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Transitions out-of-care: Youth with FASD in Manitoba[1]

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The purpose of this information sheet is to summarize the findings of researchers in Manitoba who investigated the case histories of youths with Fetal Alcohol Spectrum Disorder (FASD). These youths had been permanent wards of the crown, and had left state care because they were past the age for which it is provided under provincial legislation. This age limit is called the "age of majority." In Manitoba, the 18th birthday is the age of majority for those in child welfare care.

This information sheet is based on one of a series of reports[2,3,4] on children in the care of child welfare systems in Manitoba, carried out from 2004 to 2008 and funded by the Centre of Excellence for Child Welfare (CECW). Two other CECW information sheets in this series can be accessed here[5] and here.[6]

What is known about Fetal Alcohol Spectrum Disorder in Manitoba?

Fetal Alcohol Spectrum Disorder (FASD) encompasses a range of life-long disabling conditions that are caused by the effects of maternal consumption of alcohol during pregnancy on the developing fetus. Signs of FASD include inhibited growth, impaired fine motor skills, behavioural problems stemming from poor attention and poor impulse control, and cognitive difficulties such as learning difficulties, problems in memory, or poor judgement.

A diagnosis of FASD is often made between the ages of 4 and 14. Infants who have been exposed prenatally to alcohol can show listlessness, sleeping problems, irritability, and feeding difficulties. Difficulties with speech, language development and attention span are often identified in the preschool years. Poor attention, impulsivity, and hyperactivity often persist through childhood and adolescence, resulting in behaviour problems in school that can compound learning problems related to cognitive impairments. As adults, people with FASD are vulnerable to mental health problems, conflict with the law, alcohol and drug abuse, and problems with employment.

In Manitoba, the incidence of FASD has been estimated by some researchers to be 7.2 per 1,000 live births, and by others to be as high as 101 per 1,000 live births.[7,8]

Previous studies in this series found that 17% (n=963) of the children in care in Manitoba in 2004 had been diagnosed or were suspected of having FASD. Compared to other children in care, those with FASD in Manitoba:

- come into care at a younger age;
- are likely to come into care as permanent wards (86.9% of children in care with FASD came into care as permanent wards);
- spend a greater proportion of their lives in the care of child welfare agencies;
- have a high rate of co-occurring disabilities (88%), with 46% having a dual diagnosis of FASD and a mental health disability; and
- are more likely to be Aboriginal (94% of children in care with FASD were of Aboriginal origin).[9,10]

What does it mean to say that a youth has "aged out" of child welfare care?

In Canada, provincial/ territorial and, in some cases, First Nations child welfare systems have the responsibility to provide services to children who, for a variety of reasons, cannot

live safely at home. Usually this is because of their exposure to abusive or neglectful situations within their families, or because of the strong potential of such exposure. If a child welfare agency determines that a child is not safe at home, the agency will assume responsibility for the child either temporarily or permanently while it works with the family to resolve the situation. This is called "taking a child into care." A child becomes a permanent ward of the state when parents give up all their rights and responsibilities to child welfare authorities. Child welfare agencies arrange for these children to live with kin, foster families, or adoptive homes, or in licensed group home facilities.

Each province and territory sets its own age range for which child services are provided. Seven provinces and territories (Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Saskatchewan, the Northwest Territories and Nunavut) provide protective intervention services to children under age 16.[11] The remaining provinces and territories provide child welfare services to children up to age 18, with the exception of British Columbia, which provides them until the age of 19.[12] After they reach the age of majority as determined by their province/territory, the youths who have been in the care of child welfare systems are officially considered to be independent adults. Although many provinces and territories have support programs for youths who have been in care prior to the age of majority, these programs provide limited support. Further, this support is not ongoing, but rather ends at a predetermined age—18, 19, or in some provinces 21. In some jurisdictions, extended support programs are available to youth only if they have disabilities or other special circumstances. Youth leaving care after they reach the age of majority are said to have "aged out" of child welfare care.

What issues does transitioning to adulthood present for youth in care?

For most adolescents living in stable family situations, the process of achieving adulthood takes place over a number of years within a circle of support from family and friends. The age of leaving home has increased steadily over the last decade. In the United States, half of young adults aged 18–24 continue to live at home with their parents.[13] In Canada, 93% of 18-year-olds live with their parents, as do 57% of those between the ages of 20 and 24, and 41% of those aged 20–29.[14] Moreover, for many young people in the general population, moving out from their parents' home is a milestone, but it does not necessarily mark the end of dependency.

For permanent wards of the child welfare systems, however, the process of transitioning to adulthood is different. On their 16th, 18th or 19th birthdays (depending on which province or territory they live in), they "age out" of the system that has supported them both emotionally and financially. They must achieve independence earlier than their peers in the general population, and without many of the supports taken for granted by the general population. Factors that can impede the successful transition of youth in care into adulthood include:

- emotional and mental health problems stemming from their difficult life experiences, sometimes exacerbated by several residential placement changes, a resulting number of school changes, and lack of attachments to significant adult mentors;
- under-education (many do not complete high school); and
- financial problems due to under-employment or unemployment.[15]

Bearing the scars of their often traumatic pasts, youths transitioning from care are at increased risk of homelessness, substance abuse, mental health problems, early parenthood, poverty, and incarceration.[16,17]

What supports help youth in care transition to adulthood?

Research on resiliency indicates that the factors that help support youth in care to achieve success in adulthood include stable residential placements, stable school placements, and attachment to at least one significant adult who is able to act as a mentor. Experts advise that transition plans need to address particularly problematic areas, such as employment, income, housing, social relationships, and mental health. For those with FASD, experts suggest that agency care needs to be replaced with a structured environment that includes the support of a one-on-one advocate or mentor.[18]

How was the current study carried out?

Dr. Fuchs and his colleagues used the Manitoba Child and Family Services database to extract demographic information from closed files of former permanent wards who had had a diagnosis, or a suspected diagnosis, of FASD between October 2004 and June 2005. Using these criteria, the histories of 27 youths (12 males and 15 females) were reviewed and summarized.

What were the key results?

Placements often broke down in adolescence

The youths in care with FASD experienced from 1 to 20 residential placements during their time in care. The average length of placement was 39.9 months, with a range from 1 to 182 months. The longest placement lasted an average of 6.5 years and the average age at the end of the longest placement was 15.3 years.

Most frequently, the longest placement was the first. Placement breakdowns occurred most often in adolescence. Only 22% of the youths (n=6) were in their longest placement when they reached 18, the provincial age of majority.

Slightly less than half (48%, n=10) the sample group had quite stable placement histories, with one or no placements following the longest. The rest (52%) were moved more than twice after the termination of their longest placements, and four youths (15% of the sample) experienced 10 or more placement changes after the end of the longest placement—during the time they needed to prepare for independence.

One third of group had care extended past age of majority

The Manitoba government has a protocol to guide the transition of youth with disabilities into adulthood, called the *Manitoba Transition Planning Support Guidelines for Children with Special Needs Reaching Age Sixteen*. This protocol is designed to bridge the transition from the supports available to children with disabilities to those available to adults. It identifies the child's school as the lead facilitator in the process. For permanent wards with disabilities, the Manitoba Transition Planning process allows an extension of care past the 18th birthday.

In the FASD sample, 9 of the 27 youths had their period of care extended past the 18th birthday because they had received Transition Planning status. Of these, two-thirds had their care extended for less than one year. One individual had care extended until age 21. Only 11% of the group (3 individuals) had files that included a comprehensive plan for transition out of care.

Youths had many child welfare workers

The youths had an average of 5.7 child welfare workers each over the time they were in the care of child protection agencies, ranging from 2 to 15 workers per youth. These are considered to be conservative estimates.

What are the implications of these findings?

Stability in residential placements and a lasting relationship with at least one adult is important for a successful transition out of care. These factors were only weakly identified in the group of young people with FASD in this study.

Changing residences and changing schools was a problem for many of the youths in this sample. Not only might this negatively impact learning outcomes for students who move, but also opportunities for transition planning might well have been incomplete or interrupted since the school is the main facilitator for transitional planning for children with disabilities in Manitoba. Many of the young adults in this sample of permanent wards had stable placements in their early years, but faced increasing instability as they entered adolescence, a time critical for their education and transition planning.

This instability during adolescence may well have reduced the development of enduring relationships with foster parents or teachers, which in turn may have reduced the pool of adults who might serve as advocates or mentors for the young people. Although most of the youths in this study experienced more instability than is desirable, 29% (n=6) were in their longest placement at the time of their 18th birthday. Four of the 27 youths were in their original placement at the time of aging out of care. For these four, the agency was able to provide a lasting substitute family.

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1 This information sheet is based on the following report: Fuchs, D., Burnside, L., Marchenski, S., & Mudry, A. (2008). *Transition out-of-care: Issues for youth with FASD*. Toronto, ON: Centre of Excellence for Child Welfare. Retrieved July 27, 2008 from http://www.cecw-cepb.ca/files/file/en/Report%20on%20FASD%20Transition.pdf

2 Fuchs, D., Burnside, L., Marchenski, S., & Mudry, A. (2005). *Children with disabilities receiving services from child welfare agencies in Manitoba*. Toronto, ON: Centre of Excellence for Child Welfare. Retrieved August 21, 2008 from: http://www.cecw-cepb.ca/files/file/en/DisabilitiesManitobaFinal.pdf

3 Fuchs, D., Burnside, L., Marchenski, S., & Mudry, A. (2007). *Children with FASD involved with the Manitoba child welfare system*. Toronto, ON: Centre of Excellence for Child Welfare. Retrieved August 21, 2008 from: http://www.cecw-cepb.ca/files/file/en/FASD%20Final%20Report.pdf

4 Fuchs, D., Burnside, L., Marchenski, S., & Mudry, A. (2008). *Transition out-of-care: Issues for youth with FASD*. Toronto, ON: Centre of Excellence for Child Welfare. Retrieved July 27, 2008 from http://www.cecw-cepb.ca/files/file/en/Report%20on%20FASD%20Transition.pdf

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8 Square, D. (1997). Fetal alcohol syndrome on Manitoba reserve. *Canadian Medical Association Journal*, 157(1), 59–60.

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10 Fuchs, D., Burnside, L., Marchenski, S., & Mudry, A. (2007). *Transition out-of-care: Issues for youth with FASD*. Toronto, ON: Centre of Excellence for Child Welfare. Retrieved July 27, 2008 from http://www.cecw-cepb.ca/files/file/en/Report%20on%20FASD%20Transition.pdf

11 Newfoundland and Labrador has a Youth Services Program, which provides supports to youth aged 16 to 17 who need protective intervention; youth who have been in care prior to age 16 can stay in the program until age 21. In New Brunswick, child welfare services for youth in care with disabilities are extended until age 19. Nova Scotia will extend child welfare services for youth who have been in care prior to age 16 until they reach 18 and in some cases 21. In Ontario, youth can leave the care of Children's Aid Societies any time after their 16th birthday, but Children's Aid Societies can offer services to youth who are permanent wards until the age of 21; permanent wards are entitled to remain in care until they turn 18 at which time, to remain in care, they must enter into 'extended care and maintenance' agreements with the agency serving them. Saskatchewan provides supports to youth aged 16 to 17 who need protective intervention; youth who have been in care prior to age 16 can stay in the program until age 18, and in certain cases until age 21. Nunavut and Northwest Territories offer child welfare services until age 16, with a framework of support for youth in care to extend services up to age 19.

12 Yukon offers child protection until age 18, with a framework of support for youth in care until age 19. PEI offers child welfare services to age 18, with continued support provided in some cases until age 21.

13 Child Welfare League of America. (2007). *Hearing on disconnected and disadvantaged youth*. Testimony to the Subcommittee on Income Security and Family Support. Retrieved July 30, 2008 from: http://www.cwla.org/advocacy/fostercare070619.htm

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