Thus, I suggest that it is vital to focus on the structured systems including child welfare, education, employment, housing, and criminal justice that make decisions for this population (macro) and the experiences of care leavers who are confronted with negative outcomes or risk of negative outcomes (micro) as they navigate these structures. For example, Rambajue and O'Connor (2021) contend that "life experiences before, during, and after care" (p. 11) play a significant role in the choices care leavers make and how they shape their identities. While interacting with structured systems, individuals with child welfare experiences "learn socially acceptable behaviors that shape their identity and allow them to assimilate into the structures" (Rambajue & O'Connor, 2021, p. 11). For example, young adults in this study expressed experiences linked to instability such as frequent home and school changes, disruption in relationships and education, and homelessness. Together, these experiences, their multiple,

overlapping identities, and their interactions with power structure influence their transition out of care.

Using an intersectional individualization lens helps to examine responses at the micro and macro levels to understand how care leavers interact with and navigate systems of power. The data suggest that regardless of care leavers social identities (e.g., race, ethnicity, or gender), invisible experiences (e.g., low level of academic achievement, unemployment, or mental health challenges), and the nature of power structures, the expectation is that they obey, quickly adapt, and maintain standards established by power structures. During care, individuals were required to adhere to orders (e.g., plan of care meeting attendance, frequent worker, home, and school changes, academic decisions, limited or no family access, curfew, set menus, and time for bed, shower, meals, and laundry) made by child welfare and other power structures with limited freedom of choice and flexibility. Consistent with previous literature (Gaskell, 2010; Southwell & Fraser, 2010; Ten Brummelaar, Harder, Kalverboer, Post, & Knorth, 2018; van Bijleveld, Dedding, & Bunders-Aelen, 2013), care leavers frequently voiced that they had limited or a lack of opportunities to make important decisions about their lives while in care and transitioning out of care. For example, in this study, young adults recalled experiences of not having the opportunity to make important decisions about their education, feeling institutionalized, not having a normal life, finding it hard to follow restrictions, adhering to decisions made by CAS about their lives, and facing challenges regarding their identities.

From care leavers' experiences, child welfare structures seem to look like the first phase of modernity (traditional society) as described by Beck (1992) where people had more restrictions than autonomy and choices. Adding an intersectional lens (Crenshaw, 1989, 1991) exposes issues surrounding inclusivity and equity within the structures of child welfare. For example, DeFinney

et al. (2011) and MCYS (2016) convey that norms linked to ethnicity and race are often imposed on children and youth in care to reflect those of the White service culture. Under circumstances relating to oppression, exclusion, or lack of cultural awareness, those opposing the rigid structures of child welfare are often considered difficult and disruptive. As a result, sometimes consequences are imposed upon them and/or recommendations are made for them to attend intervention programs to correct their “problem behaviour” to mirror those of the normative culture (DeFinney et al., 2011). For example, as previously stated, young adults in this study mentioned having to frequently change workers, schools, and homes as consequences for actions deemed problematic. Considering the limitations mentioned, Beck’s (1992) work suggests that when individuals abruptly leave care, they are expected to immediately navigate their life out of care with limited structural guidance, while the intersectional framework shows that regardless of their identities, abilities, needs, or lack of readiness for transition, they must leave care by age 18. Collectively, individualization and intersectionality theory form an intersectional individualization lens that captures nuance and invisible social experiences as well as social structures that interact with care leavers.

To reiterate, care leavers often experience risk of multiple poor outcomes. For example, in this study, young adults who were confronted with homelessness or the risk of homelessness, also experienced injustices in other areas such as education, employment, mental health, and social relationships. With the focus on care leavers’ homeless situation, it is crucial to pay attention to the micro and macro level responses as well as the overall economic and social injustices that occurred in their lives. This type of critical lens provides a holistic view of the numerous economic and social injustices that normalize care leavers’ experiences of homelessness and increase the

visibility of their homeless situation. This suggest that changes and fragmentation in structures as well as inadequate support, cause tensions in care leavers' lives that lead to negative outcomes.

Care leavers' narratives demonstrated that there is a link between the micro and macro level. For example, restrictions, no options to make important decisions, or limited or no support at the macro level impacted care leavers' lives and increased their risk of poor outcomes in areas such as education, employment, and housing. Therefore, an intersectional individualization lens recognizes that the micro and macro levels are interconnected and fluid. However, the data suggests that there is a dichotomy between the two, and thus this discussion attempts to narrow the gap between the micro and macro-level. This kind of approach provides a deeper understanding of reasons why care leavers are likely to face poor outcomes. Thus, intersectional awareness and capabilities are important at the macro level to combat complex issues surrounding discrimination, oppression, and marginalization.

5.2.4 Structural Changes and One-size-fits-all Outcomes

Finally, the intersectional individualization lens attempts to show how structural changes and a one-size-fits-all approach could increase reflexivity and risk of poor outcomes. Realistically, a one-size-fits-all-approach to care leavers is limiting, because it fails to acknowledge areas of difference and assumes that all individuals transitioning out of care have the same multiple, intersecting identities, needs, and aspirations. Therefore, limited or no guidance from child welfare structures together with a one-size-fits-all approach for care as well as preparation and transition out of care are likely to increase care leavers' reflexivity and risk of poor outcomes. It should be noted that while this population's transition out of care is mandatory, there is no defined destination for their transition out of care. Thus, I argue that together, structural changes, a one-size-fits-all approach, and risk of poor outcomes "influence care leavers to reflect (think) on these

circumstances, and consequently, forces them to be reflexive (act) to avoid risks and shape their lives” (Rambajue & O’Connor, 2021, p. 13).

According to Cortois and Laermans (2018), Beck’s theorizing partially situates young adults within a homogeneous framework, which seems to align with claims indicated in a Canadian report by the Ministry of Child and Youth Service (MCYS) (2016). As per this report, LGBTQ2S and Black youth conveyed that their “identities and aspirations fall outside of the normative structures [of the child welfare system which often made them] feel unsafe, unwanted and abandoned by what they characterize as a [White and] hetero-normative service culture” (MCYS, 2016, p. 76). Understandably, a one-size-fits-all approach not only requires clear guidelines and guidance on implementation and accommodation, but also adequate funding. Thus, in accordance with the Canadian report, I suggest that possibly because of inadequate knowledge and/or resources due to funding, the child welfare system resorts to a more feasible approach (i.e., one-size-fits-all) with the aim to foster the best interests of everyone. Drawing on an intersectional lens, a homogenized structure (i.e., one-size-fits-all) is insufficient because it focuses on sameness and fails to acknowledge care leavers’ individuality with respect to areas of strengths, needs, and priorities, as well as categories of social difference such as age, gender, race, ethnicity, and class.

A combination of concepts from intersectionality (e.g., unique life experiences shaped by multiple, intersecting, and inseparable identities) and individualization (e.g., structural change, risk, reflexivity) form a component of an intersectional individualization lens, which recognizes care leavers’ individual responsibility to navigate their transition out of the child welfare system. Structural changes, as well as failure to provide care leavers with fair opportunities for independence, such as learning relevant skills and accessing adequate resources often increase uncertainties, which eventually force care leavers to become more reflexive as they navigate life

out of care. On this note, this dissertation suggests that even if young adults have the reflexivity and capacity to navigate risks of poor outcomes and systems of power provide adequate supports/opportunities to improve transition, failure to acknowledge nuances of experiences including multiple, intersecting categories of social difference are indications that power structures are providing equal, but not equitable supports.

Thus, this dissertation argues that structures and supports that ignore individual differences have the potential of increasing care leavers' vulnerability and failing to proactively avoid their social marginalization. Inevitably, a one-size-fits-all-approach can expose care leavers to injustice that can eventually compel them to become more reflexive as they attempt to navigate their transition. Despite being reflexive, the inadequacy of equitable supports (i.e., one-size-fits-all) could increase uncertainties and additional risks of poor outcomes. Therefore, systems of power have a shared responsibility to pay attention to care leavers' experiences, vulnerabilities, social identities, and relevant areas of difference. Doing so can increase the power structures' ability to offer differentiated resources and supports to help prepare individuals for transition out of care and a path where constraints decrease, choices increase, and risk of negative outcomes diminish.

5.3 Limitations

The descriptive and theoretical insights of this study offered more nuanced understandings of reasons why care leavers fare so poorly after they transition out of care. Nevertheless, Gray (2013) asserts that “no research is perfect, and it is important that researchers themselves identify and are honest about the weaknesses and limitations of their own research” (p. 61). Though this study recognizes the value of collecting rich thick data and confirming the validity (credibility) and reliability (dependability) of findings, it is worthwhile to mention the following limitations. First, this methodology lacks statistical data; therefore, testing for statistical significance is

impossible and some may disregard the findings as subjective data with limited credibility (Gray, 2013). Second, this study uses only semi-structured interviews, and hence, acknowledges the lack of triangulating findings by not using multiple methods to collect data and not spending time in the research setting to advance understandings of the study. While these were not feasible, this study recognizes that triangulation allows for capturing different dimensions and increasing the depth of authenticity and knowledge in investigation (Creswell, 2013). Third, reliability is questionable since there is no guarantee that this study would yield consistent findings even if repeated with the same participants and interviewer (Creswell, 2013). While the findings align with the literature on care leavers' experiences and are applicable to the larger context, it is difficult to show its reliability.

Fourth, the 21 participants in this study resided in specific cities in the Greater Toronto Area, which suggests that the dynamics of transition of other care leavers may differ along several dimensions in other cities, provinces, and countries. While there was no selection bias in the purposive recruitment technique, it is likely that only participants who maintained positive relationships with the two partnership organizations and needed support were interviewed. Thus, this limited the possibility for contrary results. Additionally, the use of the snowball recruitment technique may have generated participants within similar geographical locations and experiences, which also limited the possibility for differing perspectives. Therefore, the experiences of this group of care leavers may not be transferable to represent care leavers in other locations and with differing lived realities.

Fifth, drawing specific conclusions surrounding care leavers' risk of negative outcomes is beyond this small number of participants. This also limits the ability to generalize the results to the broader population of care leavers with the same level of certainty as quantitative analyses

(Marshall & Rossman, 2013). Consequently, researchers (Denzin & Lincoln, 2008; Parry & Weatherhead, 2014) suggest exercising extreme caution when drawing broad conclusions. Initially, the plan was to interview at least 30 care leavers between the ages of 18 to 25 years or conduct interviews until data saturation approached. Care leavers are a hard-to-reach population. Because of the difficulties involved to access them, I extended the age limit to 27 years old, which allowed me to interview individuals within this age range who showed interest in this study. Challenges to access care leavers further increased during the height of the COVID-19 pandemic, and eventually made it impossible to recruit more participants. Through the inductive coding and analysis, I recognized that new insights and additional coding were no longer emerging, which is a sign of data saturation. This corroborates with the notion of some scholars (Creswell, 2014; Marshall, Cardon, Poddar, & Fontenot, 2013) who suggest that for studies of this nature, 20 to 30 interviews are reasonable for achieving saturation and that saturation is a valid method of deciding the size of a sample. It should be noted that the goal of this study is not to focus on quantity but quality of responses, and therefore, evidence of data saturation is a credible way to determine that a sample size of 21 care leavers is appropriate (Creswell, 2014; Marshall et al., 2013).

Sixth, the 21 young adults who participated in this study were not a homogeneous group. Thus, it is important to consider that during the process of exploring care leavers' perspectives, differences linked to their individual abilities, experiences, and social identities (Fassinger & Morrow, 2013) may have influenced their responses. For example, even though participants may have similar experiences, the way they perceive and articulate their realities may be different (Creswell, 2014). In addition, this dissertation's findings are based on the perceptions of a vulnerable population (i.e., care leavers) who conveyed personal experiences in the way they perceived or remembered them. The fact that participants shared experiences that span across

several years make it relevant to consider the potential for retrospective memory bias (possibility of some inconsistent recall of past details about their lived experiences) (Beckett, Vanzo, Sastry, Panis, & Peterson, 2001; Lalande & Bonanno, 2011). Next, although participants seemed to understand my role in this study, it is vital to consider that the power imbalance between the researcher and participants may have influenced participants' responses. Considering the above, the possible stigma associated with living in care, care leavers' negative experiences, along with my group home employment experience with this population, I must acknowledge the probable existence of partiality within this research. While I believe that the participants provided honest responses (the transcripts read similarly and align with previous literature; in fact, participants shared an abundance of negative experiences as illustrated in the literature), Creswell's (2014) notion that researchers' presence may influence participants to respond in a certain way, makes it vital to consider the potential for social desirability bias as a limitation during the data collection phase (Bergen & Labonté, 2020; Cerri, Testa, Rizzi, & Frey, 2019).

Social desirability bias refers to when participants purposefully provide responses that do not mirror their lived realities but are viewed as socially appropriate by others. For example, participants who may feel embarrassed about circumstances such as low academic achievement, criminal justice involvement, or homelessness, may feel pressured to mask the true nature of these negative experiences or rationalize them. Based on insights from Creswell (2014) as well as Bergen and Labonté (2020), socially desirable responses are problematic, because they can lead to both underestimation and/or overestimation of care leavers' lived realities. For instance, some individuals did not volunteer specific details in relation to their interactions with the criminal justice system. In addition, the fact that I never lived in care and the data derived from care leavers' perspectives, I cannot claim that I know what is precisely happening on the ground. While this is

a probable limitation, I much acknowledge the potential for validity, since the transcripts read similarly, and the findings are consistent with much of literature across decades and nations. Current literature lacks care leavers' voices and generally portrays care leavers as a population who experience negative outcomes in a variety of areas. In contrast, this study includes care leavers' voices and engages in a discussion about their lived realities, which indicates that the child welfare system failed these participants for the most part. Thus, this research adds richness and deeper understandings to how care leavers navigate life from the child welfare system to the larger community.

Overall, the limitations discussed may make it seem unreasonable to claim that the findings are a fair representation of the issues and experiences of young adults who transitioned out of the child welfare system. Nevertheless, this research accomplished the goal of qualitative research by providing rich detail on experiences and deep understandings of the lived realities linked to a group of care leavers (Creswell, 2013). Considering that the pandemic struck during data collection, 21 interviews are reasonable to reach saturation (Creswell, 2014; Marshall et al., 2013), this segment of the population is hard-to-reach, and care leavers' voices are limited in the literature, this research is valuable, because it adds care leavers' understandings and provides a theoretical framework that is missing from much of the research on care leavers. Drawing on Creswell (2013), a written document that comprises participants' voices, as well as a description and an interpretation of a problem are contributions to the literature, which have the potential to drive change. Therefore, this dissertation's examination of care leavers' experiences of negative outcomes through a theoretical lens offers the type of knowledge that can guide our thinking and contribute insights that will lay the groundwork for future research, theorizing, and possible practice.

5.4 Implications for Future Research, Theorizing, Policy, and Practice

The examination of previous literature and the findings from this study reveal some potential implications for future research, which suggests that it is vital for researchers to pay critical attention to the voices of care leavers. Doing so can drive a different way of thinking and inspire researchers to contribute by exploring capabilities to seek funding, collaborate with gatekeepers, as well as broaden research strategies and methods to include, rather than exclude a larger and more diverse group of young adults who transitioned out of child welfare in research (Schelbe et al., 2015). Therefore, at a system level, the government should make investments to consistently include this population in research. Future research should specifically focus on children, youth, and young adults' first-hand experiences and needs when they enter care, during care, and after care with the use of longitudinal studies and integrate relevant theories to deepen understandings. More specifically, researchers should make sure that they include research participants from a broad range of social identities including but not limited to race, ethnicity, and gender to increase the likelihood of gathering a diversity of perceptions and experiences. Additionally, research questions should seek to explore invisible experiences and how areas such as structural changes, systems of power, social locations, risks, and choices impact care leavers on an individual level as they navigate their transitions out of care. Such research approaches can capture different dimensions and increase the depth of authenticity and knowledge that can be used to communicate with relevant audiences (Rambajue & O'Connor, 2021). Further, I encourage other researchers to continue theorizing the experiences of care leavers with a major focus on how structural changes, limited or no guidance/supports, as well as their intersectionality (e.g., age, gender, race, and ability) and invisible experiences (e.g., low academic achievement, mental health illnesses, criminal justice involvement, etc.) influence care leavers' transition out of care.

This study addressed gaps in research by gathering and reporting care leavers' qualitative experiences and extending the care leavers transition literature with the use of an intersectional individualization lens that increased understandings of care leavers' intricate lived realities. While this study increases awareness of challenges and risks linked to this vulnerable population, it also revealed the possibility for this social justice lens to inspire policy, practice, or elicit specific questions (see next paragraph) for practitioners to consider. The findings (descriptive and theoretical interpretation) in this study are valuable in informing Children's Aid Societies and other systems of power that provide services to children and youth in care and those transitioning out of care. Insights from Fassinger and Morrow (2013) suggest that engaging this marginalized group in research and adding their authentic voices can bring about awareness of their disadvantage, which is a powerful impetus to decrease stereotypes and increase social change. For example, it can inform policymakers and help practitioners to tailor alternate provisions to combat systemic issues surrounding individuals with child welfare experiences (Samuels & Pryce, 2008). Addressing systemic factors that contribute to care leavers' marginalization can provide an equitable approach that gives care leavers opportunities for success, which can help to deter them from negative outcomes and boost their ability to attain self-sufficiency.

To reiterate, while critically locating care leavers' experiences within an intersectional individualization lens, this study contributes a more nuanced understanding that can inspire systems of power to take a social justice approach that has the power to mitigate the impact of care leavers' transition out of the child welfare system. More specifically, viewing the findings through an intersectional individualization lens emphasizes the significance of a heterogeneous model of care, preparation for transition, and transitional supports. Additional implications lie in the following questions for practitioners to consider. For example, does the child welfare system have

the capacity to proactively support children and youth as a heterogeneous group, rather than a homogeneous group? How can child welfare data on race, ethnicity, gender, and other social markers help us better understand the needs of care leavers? What factors will predict care leavers' risk of negative outcomes due to transition? How can the child welfare system adapt a less restricted approach and give youth the power to demonstrate their capabilities to navigate transition out of care before their abrupt discharge from the system? How can the system that has the most control decrease the risk of negative outcomes? Are the increases in funding supports geared too much toward fixing children and youth, rather than improving the child welfare system toward an equitable approach? Thinking about these questions, it is imperative to emphasize that for the child welfare system to execute a policy without clear guidelines and guidance on implementation and accommodation, can lead to policy failures and fragmented execution. Therefore, additional empirical research is necessary in connecting this theorizing to work being carried out within the practical context.

5.5 Conclusion

This analysis relied on first-hand experiences of young adults who transitioned out of the child welfare system. I examined care leavers' risk of negative outcomes through a theoretical lens, which to date is an underdeveloped area in research. As previously specified, existing literature is generally empirical, includes a gap where care leavers' voices have been consistently unaccounted for, particularly in Canada (Jones & Kurk, 2005; MCYS, 2016), and evidently lacks adequate theoretical advancement (Berridge, 2007; Berridge 2017; Forsyth, 2017; Rambajue & O' Connor, 2021; Stein 2006). In this regard, much of the extant literature portrays care leavers as a segment of the population who often lack resilience, fail to take individual responsibility, and are increasingly distinguished by the enduring risk of negative outcomes. In comparison, this study

not only includes care leavers' authentic voices but moved beyond descriptive analysis whereby it used a social justice lens (i.e., intersectional individualization) to view care leavers' lived realities. This type of lens created a platform with insights that illuminated reasons why care leavers fare so poorly in many life domains (e.g., education, employment, housing, criminal justice system, social relationships, and mental health), particularly after the removal of the restrictive child welfare structure. The use of this social justice lens offered a more robust and holistic understanding of how the changes in social structures, limited structures, issues of inequity, invisible experiences, as well as multiple, interconnecting, and inseparable identities shape care leavers' lived realities in a fluid context that allows risk of marginalization and negative outcomes to persist.

The intersectional individualization lens used in this study demonstrated that previous analysis lacks the capacity to expose care leavers' failures as not a lack of personal responsibility to navigate their transition, but rather it is a result of systemic approaches of control that make care leavers feel powerless. Therefore, in comparison to previous work, this theorizing adequately considers that the intricate overlapping of structural changes, social context, and care leavers' multiple, intersecting identities (including, but not limited to, race, gender, ethnicity, and class) shape care leavers' experiences. These experiences influence care leavers' choices and abilities as they try to adapt and reflexively navigate systems of power and the risk of negative outcomes. These complexities along with the fluid movement and individualized nature of care leavers' transition out of care increase their vulnerability, and thus, heightens the risks of marginalization and social exclusion. Considering that this analysis derived from the voices of the participants in this study, which speak to the issue of social justice and is consistent with previous literature, I assume that without an alternative approach guided by a theoretical lens to address care leavers' heightened risks of negative outcomes, these findings will persist across Canada and globally.

While this may seem like an inflated assumption, it is paramount to acknowledge that care leavers are a vulnerable and marginalized population, their experiences change in a very fluid manner, they experience many areas of disadvantage, and thus, without a social justice approach, poor outcomes become a lived reality for individuals transitioning out of the child welfare system. Therefore, the social justice lens used in this study has implications for informing and reminding systems of control together with child welfare advocates that care leavers are a group who are marginalized and vulnerable to inequities. For example, circumstances such as overlapping identities, abuse, neglect, low academic achievement, unemployment, mental disorders, and lack of family supports can increase care leavers' risk of negative outcomes and decrease their potential for long-term prosperity. In terms of a social justice approach, systems of control need to engage beyond the labels, care leavers or children and youth in care and include intersectional identities and experiences to address issues of equity. Being cognizant of structural changes as well as the impact of inequities with respect to experiences and intersectional identities can help with the development of structural systems that are more inclusive and responsive to the needs of individuals with child welfare experiences. This type of lens suggests that policies and practices must first focus on fixing the system toward an equitable approach, which can decrease risks, increase choices, and ultimately improve care leavers' lives on the ground.

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APPENDICES

Appendix 1. Recruitment Poster

Are you **18-25** years of age?

Looking for young adults to participate in one face-to-face interview to talk about their experience transitioning out of the child welfare system. You will have a chance to discuss your perceptions of different areas of your life including education, employment, housing, and relationships.

- ❖ This study has been reviewed by the Ontario Tech University Research Ethics Board (REB #15217) and originally approved on March 11, 2019.
 - ❖ If you are interested in participating and/or have any questions regarding the research study, please contact the researcher Rajendra Rambajue at 905-621-4127 or rajendra.rambajue@ontariotechu.net
 - ❖ Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to the Ontario Tech University Research Ethics Board through the Research Ethics Officer at 905-721-8668 ext. 3693 or researchethics@ontariotechu.ca
- ❖ A \$20 thank you gift card will be provided.

Appendix 2. Recruitment Request

Request Letter/Email

Dear _____:

Rajendra Rambajue, a Doctoral Candidate at the Ontario Tech University is conducting a research project to find out how individuals who exit care understand their transition out of the child welfare system. Rajendra would like to interview young adults 18 – 25 years old.

As a participant, you will have a chance to freely express your thoughts regarding different areas of your life including education, employment, housing, and relationships. This information will make a difference in understanding the experiences, strengths, needs, and priorities for youth and young adults transitioning out of care.

The interview will be approximately 60 minutes in length and take place in a private space - only you and the researcher will be present. The information you provide will be kept confidential and your name will never be recorded. Once the interviews with all the participants are completed, your responses will be combined and reported in a group form so no one can be identified.

You will have the right to refuse to participate and the right to withdraw at any time during the interview. You will have the right to refuse to answer any questions that make you feel uncomfortable and the right to stop the interview at any given time.

This study has been reviewed by the Ontario Tech University Research Ethics Board [REB # 15217] and originally approved on March 11, 2019.

If you are interested in participating and/or have any questions regarding the research study, please contact the researcher Rajendra Rambajue at 905-621-4127 or rajendra.rambajue@ontariotechu.net.

Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to the Research Ethics Board through the Research Ethics Officer at 905-721-8668 ext. 3693 or researchethics@ontariotechu.ca.

You will receive a \$20 Walmart gift card in appreciation for your participation.

Thank you for your interest in this study.

Appendix 3: Interview Guide

1) Introduction

- Thank you for coming. Reiterate what this research project is about.
- Remind participants that the interview is being recorded and review the informed consent form including plans for transcription, the de-identification (use of pseudonym) of this recorded data, right to refuse to participate or answer a question that might make you feel uncomfortable, and the right to withdraw.
- Inform participants that for privacy reasons, to avoid using names of individuals, places of employment, or any information that may serve as a link between participants or anyone and confidential information.
- I am interested in hearing from you about your experiences since you left care. There are no right or wrong answers.
- I am just looking for your honest perspectives on how you understand your transition out of the child welfare system.

Can you tell me a bit about yourself? (Probe: Job, how long have you lived in (insert community name))

2) Educational Experiences

Tell me about your experiences with school (Probe: Good things? Not so good things? Bad things? What did you do to overcome your challenges? What does education mean to you? What was your proudest moment? Who supported you? What other supports have you had? Why didn't you continue your education? How many schools did you attend? Why did you change school(s)? How was your experience changing schools? What could have been done differently to help you with school? What does success at school mean to you? How was your relationship with teachers/peers? Did you participate in co-curricular activities?)

3) Employment Experiences

Tell me about your experiences looking for work or working (Probe: Successes? Challenges? Types of job? Pay? Location? Hours? Options? Who helped you? Did you work while in care? What do you wish you had done differently? What do you think can make it easier for you? What are your plans to improve your employment?)

4) Relationships

How would you describe your relationship with (use names of individuals mentioned in Q 1 and 2)? (Probe: Your birth family? Adopted family? Foster family? Workers? Children? Spouse? Relatives? Friends? Most important people? The closest people to you? Why? Who helped you the most since you left care? Did anyone else help you? What supports did you receive from them? Who can you depend on? Who would you call if you need help? What does family mean to you? Who would you consider family? What about friends? Why? With who do you spend most of your time?)

5) Housing

How do you feel about your living situation since leaving care? (Probe: Positives? Negatives? Concerns? Where did you go when you transitioned out of care? Who do you live with? Living situation better or worse than before? Why? Location? Comfort level? Condition of living space? Cost? Who pays the cost for housing? What options do you have? What housing supports have you had?)

6) Criminal Justice System Involvement

Have you had any interactions with the Criminal justice system (police, corrections, courts, etc.)? (Probe: When was the first time? How did it happen? Who called the police? Why? Impacts? Other times? Why? Outcomes? Who supported you? What could have been done differently? How could any of the interactions been avoided? What could have been done specifically to avoid interaction with the police?)

7) Experiences in Care

Overall, how would you describe your life in care? (Probe: Successes? Challenges? Most difficult experiences? Best experiences? Choices? Freedom? Opportunities? Lack of opportunities? Barriers? How did you deal with your problems?)
What do you wish had been in place to make your experience better?
What do you think might have helped you to cope better in care?
What advice would you give to someone who is living in care?
What role do you think the Children's Aid Society played in your life living in care?

8) Life since Leaving Care

Overall, how would you describe your life since you left care? (Probe: Successes? Challenges? Most difficult experiences? Best experiences? Choices? Freedom? Opportunities? Lack of opportunities? Barriers? How did/do you deal with your problems?)
What do you wish had been in place for you when you transitioned out of care?
What do you wish you had known before you transitioned/during transitioning out of care?
What do you think might have helped you to better transition out of care?
What advice would you give to someone who is transitioning out of care?
What role do you think the Children's Aid Society played in your transition out of child welfare?

9) Theory

How do you think your different identities shape your experiences? (Probe: Your gender/race/ethnicity/age/citizenship/criminal justice involvement? Lack of family structure? Good things? Bad thing? Challenges? Benefits?)

10) Demographic Information (Questions in this section will only be asked if not answered above)

I'd just like to get some basic demographic information from you in order to get a sense of the participants in this study.

What is your age? What is your gender preference? What is your marital status? What is your annual income? Approximately how many hours per week do you work? With which racial and ethnic categories do you identify? With what denomination or faith tradition do you most closely identify? How long have you lived in Canada? In which country were you born? What is your highest level of education? How many elementary schools have you attended? How many high schools have you attended? How many years have you lived in care? Why did you leave care? How many places have you lived since you left care?

11) Conclusion

Before we finish, I would like to thank you for participating in this interview. If you have any additional information that I did not ask about and you think is important for me to know, please feel free to talk about it. Do you have any questions for me?

I also wanted to remind you that this is the last opportunity to withdraw from the study. If you would like to do so, please let me know.

Also, if you have any questions about this study, please feel free to ask the researcher at this time.

If you are upset about anything we talked about today, you can speak with your worker and/or call the Distress Centre Durham helpline at 905-430-2522. The helpline operates 24/7.

Appendix 4. Script for Responding to Interested Participants

Thank you _____ for your interest in participating in this research project: **Young Adults' Understandings of their Transition out of the Child Welfare System**. I have attached a letter of informed consent that more fully explains the research project. Please read over the informed consent and let me know if you have any questions.

I will follow up with you within two weeks to discuss the days/times that you might be available to participate in a face-to-face interview. In the meantime, if you have any questions or need more information, please feel free to contact me.

Before the interview begins, the informed consent form will be reviewed with you, and you will have an opportunity to ask any questions you might have. At that time, you can choose to continue the interview or withdraw with no consequences to you.

Thanks

Rajendra Rambajue

Appendix 5. Informed Consent Form

Title of Research Study: **Young Adults' Understandings of their Transition out of the Child Welfare System**

You are invited to participate in a research study entitled: **Young Adults' Understandings of their Transition out of the Child Welfare System**. This study has been reviewed by the Ontario Tech University Research Ethics Board [REB # 15217] and originally approved on March 11, 2019. Please read this consent form carefully, and feel free to ask the Researcher any questions that you might have about the study. If you have any questions about your rights as a participant in this study, please contact the Research Ethics Coordinator at 905-721-8668 ext. 3693 or researchethics@ontariotechu.ca.

Researcher: Rajendra Rambajue PhD. Candidate, Criminology & Social Justice Faculty of Social Science and Humanities Ontario Tech University 2000 Simcoe St. North, Oshawa, ON L1H 7K4 Email: rajendra.rambajue@ontariotechu.net Phone: 905-621-4127	Principal Investigator and Supervisor: Christopher D. O'Connor, PhD. Assistant Professor of Criminology Faculty of Social Science and Humanities Ontario Tech University 2000 Simcoe St. North, Oshawa, ON L1H 7K4 Email: Christopher.O'Connor@ontariotechu.ca ; christopher.oconnor1@ontariotechu.net Phone: 905-721-8668 ext. 5882
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Purpose and Procedure:

The purpose of this research project is to explore young adults' understandings of their transition out of the child welfare system. The goal is to gain a better understanding from care leavers about their perspectives of their outcomes after leaving care. You will be asked to take part in a one-on-one interview (face-to-face, online or by telephone) lasting approximately 60 minutes. During this time, you will be asked questions about your thoughts regarding different areas of your life including, but not limited to, education, employment, housing, criminal justice system involvement, and relationships. With your consent, I will audiotape the interview. The audio recordings will be used only for the purpose of transcription.

Potential Benefits:

You will not benefit directly from participating in this study. However, participating in this study can provide you an opportunity to speak about your experiences transitioning out of care. Findings from this research have the potential to inform others of the experiences, strengths, needs, and priorities for youth and young adults transitioning out of care.

Potential Risk or Discomforts:

You should know that there is a risk that during the interview uncomfortable experiences or situations from your past can come up. You do not have to answer questions or talk about the

things that might make you feel uncomfortable. If you feel any discomfort when talking about your personal experiences, you are free to pause or stop the interview at any given time.

Storage of Data:

Interview transcripts and recordings will be stored on Google Drive. Only the researcher will have access to these documents. The data will be stored for a maximum of 10 years following the completion of this research and will be destroyed after that point.

Confidentiality:

The information you provide will be kept confidential. The information you provide about your experiences will be used in presentations and publications but names or identifying information will never be used. A pseudonym will be used in place of your name. Once the interviews with all the participants are completed, your responses will be combined together and reported in a group form so no one can be identified. Your privacy shall be respected. No information about your identity will be shared or published without your permission, unless required by law. Confidentiality will be provided to the fullest extent possible by law, professional practice, and ethical codes of conduct. Please note that confidentiality cannot be guaranteed while data are in transit over the Internet.

You should know there is one exception to confidentiality. If you tell me that physical or sexual abuse has happened or is happening to a person under the age of 16, it is my legal obligation to report the abuse. I will support you to report it to your worker or the police.

Right to Withdraw:

Your participation is voluntary, and you can answer only those questions that you are comfortable with answering. The information that is shared will be held in strict confidence and discussed only with the research team. You have the right to refuse to participate and the right to withdraw at any time during the interview. If you withdraw from the research project at any time, any data that you have contributed will be removed from the study and you do not need to provide any reason for making this request. You will be given information that is relevant to your decision to continue or withdraw from participation. Once you complete the interview, the information you have provided will be retained. If you choose to withdraw during the interview, all associated data you provided up to the withdrawal point will be immediately destroyed. Your decision to withdraw or not to participate will not harm you in any way.

Compensation:

You will receive a \$20 Walmart gift card in appreciation for your participation.

Debriefing and Dissemination of Results:

After the interview you will have a chance to debrief with the researcher, but remember the researcher is not a counsellor. If you are upset about anything, we talked about today you can speak

with your worker and/or call the Distress Centre Durham helpline at 905-430-2522. The helpline operates 24/7. If you would like a copy of the final report on this research project, please leave an email address with me, and I will send you a copy once the study is complete. This email address will in no way be connected to your responses and will be stored on Google Drive in a separate folder. Only the researcher will have access to the folder and your email address.

Participant Concerns and Reporting:

If you have any questions concerning the research study or experience any discomfort related to the study, please contact the researcher, Rajendra Rambajue, at 905-621-4127 or rajendra.rambajue@ontariotechu.net.

Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to the Ontario Tech University Research Ethics Board through the Research Ethics Coordinator or 905-721-8668 ext. 3693 or researchethics@ontariotechu.ca

By consenting, you do not waive any rights to legal recourse in the event of research-related harm.

Consent to Participate:

1. I have read the consent form and understand the study being described.
2. I have had an opportunity to ask questions and my questions have been answered. I am free to ask questions about the study in the future.
3. I freely consent to participate in the research study and understand that I may discontinue participation at any time without penalty. A copy of this Consent Form has been made available to me.

Name of Participant: _____

Signature of Participant: _____

Signature of Researcher: _____

Date: _____

Appendix 6. Thank you and Snowball Sample Recruitment Request

Thank You and Recruitment Request

Thank you for participating in this research interview: **Young Adults' Understandings of their Transition out of the Child Welfare System**. Please remember that if you are upset about anything, we talked about today you can speak with your worker and/or call the Distress Centre Durham helpline at 905-430-2522. The helpline operates 24/7.

I am looking to interview more participants between 18 – 25 years old who transitioned out of the child welfare system. Since you know what it entails to participate in this study, would you be willing to pass along a recruitment invitation to anyone who you think may be eligible and willing to talk about their experience transitioning out of the child welfare system?

You do not have to provide me with names for other potential participants. Instead, they can contact the researcher through the contact information specified on the recruitment invitation. There is no obligation for you to take or pass along this invitation, and there will be no penalty if you do not pass along this invitation. You will not receive any compensation for passing along this invitation. I will not tell potential participants whom you pass along this information to anything we talked about or that you participated. It is up to you if you want to tell them that you participated.

Thank you!

Appendix 7. Invitation for Potential Research Participants

My name is Rajendra Rambajue, a Doctoral Candidate at the Ontario Tech University, and I am conducting a research project to find out how young adults understand their transition out of the child welfare system. I would like to invite young adults 18 – 25 years old who transitioned out of the child welfare system to participate in one face-to-face interview to talk about their experience transitioning out of care.

As a participant, you will have a chance to freely express your thoughts regarding different areas of your life including education, employment, housing, and relationships. This information will make a difference in understanding the experiences, needs, and priorities for youth and young adults transitioning out of care.

The interview will be approximately 60 minutes in length and take place in a private space - only you and the researcher will be present. The information you provide will be kept confidential and your name will never be recorded. Once the interviews with all the participants are completed, your responses will be combined and reported in a group form so no one can be identified.

You will have the right to refuse to participate and the right to withdraw at any time during the interview. You will have the right to refuse to answer any questions that make you feel uncomfortable and the right to stop the interview at any given time.

This study has been reviewed by the Ontario Tech University Research Ethics Board [REB # 15217] and originally approved on March 11, 2019.

If you are interested in participating and/or have any questions regarding the research study, please contact the researcher Rajendra Rambajue at 905-621-4127 or rajendra.rambajue@ontariotechu.net.

Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to the Research Ethics Board through the Research Ethics Officer at 905-721-8668 ext. 3693 or researchethics@ontariotechu.ca.

You will receive a \$20 Walmart gift card in appreciation for your participation.

Thank you for your interest in this study.

Regards,

Rajendra Rambajue