Transition Out-of-Care:
Issues for Youth with FASD

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Executive Summary

The transition to adulthood for youth exiting the child welfare system is challenging at best. For those with disability it can be even more difficult. The purpose of this study is to examine the issues related to “aging out” of care for a particularly disadvantaged group, those young adults who have been identified as having a diagnosis or suspected diagnosis of FASD. The scope of the project was confined to a review of current literature, an exploration of Manitoba child welfare practices related to youth transition and a review of the files in the administrative data base of youth with FASD aging out of care.

The literature identifies a number of risks and outcomes for children leaving care. Briefly summarized, children who have been in care must achieve independence earlier than the general population. They are at increased risk of homelessness, poverty and incarceration. Although a minority of child care alumni successfully make the transition to adulthood, in general those leaving care do not fare as well their peers in education, employment, income or mental health. Young women become pregnant earlier. Factors that impact the successful transition of youth in care include the stability of residential placements, the stability of school placements, mental health and attachment to a significant mentoring adult.

Manitoba has a well-developed protocol to guide the transition of youth with disabilities from the supports and services available to them as children to adult services. The protocol identifies the school as the facilitator in this process for all children including those in care.

Adult services for youth with FASD are scarce and funding is problematic. Services for persons with disability include assistance with housing, employment, day programming and support for activities of daily living. However, a diagnosis of FASD is not among the eligibility criteria for those programs.

To examine the transition plans and factors in the placement histories of youth with FASD leaving care in 2006, their administrative files were reviewed in detail. The result was a descriptive analysis of the closed child in care files of 27 former permanent wards aged 16 or more with a diagnosis or suspected diagnosis of FASD. Members of this group had experienced from 1-20 placements. Their longest placement lasted an average of 6.5 years and their mean age at the end of their longest placement was 15.3 years. Most frequently the longest placement was the first recorded placement. Placement breakdowns occurred most often in adolescence. Transitional Planning status was recorded for 9 (33%) of the young adults in this group and was generally used to extend care for less than one year. Youth experienced multiple workers with the mean being 5.7. Only 3 files included a comprehensive plan for transition out of care.

The file review identified several factors that would serve to increase the risk of poor transition outcomes for this group of youth. Placements tended to be stable in the early years but were increasingly unstable as children entered adolescence, a time critical for

both their education and transition planning. This later instability also reduced the likelihood of establishing enduring relationships with foster parents or teachers, reducing the pool of possible adults who might serve as an advocate/mentor. Workers who might have filled the role of mentor appeared to be even more changeable than placements.

The study presents conclusions and recommendations in four areas. The Manitoba protocol for transitional planning for children with disability reaching the age of majority is well developed and comprehensive. Unfortunately, the administrative database is not an adequate resource for determining the degree to which the protocol is used for children leaving care. Alternatives are recommended. The instability of placements for the majority of this sample challenged both school achievement and the creation of lasting relationships. This needs to be addressed through enhanced training and support for foster parents or through the creation of alternate resources for placement. Extension of care provisions were minimally used to give those with FASD additional time to mature and prepare for adulthood. Raising the age at which youth must leave care to more accurately reflect the reality for those living with parents has been recommended by others and is echoed here. This would be of particular benefit to youth coping with FASD. Lastly, the services that do exist for those with disability are available only for persons living off reserve. Services must be made available for all Manitobans.

1. Introduction

In Manitoba we "become of age" when we reach our 18th birthday. We are entitled to vote, consume alcohol, enlist in the armed forces and have our own credit cards. However, the actual transition to adulthood tends to be a process occurring over a number of years within a circle of support from family and friends. The age of leaving home has increased steadily over the past decade. It is commonplace for youth to remain economically and emotionally dependent on their parents until well into their twenties (Reid & Dudding, 2006). In the United States half of young adults ages 18-24 continue to live at home with their parents (Massachusetts Society for the Prevention of Cruelty to Children, 2005). Moving out is a milestone but it does not necessarily mark the end of dependency. As Reid and Dudding (2006) so perceptively remark: "…when the going gets tough, the tough move back in with Mom." Intergenerational interdependence is a more accurate reflection of the continuing relationship between parents and their adult children.

The transition to adulthood for youth exiting the child welfare system is markedly different. Their 18th birthday generally marks the end of their entitlement to support from an agency.[1] They are considered to have "aged out" of care and are officially on their own, independent adults with all the associated responsibilities. More accurately described by Reid and Dudding (2006) as an "expulsion, rather than a transition" (p. 2) the arbitrary termination of agency support serves to increase the risks of an already disadvantaged group. For youth in care with disability, the risks are even more daunting. When that disability is FASD, the transition to adulthood becomes further complicated by an adult service system that does little to recognize the impact of an invisible disability.

The purpose of this report is to examine the issues related to "aging out" of care for a particularly disadvantaged group, those young adults who have been identified as having a diagnosis or suspected diagnosis of FASD. To accomplish that objective, the original intent was to identify a sample of young adults leaving care or recently out of care and conduct a qualitative study of their hopes, plans, challenges and service needs. However, the financial constraints of the current project necessitated the postponement of that work for future research opportunities. Therefore this project has been confined to a review of current literature, an exploration of Manitoba child welfare practices related to youth transition and a review of files in the administrative data base of youth with FASD aging out of care. Specifically, the report will include a general overview of the issues facing all those who exit the child welfare system because they have reached the age limit for agency support. It will identify the issues specific to those with disability, particularly those with FASD, and review the recommendations and initiatives that have been

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[1] The age of majority and the age of a child as defined in child protection legislation varies across Canada. In Manitoba the age of majority is 18 and the age of protection is 18. Service may be extended to age 21 for permanent wards. Across Canada the age of majority varies from 18 to 19 years and the age for protection varies from <16 to <19 years. Summaries of legislation are found in Tweddle, 2005 and Reid &Dudding, 2006.

developed to address poor transition outcomes. It will examine the standards for transition planning in Manitoba child welfare agencies. Further it will describe a small population of children with FASD in care in Manitoba who reached age of majority between 2005 and 2007. Their histories and information related to the planning for their transition out of care will be explored. The implications of their histories will be related to factors influencing all children leaving care and recommendations relevant to the Manitoba context of children in care with FASD will be presented.

2. Risks Associated with Being in Care

Knowledge of the adult lives of children who have been in the care of an agency is derived from two main sources: 1. by direct study of children who have matured out of care and 2. by identifying time in care as a risk factor in the study of various social phenomena. Both of these areas of study will be summarized here beginning with a brief review of time in care as a risk factor.

Although much of our knowledge of young people's lives after care comes from direct study of their outcomes, other research contributes to our understanding by identifying time in care as a risk factor or a variable associated with particular outcomes. Examples in Manitoba literature include studies of homelessness, poverty, incarceration and educational success.

In a Manitoba study of street youth, Bodnarchuk, Patton and Rieck (2006) found that over 40% of respondents had lived in a group home or foster home at some point in their lives. Similarly, Serge, Eberle, Goldberg, Sullivan and Dudding (2002) found that 45% of homeless youth in their Canadian study had been in foster care.

In their ongoing review of poverty, the Social Planning Council of Winnipeg (2002) has reported that youth in independent living programs and youth who have transitioned out of the care of an agency are the poorest of the poor. While supported by child welfare in independent living situations, their income is 36% of what would be required to reach the poverty line. Once they are entirely on their own, if forced to turn to Employment and Income Assistance, their income will be reduced to 29% of what is required to meet the poverty line. (The Social Planning council uses the Statistics Canada 2000 Low Income Cut-Off (LICO) determination of $18,189 as the poverty line for single adults).

Skoog, Hamilton and Perrault (2001) in a review of a sample of inmates in Manitoba found that 88% of the Aboriginal inmates and 63% of the non-Aboriginal inmates were not living at home by age 18 years. A study of penal institutions across the Prairie region found that approximately two-thirds of Aboriginal inmates said they had been adopted or placed in foster homes at some point in their childhood and this was true for about one-third of non-Aboriginal inmates (Correctional Service Canada, 2001).

The Manitoba Centre for Health Policy has recently completed an analysis of at-risk youth in Manitoba. Roos, Brownell and Fransoo (2008) described a significant proportion of children at risk of not reaching their full potential and therefore not becoming the skilled, educated workforce Manitoba needs. They identified three risk factors: poverty (that is receiving income assistance), having a teen mother and being a child in need of care or protection. Youth with any of the risk factors were found to be at high risk of failure to graduate within 6 years of entering grade 9. Of those who were in care or receiving services from a child and family services agency, 49% failed to graduate. Where time in care was added to other risk factors, failure rates increased and ranged from 67% for those who also had a teen mom, to 80% for those who were also on income assistance and to a high of 89% for those who experienced all three risk factors.

These studies indicate that those who have experienced the care of an agency are disproportionately represented among those who experience homelessness and incarceration. Their educational achievement lags behind that of the children and youth who have not been in care. Further, the social safety net available for youth leaving care is limited to minimal financial supports and places vulnerable youth at risk of poverty.

3. Transition to Adulthood

There is considerable interest in the outcomes of youth leaving care, in youth with disabilities and in youth with FASD. However, work that examines youth with disabilities, particularly FASD, who are leaving care is much less plentiful. The following is a review of some of the more recent research findings related to youth leaving care. This is an area that has to date been more broadly researched in the United States than in Canada. Issues related generally to children with disability are noted to provide some context to the information that is available on children in care with disabilities. Finally, the review includes a summary of research findings related to children with FASD leaving care.

Outcomes for Youth in Care

In the United States, 20,000 young people exit the foster care system every year (U.S. Department of Health and Human Services, 2004). The Child Welfare League of America (CWLA) describes these youth as the most disadvantaged of all America’s young people. “In the midst of elevated rates of homelessness, poor educational outcomes, low wages, unemployment, long-term dependency on public assistance, incarceration and health issues, young people ‘aging out’ of the foster care system are also experiencing pregnancies and early parenthood” (Child Welfare League of America, 2007, p. 1). The findings of the Northwest Foster Care Alumni Study, (Pecora, Kessler, Williams, O’Brien, Downs, English, et al., 2005), a review of 659 foster care alumni, reported that over 20% of foster care alumni were doing well. However, the majority were facing significant challenges which included:

- Mental health issues – More than 50% had at least one mental health problem at a clinical level and 25% had three or more mental health problems
- Posttraumatic stress – Rates of PTSD for foster care alumni were up to twice as high as rates of U.S. war veterans (25% experienced PTSD)
- Unemployment – 80% of those in the workforce (excluding students and homemakers) were unemployed
- Poverty – One third had incomes at or below the poverty line (three times the national average)
- Homelessness – More than one in five experienced homelessness after leaving foster care.

The CWLA (2007) reports, that while children are equally entitled to education, the rate at which foster youth complete high school (50%) is significantly lower than the rate of completion of their non-care peers (70%). The difference is even more dramatic when comparing the rate at which college-qualified foster youth attend postsecondary education (20%) to the rate of college-qualified non-care youth (60%).

Similarly, Reilly (2003) in a review of the outcomes of 100 Nevada youth who had been out of care for at least six months found that 50% of youth left care without completing high school, 36% reported some period of homelessness and 35% had moved five or more times since leaving care. The youth in this group had considerable trouble with the law: 45% had involvement with the criminal justice system. Although 26% had not had steady employment, most (63%) were employed. However, their income, at an average $7.25 per hour, was marginal. The annual household income of 60% of the youth was $10,000 or less. For 34% of the group, income was less than $5,000 and 41% indicated they did not make enough to cover basic living expenses. In this group, it was not uncommon to do something illegal to get income and 24% had supported themselves at some time since leaving care by selling drugs and 11% had had sexual intercourse for money. These findings were similar to those of Courtney and Dworsky (2006) in their report on 321 young adults in the Midwest who had been discharged from care. The income of 90% of the youth in that study was less than $10,000 and, for more than three quarters of the youth, income was less than $5,000. Less than half (47%) were currently employed.

The Midwest study (Courtney & Dworsky, 2006) also reported that by 19 years of age almost half of the females in the study had been pregnant at some time in their life and were twice as likely as a national sample of 19 year olds to have at least one child. Over 70% of those reporting having a child were currently living with one or more children.

Although American research results related to children leaving care are more available, research in Canada is underway and what has been done is highly reflective of American and international results. As in the US, Canadian young people are dependent on their families well past their 18th birthday. In 2001, the Statistics Canada Census found 93% of Canadian young adults living with a parent at the age of 18, 57% between the ages of 20 and 24 residing with a parent and 41% aged 20-29 still living in a parental home. Like their counterparts in other countries, youth aging out of the care of the Canadian child welfare system do not fare as well as their peers (Reid & Dudding, 2007; Ontario Association of Children's Aid Societies, 2006).

Education, which is considered the key to employment and economic security, is problematic for youth who have been in care. The Office of the Children's Advocate (News Release Jan. 10, 2007) citing the National Youth in Care Network reports less than 30% of children leaving care complete high school compared to 85% of the general population.

Serge, Eberle, Goldberg, Sullivan and Dudding (2002) found a relationship between a history of being in care and homelessness. In their study, the age at which the youth left care of the child welfare agency was inversely related to the likelihood of the youth being homeless, i.e. the younger the age of leaving care, the greater the chance of experiencing homelessness. Serge et al. present a summary review of Canadian and American literature linking homelessness with child welfare experience.

Outcomes for Youth with Disability

American studies indicate that transitional outcomes for youth with disabilities not in care have improved considerably in the past twenty years. Greenen, Powers, Hogansen & Pittman (2007) report that youth with disabilities in the U.S. have experienced a reduction in their high school drop out rate, an increase in the likelihood of their employment and their participation in post secondary education has doubled. Unfortunately, the progress has not been consistent across all groups. Those with mental health challenges, those from the lowest income group and non-White Americans remained at a greater risk for poor transitional outcomes.

Outcomes for Youth in Care with Disability

Transition issues for children in care and children with disabilities have been examined separately but there is limited literature documenting the transition of those who experience both disability and foster care. It should be noted that children in foster care generally share many of the risk factors associated with poor transition outcomes for children with disability. That is, they tend to live in poverty before entering state custody; they are disproportionately children of colour; and children with mental health issues are overrepresented (Greenen, Powers, Hogansen & Pittman, 2007). It would appear safe to conclude that, aside from issues directly associated being in care, children in care with disability are less likely to benefit from recent progress than children with disability who are not in care.

It is important to note the impact of children with disability in the child welfare system. Estimates of the number of youth in foster care with disability are limited. In Manitoba, Fuchs, Burnside, Marchenski & Mudry (2005) identified one third of children in care as meeting a broad definition of disability. That proportion is verified by studies in the U.S that use special education status as a proxy for disability. Those studies have consistently shown that 30% to 40% of youth in care experience a disability (Greenen, Powers, Hogansen & Pittman, 2007). This represents a significant proportion of children who are leaving the protection of state care and moving into the adult world. In Manitoba, approximately 550 youth age out of the child welfare system each year. It is safe to assume that about one third of those children will experience some level of disability (Fuchs et al., 2005).

Outcomes for Youth in Care with FASD

There is a growing body of literature addressing the issues of FASD. Primarily the focus of this literature is diagnosis, prevention, and behavior/symptom management especially in the education system. Information to assist families is also increasing. However information on the outcomes of youth with FASD leaving care appears to be extremely limited at this time. In “A Bridge to Adulthood: Maximizing the Independence of Youth in Care with Fetal Alcohol Spectrum Disorder” (2006) six youth leaving the child welfare system in British Columbia are profiled and their needs for a successful transition to independence are assessed and described. However, the writers have not been successful in locating literature describing outcomes for youth with FASD leaving care.

What is known is that many children with FASD will be transitioning from agency care each year. The number of children with FASD in care in Manitoba has been described by Fuchs, Burnside, Marchenski and Mudry (2005). In their study of children in care with disabilities, they identified 640 children diagnosed with FASD and a further 323 suspected of FASD for a total of 963 children or 17% of the total population of children in care on September 1, 2004.

What is also evident is that those with a diagnosis of FASD are at risk of secondary disabilities – that is disabilities that evolve in response to the primary disabilities as the person matures. The Seattle cohort (a longitudinal study of 415 youth and adults) described by Streissguth, Barr, Kogan and Bookstein and research in British Columbia conducted by Erica Clark (cited in Child and Youth Officer for British Columbia, 2006) found that more than 90% of adults with FASD had mental health diagnosis. The primary diagnoses were depression, attention deficit disorder, attention deficit hyperactivity disorder and panic disorder. A dual diagnosis of FASD and mental health disorder was already evident in almost half (46%) of the children described by Fuchs et al. (2005).

4. Placement Factors that Contribute to Outcomes

Recognizing the difficulties experienced by youth leaving care, research has tried to identify what factors contribute to poor outcomes and what factors support or build resilience. What emerges from this review is recognition of related or interdependent factors that work together to support or undermine the successful adaptation to independence of youth in care. Those factors include the stability of residential placements, the stability of school placements, mental health and attachment to a significant mentoring adult.

Many youth in care have experienced multiple placements and correspondingly numerous disruptions to their schooling. Pecora et al. (2005) found that more than 30 percent of youth in foster care had eight or more placements with foster families or group homes. Sixty-five percent experienced seven or more school changes from elementary through high school.

The impact of those areas of instability was quantified. Pecora et al. (2005) report that by "minimizing placement changes, reunification failures, and runaway incidents, the statistical simulations predicted a 6.8% decrease in negative employment and finances outcomes" (p. 6). The 2003 Casey Alumni report (Pecora et al, 2003) associated the success of foster care alumni with completion of a high school diploma or GED before leaving care and efforts to minimize academic problems (as indicated by use of tutoring services in their last foster home). In 2005, Pecora et al. published more explicit findings. They demonstrated a 7.2% reduction in negative employment and financial outcomes could be achieved by optimizing educational services and experiences through providing access to supplemental education and tutoring and by having a low number of school changes.

The age at which legislation determines youth should be independent has been shown to have a notable effect on education. In the US, states that kept children in care longer i.e. until their 21st birthday, had significantly higher high school graduation rates than states where care ended at age 18. In addition, money is almost universally cited as the main reason that college eligible youth do not continue on to post secondary education (Reid & Dudding, 2006).

The importance of long-term and meaningful relationships in the lives of youth leaving care seems self-evident. Many studies, as summarized by Reid and Dudding (2007), have documented that youth in care have better outcomes when they have strong social supports and feel connected to their family, school and community.

Children with disability face some additional challenges. Children with disability who are removed from their biological parents due to maltreatment are less likely to be reunited with parents and are more likely to reside in non-kin foster care than other children in care. Research has shown (Romney, Litrownik, Newton & Lau, 2006) that children with cognitive, emotional/behavioural and physical disabilities are over four times more likely to be permanently placed in non-kin foster care. Placements of this type typically result in more placement changes than reunification, adoption or placement with relatives. Increased changes in placement represent a further risk.

Fuchs et al. (2007) described a similar pattern of care for children with FASD. Those children tended to come into the care of an agency at an earlier age, become permanent wards more quickly and spend a proportionately greater amount of their lives in agency placements than children without disabilities or children with other disabilities.

In spite of the challenges facing those with FASD, the British Columbia study (Child and Youth Officer of British Columbia, 2006) offered some considerations for successful outcomes. The study noted that stories of successful adults with FASD shared two common characteristics. First, the person had been provided with a structured home environment that acknowledged and supported strengths while providing strategies to mitigate aspects of the disability. Second, someone had taken on the informal role of one-to-one worker or advocate.

5. The Voice of Children in Care

Tweddle (2005), citing and summarizing studies by Raychaba, Rutman, and Martin & Palmer, describes what youth have identified as necessary to support their successful transition to adulthood. The list includes economic elements with increased financial support and support in gaining access to education and employment and training. It includes life skills with independent living training and opportunities to develop decision-making and problem-solving skills. It also includes social support: ongoing supportive relationships with someone important in their lives, mentoring and peer support. This list parallels the work of Reid and Dudding (2006) in describing the seven pillars and foundation that create a bridge from life in care to adulthood. The bridge, in their analogy, is built on a foundation of adequate financial support underpinning pillars of relationships, education, housing, life skills, identity, youth engagement and emotional healing. Some recommendations from youth in care and former youth in care speak directly to these dimensions. Regarding relationships, youth have said that they need to have at least one supportive adult relationship as they make the transition to adulthood (Ontario Association of Children's Aid Societies as cited in Reid and Dudding, 2007).
To make post secondary education a possibility, youth have suggested educational institutions set aside spaces for youth in care and that tuition be free in the form of grants not loans (Tweddle, 2005). To deal with the interrelated challenge of poverty and homelessness, a recommendation supported by youth in care and former youth in care was that every youth should be offered a subsidized housing unit upon leaving care (Tweddle, 2005).

6. Transition Planning for Children in Care Reaching Age of Majority in MB

Manitoba has a well-developed protocol to guide the transition of youth from the supports and services available to them as children to adult services. The Child and Family Services Standards Manual (2005) sets the standard for service in the province. Section 9 of the manual addresses plans for the transition of children in care to adulthood:

Age of majority planning –The case manager ensures that a plan for a child aged 16 and older includes preparations for becoming an adult such as:

- Referral to appropriate adult services in keeping with the Manitoba Transition Planning Process Support Guidelines for Students with Special Needs Reaching Age Sixteen
- Extension of support services and development of other support systems (for example extended family, others).
- Assessment and development of skills for independent living.

An additional provision of the child welfare system may be relevant for youth with FASD leaving care. Special Needs Funding guidelines make it possible to provide “age of majority” monies to facilitate a young person’s transition to adulthood and independent living. Youth may be eligible for up to $1000.00 based on an itemized list of needs.

As indicated in the cited standard, CFS agencies defer to the protocol developed by the education system for the transition of youth. In 1999, the Children and Youth Secretariat consisting of representation from the provincial departments of Education and Training, Family Services and Health released a standard planning process for children leaving school and moving on to adult services (Manitoba Transition Planning Process Support Guidelines for Students with Special Needs Reaching Age 16, 1999). It was intended that the guidelines be used throughout the province to assist school divisions and support agencies in developing an individualized transition plan for each special needs student. The Student Services Coordinator or designate from each school division was charged with initiating the planning process and involving students, parents and appropriate adult service providers. The guidelines are detailed with step by step outlines for participants. Plans are designed to address basic financial needs, housing, and supports for everyday activities, employment, social relationships, and community participation. Adult services are described including their eligibility requirements. It is clearly noted that services must in some instances be applied for up to 2 years prior to need.

The 1999 guidelines have been revised and the 2008 version is currently being reviewed prior to release. In conjunction with the revision of the guidelines, a study reviewing transition policies and support documents in Canada and the United States was commissioned (Park, n.d.). Several elements of successful transition planning were emphasized by stakeholders. These include personnel training, early involvement of parents, a monitoring and evaluation process, the availability of services and flexible funding for students aged 18-21 (p. 11). The continued evolution of the guidelines will be informed by the feedback that has been received.

Services in Manitoba

Services available for young adults are limited and funding is problematic. A brief description of services for which youth with FASD aging out of care might establish eligibility follows. It has been divided into services designed specifically for the FASD population and generic services for persons with recognized disability.

FASD-Specific Programs & Services:

FASD Life's Journey Inc.

Begun as a pilot project in 2002, FASD Life's Journey was incorporated in 2005 as a community based non-profit agency offering service to late adolescents and adults affected by FASD. The organization will provide case management services including assessment, the development of an individualized supportive habilitation plan, the coordination and provision of services and supports, and the ongoing evaluation and adaptation of the service plan. Clinical assessments can be provided by the agency's consulting psychiatrist, psychologist or occupational therapist. Mentors working under a case manager support consumers in the community in accordance with the established individualized plan.

While this organization will provide the hands on service, individuals must be eligible for funding from other sources. Typically, funding would be attached to adults through their eligibility for the Supported Living Program, the Special Needs Supported Living Program and/or Community Mental Health.

Fetal Alcohol Spectrum Disorder Program

This program is currently providing long-term support services for 8 adults living with FASD and residing in or near Winnipeg. Services include case management and direct support. The program typically provides individual mentorship five times per week for 3-4 hours per session. More intense supports are provided where necessary and have been made available up to 14 hours per day for clients with exceptional needs.

Some support is provided on a fee for service basis to clients who are eligible for provincial programs. However, the program has also accepted adults with no other funding. This is made possible by the financial support of the Mennonite Central Committee and additional fund raising undertaken by the program.

Programs for Persons with Disability

Employment and Income Assistance (EIA)

EIA is a provincial program of last resort providing basic income to individuals over 18 years of age with a documented mental, learning, physical, psychiatric, or sensory disability. Assistance is based on the cost of necessities and the availability of other financial resources. It is not available for persons who live on reserve. In reserve communities assistance is the responsibility of the local band. Persons with a disability are eligible for additional benefits in recognition of the added cost of living in the community with a disability.

Supported Living

The Supported Living Program is a provincial program providing supports and services to adult Manitoba residents who have significantly impaired intellectual functioning and impaired adaptive functioning. Significantly impaired intellectual functioning for purposes of eligibility is defined as an IQ below 70.

The Supported Living Program provides the following services:

- Support services that may include residential support (group home, licensed homes, foster placements and independent living); day services and supported employment; and transportation related to day service activity:
- Protection services that may include investigation of abuse or neglect of an adult and the provision of a safe option
- Substitute Decision Maker whereby the Office of the Vulnerable Person's Commission can appoint persons to make decisions on behalf of a vulnerable person who has been deemed incapable of making his or her own decisions; and
- Referral to Employment and Income assistance Program.

It is important to note that being deemed eligible for the supported living program does not guarantee the availability of resources. A young person found eligible may be placed on a wait list until resources are available. Despite being on a wait list, the program could provide ongoing case management services.

Vocational Rehabilitation Services

Vocational Rehabilitation Services (VR) support the employment-related needs of Manitobans with disabilities living off reserve through the provision of direct support services or through referral to community-based designated agency partnerships. VR assists adults with mental, developmental, physical and psychiatric or learning disabilities to access the competitive work force though the provision of vocational assessment, work training, education and support services including technical aids and devices, vehicle modifications transportation, interpreters, tutoring and job coaches.

Services and Gaps

The spectrum of services in Manitoba for adults with disabilities living off reserve is reasonably comprehensive. Housing, employment or day programs and supports for the activities of daily living are available. However, eligibility for those programs is generally dependent on an IQ of <70 or a mental health diagnosis. A diagnosis of FASD does not open many doors to service. While many of those with FASD may have a concurrent mental health condition, the ability of the mental health system to address their needs is uncertain. Although it has not been definitively established, it appears that most of those with FASD do not meet the criteria for a "mentally handicapped" label. While this should be a good thing, it actually excludes individuals from the services aimed specifically at those with deficits in adaptive living skills. Even the existing programs that are designed to serve those with FASD rely primarily on eligibility for funding that requires the determination of a mental health diagnosis or a mental handicap. Only the Fetal Alcohol Spectrum Disorder Program offers service to a person without pre-existing funding and they are able to do this only in a very limited way. This is a serious gap in services for this needy population.

In recognition of the need for services, the Province of Manitoba is developing an FASD strategy. Provincial recognition of the need for action related to FASD is promising. One new program arising from the strategy will be Spectrum Connections. This program specifically targets youth with FASD who are aging out of care. At the time of this writing, details on the program were not yet available. Young adults with FASD and their families anxiously await delivery on the promises of enhanced services to meet their needs.

7. Research Objectives

The purpose of this research was to examine the evidence of the transition planning that had occurred for young people with FASD who have recently aged out of the child welfare system in Manitoba. Three goals were identified:

- To review and describe the plans made for youth with FASD leaving care
- To describe in detail the legal and placement histories of the group
- To examine the use of “extension of care” provisions in relation to the target population

8. Methodology

This project examined the Child and Family Services administrative database to study issues related to ‘aging out’ of care for youth who had been identified as having a diagnosis or suspected diagnosis of FASD. Child and Family Services Application (CFSA) is the data system used by child welfare agencies within Manitoba. It has two main components: Child and Family Services Information Systems (CFSIS) and the Intake Module. For the purpose of this study, CFSIS was used, as this component of the system tracks cases beyond the initial intake process.

A special query using CFSIS created a list of youth whose child in care histories were further examined. The young people included in this group had to have a diagnosis or a suspected diagnosis of FASD in the 2004-2005 well-being year. They had to be 16 years or older at the time of the query. Also, to be included in the study, the young adults could not have an open Child in Care (CIC) or Child in Care Supervision (CIC - SUP) file on CFSIS at the time of the query. The special query provided demographic information on the youth who met these criteria. Excluded from the study was any information found in CFSIS cases that were created in error.

To gather more in-depth information on this sample population, a detailed review of their case summaries, placement histories and case recordings on CFSIS was completed. Information on transition planning, placements and legal status was specifically targeted.

Analysis

The special query that generated the population used in this study was produced by CFSIS. The preliminary query was validated by randomly checking information for the population against their actual CFSIS files. It was determined that the special query had created an accurate total population. Responses to the special CFSIS query were received in Excel format and the analysis was conducted using that tool.

Limitations

Like any data collection tool, CFSIS is only as accurate as the information entered into it. The quantity and quality of recordings and information in each CFSIS file varied. Only information entered into CFSIS was examined, no paper files were examined as part of this study.

9. Findings

The special query resulted in a list of 37 youth. The legal status noted most frequently in CFSIS for members of the group was Permanent Ward (PW 18 or 49%) followed by Transitional Planning (TP 9 or 24%) and Voluntary Placement Agreement (VPA 7 or 19%). Because the focus of this review is youth who are permanent wards, those in care under a VPA or as temporary wards were removed from the sample. Those with a current TP status were further reviewed for historic information related to their previous permanent ward status. This resulting sample consisted of 27 youth aged 16 or more with FASD diagnosed or suspected and a closed child in care (CIC) file who were or had been permanent wards. This group was analyzed descriptively and file recordings were reviewed and summarized.

The sample group consisted of 12 males (44%) and 15 females (56%). The age of those in the study group included individuals born from 1985-1988 as shown in Figure 1.

A detailed review of the legal and placement histories of the youth in the sample was undertaken. As would be anticipated from previous research on legal status and placement history for children with FASD (Fuchs, Burnside, Marchenski & Mudry, 2007), many of the individuals in this group (8 or 30%) became permanent wards (PW) before age three and an additional 12 for a total of 44% were PW by the time they were in Grade 1. It is interesting to note that the next most frequently noted age for becoming a PW was between 11and 14 years as shown in Figure 2.

Figure 1.

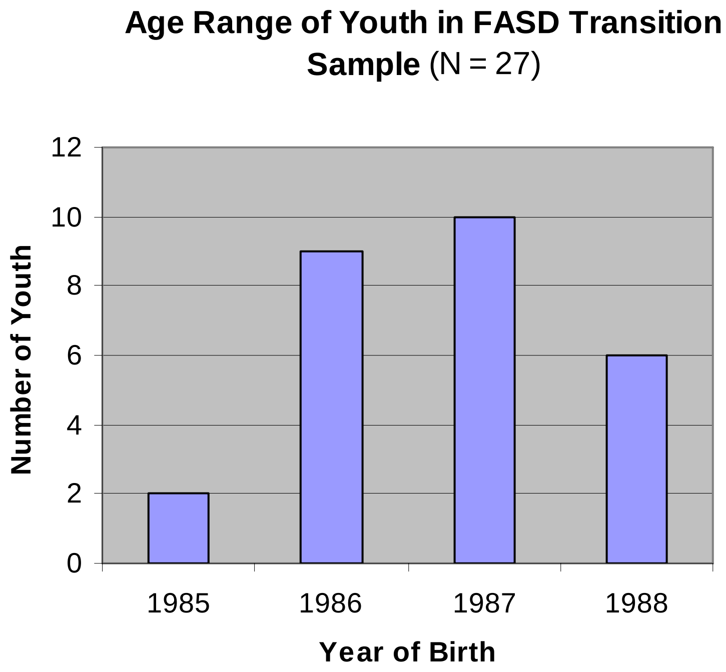
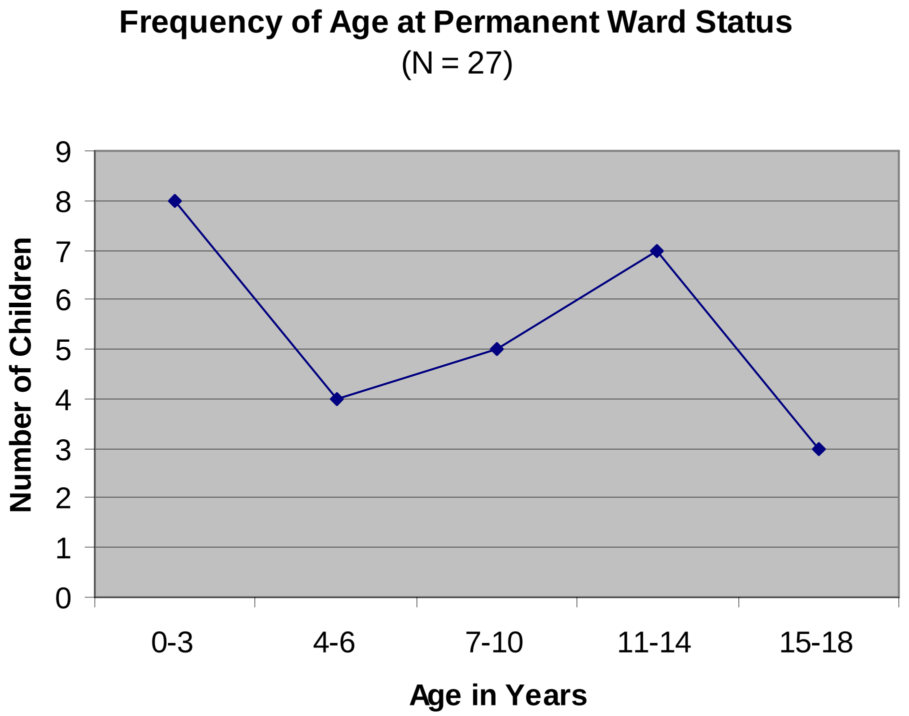


Figure 2.



As the case recordings were reviewed, a pattern of placements appeared to be emerging. Given the impact of placements on transitional planning, a more detailed review of placement history was therefore undertaken. Using the definition of placement adopted in previous research (Fuchs et al., 2007) and compatible with the National Outcomes Measures Project, placement was defined as any period of residence lasting 14 or more days with the exception of hospitalizations and time in a correctional facility. Periods of placement were not broken by hospitalizations or correctional placements of any length or by home visits or other absences of less than 14 days. Using this definition of placements, the number of placements recorded (N = 19) ranged from 1 to 20 (Not all in the sample had adequate placement histories recorded).

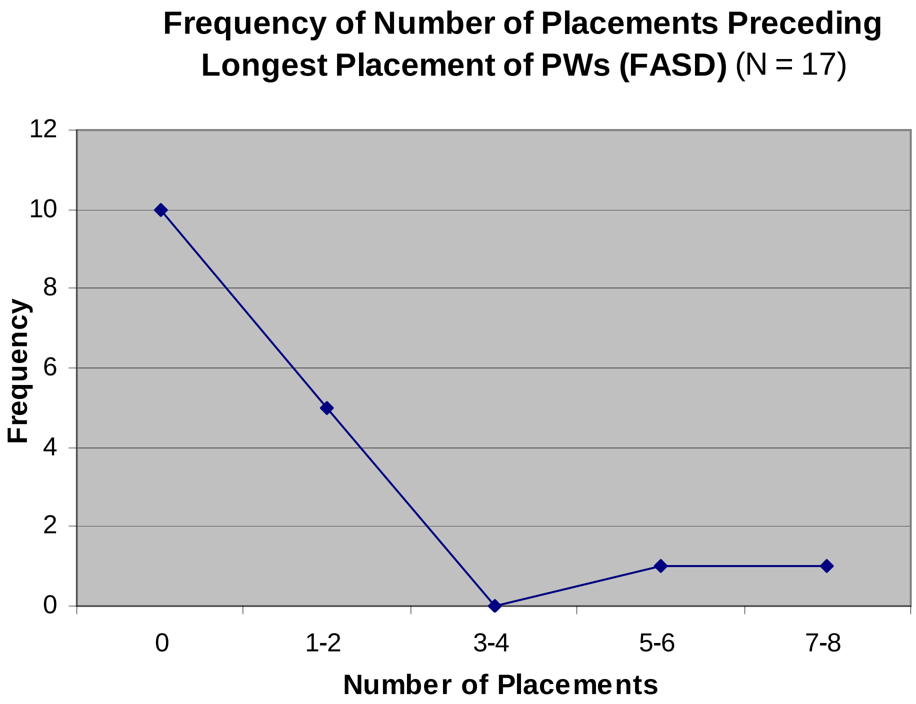
An alternate view of placements is generated by the CFSIS system. The database records a number of placements and average length of placements on each child's placement summary. This number represents every change in location a child experiences including any period of "whereabouts unknown", in hospital or in a correctional facility. While this figure cannot be used for comparison with previous research, it gives an indication of the degree of disruption some children and youth experience. Using this figure, the average number of placements in this group was 14.1 with a range of 1 to 55. The mean length of placement was 39.9 months with a range from 1 month to 182 months.

Using the more specific definition of placements, particular interest was paid to the longest period of placement, when the longest placement occurred in a child's placement history, and the age of the child at the time their longest placement was broken. Because CFSIS case files were not consistent in the amount of information they contained, there is variation in the sample size of each of these descriptive analyses. Information on a longest placement was contained in 22 files. In those cases, the mean length of the longest placement was 6.5 years. The mean age at the end of the longest placement was 15.3 years. Most frequently, the longest placement was the first recorded placement. Of the 17 cases with sufficient historic placement information, 10 recorded no placements before the longest placement; 1 file noted 1 placement preceding the longest; and 4 files noted 2 placements preceding the longest. The two remaining files recorded 6 or 7 placements preceding the longest placement. See Figure 3.

The length of the longest placement ranged from a low of 1.8 years to a high of 15.2 years. The frequency of the length of placements is shown in Figure 4.

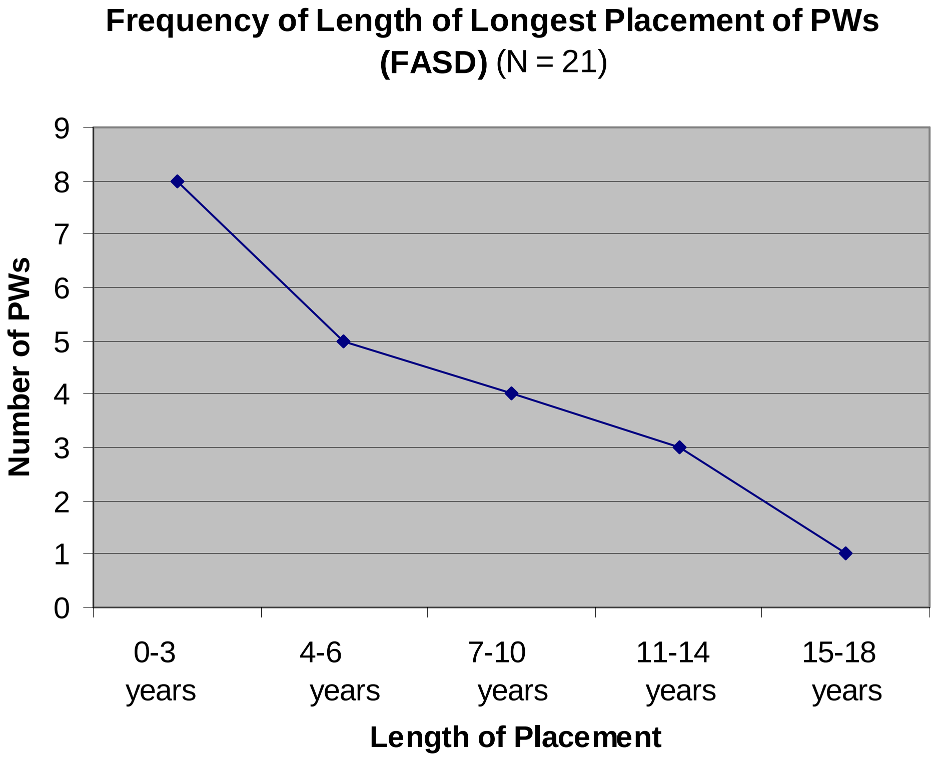
Although the length of placement is limited by the age at which a child enters care, it is clear that the large proportion of children becoming PWs in their pre-school years is not matched by a large proportion of children with placements lasting in excess of 10 years. The age at which the longest placements end is informative. Of 21 youth for whom information was available, 6 (29%) were in their longest placement at age of majority. Figure 5 outlines the ages at which the longest placements ended. It is clearly demonstrated that adolescence poses a threat to the endurance of placements.

Figure 3.



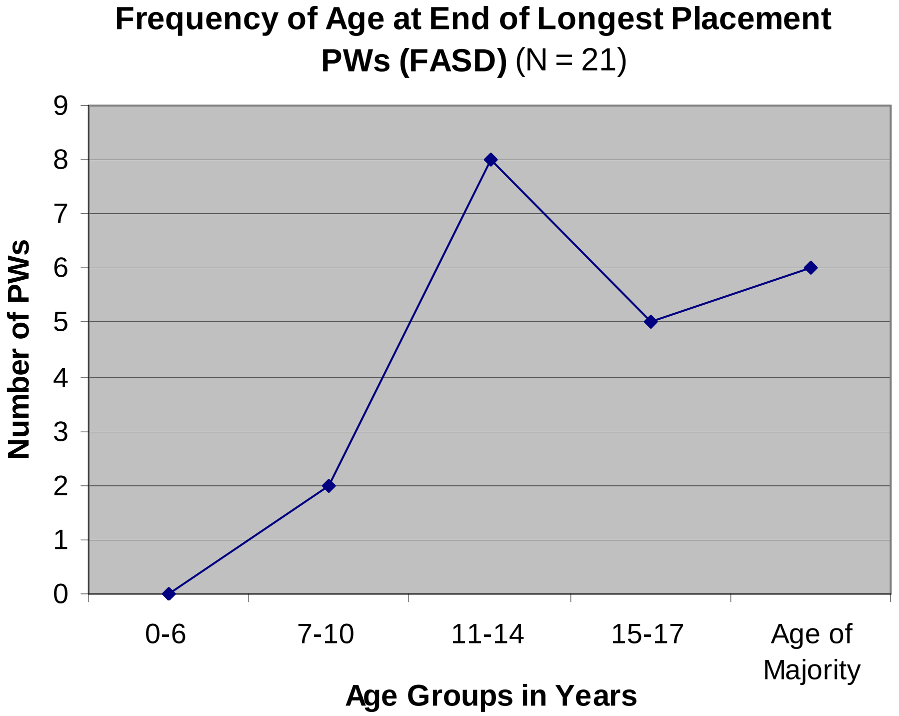
Frequency of Number of Placements Preceding Longest Placement of PWs (FASD) (N = 17)

Figure 4.



Frequency of Length of Longest Placement of PWs (FASD) (N = 21)

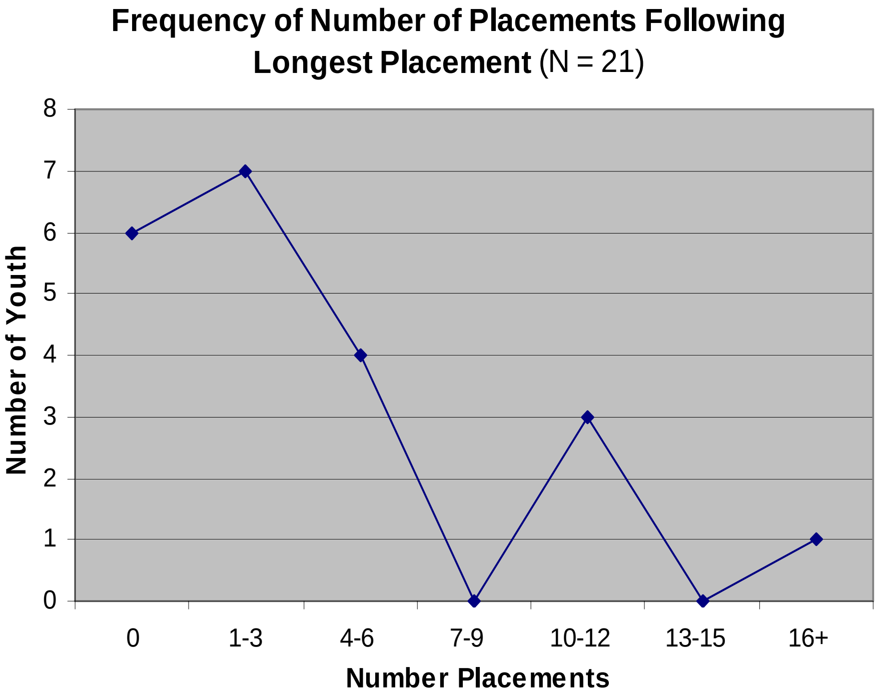
Figure 5.



The six youth in their longest placement at age of majority are a group worthy of closer examination. One of the group had an incomplete placement history. Of the remaining five, four were in their original placement, that is, there was no record of their being in any other placement than the one in which they were placed when they entered care. The final member of this group had one placement preceding their longest placement The majority of the CIC in this group (80%) were girls. Information on the placements describes one of the placements as family related and another as child specific indicating that in two instances the placements were not in homes that were part of the general foster home pool.

Once the longest placement is interrupted, some youth experienced many short placements. Figure 6 summarizes the frequency of placements that follow the longest placement. While a substantial proportion of the group (10 or 48%) experienced relatively stable placement histories with 1 or less placements following their longest placement, the majority were moved more than twice after the termination of their longest placement and many youth experienced multiple moves during the time they needed to be preparing for independence.

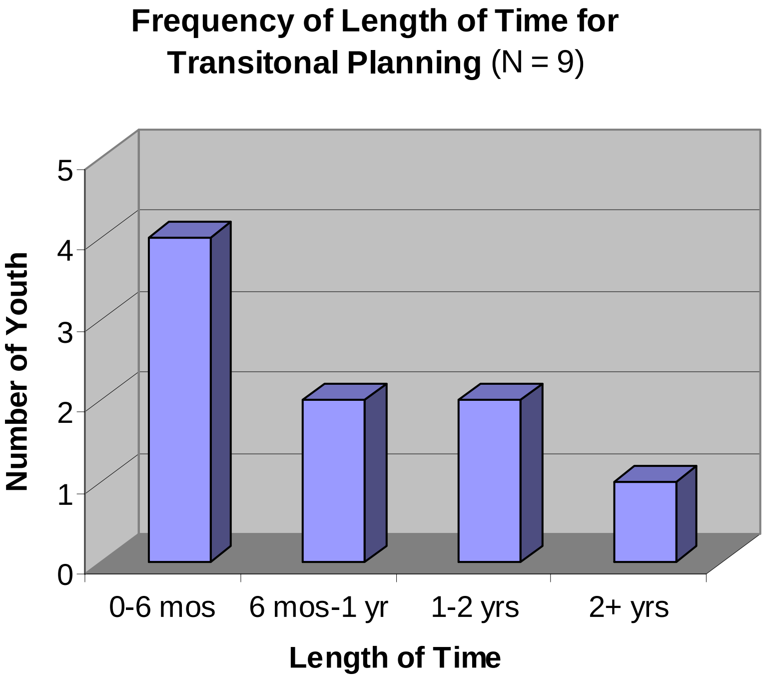
Figure 6.



Lastly, in addition to an examination of placements, transitional planning (TP) was reviewed. The TP designation indicates that an extension of care (beyond the 18th birthday) has been granted. (This provision is available for permanent wards only.) In the FASD sample, 9 youth were designated as TP prior to their file closing. This small group was composed of 6 females and 3 males. The length of time their care was extended is shown in Figure 7. As indicated 6 or two thirds of the group had their care extended for less than one year. The individual whose care was extended the longest had his/her file closed at age 21. In that case, the extension was related to the necessity of significant medical procedures rather than what would usually be considered support for the transition to independence.

Case summaries include a list of service providers. It is possible from this list to determine the number of workers that have been assigned to the ward. The histories in the database are not complete and agencies began recording in the database at different times resulting in recorded histories of various lengths. Recognizing the limitations of these numbers, the records of 16 youth included a history of service providers. For those with records, the mean number of workers was 5.7 with a range from 2 to 15 workers (Figure 8). Because these histories are likely to be incomplete, these would be considered conservative estimates of the number of workers involved with each child.

Figure 7.



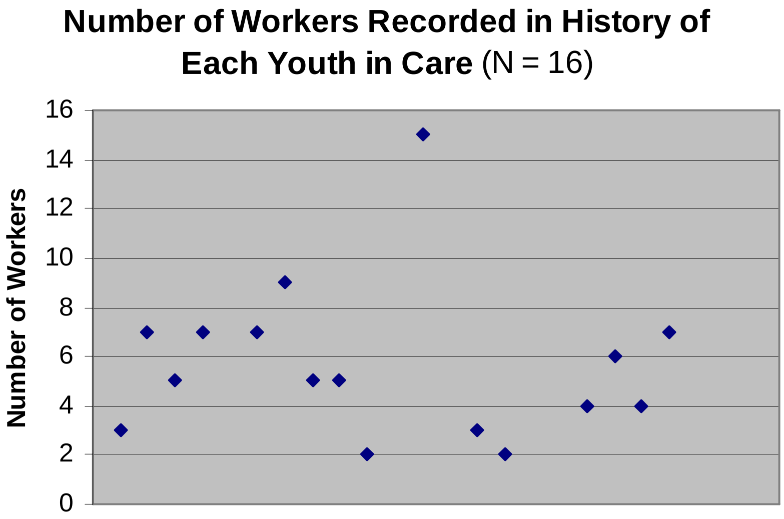
There were 14 files with no recording on the database. Some agencies have maintained paper files rather than using the electronic database. Of those electronic files with recordings, three included an outline of a plan for the transition of the youth out of care that included accommodation, income, work and support network. One had recording that included a plan for some of those criteria. Although nine youth were involved in a plan that extended their care beyond age 18, (i.e. had a legal status of Transitional Planning) none of the electronic files of those youths included a transitional plan. This is a clear indication that plans have been developed but are not included on the database.

The plans that were included in electronic recording did not appear to be associated with any of the factors examined in this study: number of placements, or number of workers or age of leaving longest placement. However the numbers were so small that any comparisons or correlations are purely speculative.

Summary of Findings

This study involved an examination and descriptive analysis of the closed child in care files of 27 former permanent wards aged 16 or more with a diagnosis or suspected diagnosis of FASD. Members of this group had experienced from 1-20 placements. Their longest placement lasted an average of 6.5 years and their mean age at the end of their longest placement was 15.3 years. Most frequently the longest placement was the first recorded placement. Although the length of CIC placements is limited by the age at

Figure 8.



which a child enters care, it was clear that the large proportion of children becoming PWs in their pre-school years was not matched by a large proportion of children with placements lasting in excess of 10 years. Placement breakdowns occurred most often in adolescence. In the study group, 6 (29%) youth were in their longest placement at age of majority. In contrast, 4 youth (19%) experienced 10 or more placements following the end of their longest placement. Transitional Planning status was recorded for 9 (33%) of the young adults in this group and was generally used to extend care for less than one year. One individual had their care extended to the maximum of 21 years. Although data was fragmentary, the recording demonstrated youth experienced multiple workers with the mean being 5.7. Only 3 files included a comprehensive plan for transition out of care.

10. Discussion

The literature provided an indication of a number of factors that would support the success of any youth leaving care. There was also a small amount of information related to the particular needs of youth with FASD. Briefly summarized those placement factors that supported resiliency included the stability of residential placements, the stability of school placements, and attachment to a significant mentoring adult. Transition plans needed to address the particularly problematic outcome areas of employment, income, housing, social relationships and mental health. Further, especially for those managing FASD, agency care needed to be replaced by a structured environment that included the support of a one-on-one advocate/mentor.

The paucity of information in the administrative database related to transitional plans makes it impossible to use a review of the electronic files as a method for examining transitional planning. It is not clear from the record what elements are incorporated into plans, or even how often transitional planning occurs. To understand what planning occurs with youth in this group leaving care, an alternate method of data collection would be necessary. The CFS hard copy files might have more information. Given the role of the school division in transitional planning, it would be useful to access their records for this particular demographic. Where records are incomplete, direct contact with the youth leaving care and their workers would be the most helpful method of data collection.
Matters of placement were more routinely reported in CFSIS. It was possible to get an understanding of the stability of placements and by inference the stability of school placements and opportunities to form lasting relationships.

The stability of residential placements was clearly an issue for this group of children in care. While stability in placements is always important, as children age, placement stability has increasing impacts on educational continuity. Without placement stability in later adolescence, the process of transitional planning is also made more difficult. What this file review demonstrates is that this group of children with FASD tended to have stable placements in their early years but faced increasing instability as they entered adolescence, a time critical for both their education and transition planning.

This later instability also reduced the likelihood of establishing enduring relationships with foster parents or teachers, reducing the pool of possible adults who might serve as the advocate/mentor that has been characterized as important to successful transition. Workers who might have filled the role of mentor appeared to be even more changeable than placements. Given the dramatic changes to the administration of child welfare in Manitoba in the past four years and some subsequent growing pains marked by a higher than usual staff turnover, it is understandable that children have had a higher than desirable number of workers. All these factors serve to increase the risk of poor transition outcomes for this group of youth.

The use of Transition Planning status to continue placement beyond age 18 was minimal in a group where disability would have tended to impede both school progress and social maturity, both factors that one would expect to trigger use of TP provisions. Given that this sample was composed entirely of permanent wards, everyone was theoretically eligible for an extension of care. It is not clear what the systemic influences are that so significantly limit this opportunity.

Although most of the youth in this study experienced more instability than is desirable, there were six (29%) who were in their longest placement at their 18th birthday. This period of stability would have made it possible for workers and agencies to develop a comprehensive and strategic transition plan. Four youth were in their original placement at the time of aging out. For those four, the agency was able to provide a lasting substitute family. Unfortunately, the information on those CIC files does not allow for an in-depth analysis of factors leading to the success of those placements nor is it clear what the benefits of long term placement are as the youth prepare to leave care.

11. Conclusions and Future Directions

Transitional Planning

The protocol for transitional planning for youth with disabilities leaving agency care has been well-developed, is detailed and thorough. In addition, the Province has developed guidelines to support workers in designing an effective transitional plan for children leaving care. General use of the guidelines and protocol should result in effective strategies for connecting youth to adult services. Unfortunately, it was not clear using this data collection strategy that the guidelines are used or that plans are developed. This has implications for both the database and data collection methodology.

Although the database is not completely used in its present form, it also does not necessarily collect all the information that would be helpful for evaluating a transitional plan. Information related to education is asked for as part of the Wellness Windows added to CFSIS in 2005. The inclusion of the transitional plan would also be helpful. Another variable important to successful transition is work experience or an employment history. Gathering this information would also be useful.

Given the current challenges related to the use of CFSIS, it might be more effective to use an inter-departmental approach to evaluate the educational achievement of children in care. This could be done using the capacity of the Manitoba Centre for Health Policy (MCHP) to link databases. MCHP is able to use Health, Education and Child and Family Service databases and link information on individuals across the three departments.

A qualitative study gathering information from youth leaving care and/or child in care alumni would be the richest source of information on the issues that youth face and the gaps in services that impact their transition to adulthood.

Placement Factors

The literature identifies stability in placements and education and a lasting relationship with at least one adult support as important to successful transition from care. These factors were only weakly identified in this group of youth. Stability in placements had occurred for some but most had multiple placements and multiple workers. Placements changed most often during the teen years when change carried the greatest potential for disruption of scholastic achievement and planning for independence. The type of placement appeared to be an important contributor to stability.

Recognizing that stability is critical to children in care, it is important to enhance the ability of foster parents to deal with issues of adolescence. Knowing that children with FASD are likely to become PWs, their placements should be made with a view to long term care. If there is shortage of homes that can manage children through adolescence, alternatives to foster families need to be explored. Teens must have a stable placement from which to launch themselves toward adulthood.

Many children leaving care reconnect with their biological families. The degree to which this is possible for youth with FASD is not known. The conditions under which these children enter care is most often related to the conduct of their parents (Fuchs et al. 2005). The provincial child welfare standards require workers to annually review the potential for connecting PWs to their family of origin. This is to be undertaken where it is considered to be in the best interest of the child. Given the current understanding of the importance of enduring relationships and social supports for youth leaving care, this may be an important avenue for workers to explore. While parents may not have been able to provide care at an earlier point in the child's life, they may have made significant life changes over a number of years and be positioned to provide some support to an immerging adult.

Extending Care

Manitoba agencies have not used the Transitional Planning option for permanent wards to the advantage of FASD youth. There is considerable recognition that all children in care need agency support beyond their 18th birthday. This is even more important for youth with FASD. A general extension of care past 18 years has been variously recommended (Reid & Dudding, 2007; Courtney & Dworsky, 2006; Schibler & McEwan-Morris, 2006; Pecora et al., 2005). Given the poor outcomes of children in care, this is a strategy that requires serious future consideration. For the FASD group this is of even greater importance. The adult services available to assist this group do not match the services available to support those managing other disabilities. Leaving young people with FASD to fend for themselves can only result in the worst possible outcomes.

Services for Individuals Living on Reserve

Many of the children in care in Manitoba have First Nations status and agencies provide care on and off reserve. In Manitoba, parity in child welfare funding to support children on and off reserve has not been reached. Children on reserve remain disadvantaged in terms of services. This difference becomes even greater as children reach adulthood. Adult services, as described here, are not available for persons living on reserve. Individual Bands provide for their members as they are able and see fit. The extended families of many children in care live on Reserve. The lack of on-reserve services may mean that youth leaving care must choose between obtaining whatever services they can and living with the support of extended family. The right to reasonable services should be recognized for all residents of Manitoba.

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