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To cite this article: Roberta L. Woodgate, Corinne A. Isaak, Marlyn Bennett, Donna Martin, Pauline Tennent, Clayton Sandy & Justin Lys (24 Mar 2026): Transitioning out of the child welfare system in Manitoba, Canada: a qualitative exploration of stakeholders' perspectives, Journal of Public Child Welfare, DOI: [10.1080/15548732.2026.2649795](https://doi.org/10.1080/15548732.2026.2649795)

To link to this article: <https://doi.org/10.1080/15548732.2026.2649795>



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Published online: 24 Mar 2026.



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Transitioning out of the child welfare system in Manitoba, Canada: a qualitative exploration of stakeholders' perspectives

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ABSTRACT

Youth transitioning out of the child welfare system can experience marginalization and material disadvantage. This research aimed to increase understanding of the challenges for Indigenous youth (First Nations, Métis, and Inuit) transitioning out of the Manitoba, Canada, child welfare system and seek recommendations to improve youth outcomes. Semi-structured interviews with 25 stakeholders were analyzed to identify themes across planning, leaving, and after-care phases, revealing systemic gaps that leave youth in a liminal state. Recommendations include readiness-based exits, culturally grounded programs, and flexible after-care support, emphasizing Indigenous voices and jurisdiction in shaping solutions.

ARTICLE HISTORY

Received 12 October 2025
Revised 15 March 2026
Accepted 17 March 2026

KEYWORDS


Child welfare; foster care; youth; care leaving; indigenous; qualitative; Canada

Introduction and literature review

Youth in the child welfare system (including foster care, kinship, group, and residential care) who have not returned to their families of origin and reach adulthood (age of majority) are required to transition out of the child welfare system to independence as they are no longer eligible for the same services and supports. This transition is often referred to as “aging out” (M. M. Doucet & Advocates, 2020).

The poor outcomes associated with leaving care at this age are well documented. This has resulted in numerous countries implementing extended care programs that provide ongoing services and supports for this population beyond the age of majority (Van Breda et al., 2020).

Service providers, managers/administrators (stakeholders) working in the child welfare system play an integral role in supporting youth to navigate out the child welfare system to adulthood. The purpose of this study is to garner these stakeholders' perspectives

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regarding challenges and recommendations specific to Indigenous (First Nations, Metis, and Inuit) youth leaving care in the province of Manitoba, Canada.

Indigenous children and youth in the Canadian care system

Across Canada, approximately 61,000 children and youth (8.24 per 1000) were in care in 2021/2022 (Pollock et al., 2024), and an estimated 10% (6,000) of youth age out of care annually (M. Doucet, 2020). Based on the 2021 Census, in Canada 53.8% of children aged 0–14 in care were Indigenous¹ but accounted for only 7.7% of this population (Government of Canada, 2023). Among Canadian provinces and territories, 15.1% (29.60 per 1000) of Manitoba children are in the care with CFS, which is among the highest across the country (Pollock et al., 2024; Sansone et al., 2020). Of the 8919 who were in care in Manitoba in 2024, 91% were of Indigenous ancestry (Manitoba Minister of Families, 2024). Yet, approximately 18% of all Manitobans are Indigenous, of which 30.3% are aged 0–14 years and 17% aged 15–24 years) (Statistics Canada, 2021).

The disproportionate representation of Indigenous children in Canada's child welfare system can be linked to processes of settler colonialism, and the ongoing intergenerational impact of colonial governance in Canada, including the Indian Residential School System, and the "60s Scoop" which forcibly removed Indigenous children from their parents' care (Blackstock, 2007; Trocmé et al., 2023; Truth and Reconciliation Commission of Canada, 2015b).

In Canada, child welfare services primarily fall under the jurisdiction of provincial and territorial authorities. As of 2020, the federal *Act respecting First Nations, Inuit and Métis children, youth and families* (Bill C-92) gives Indigenous communities the right to create their own child and family services (CFS) laws (Canadian Child Welfare Research Portal, n.d.).

The Manitoba child and family services system

In Manitoba, following recommendations of the 1991 Aboriginal Justice Inquiry-Child Welfare Initiative (MacKinnon, 2010; Robertson et al., 2022) a plan began in the early 2000s for restructuring or "devolution" of Manitoba's Child and Family Services (CFS) system, handing jurisdiction from a single governing body system to First Nations and Métis peoples. As a result, the current Manitoba CFS system is administered through four CFS Authorities across the province (General CFS Authority, First Nations of Northern CFS Authority, Southern First Nations Network of Care, Métis CFS Authority), with CFS service delivery agencies reporting to authorities in their regions (Manitoba Families, n.d.-b).

However, all Manitoba agencies and authorities are still required to operate within the Manitoba CFS system which continues to uphold colonial values that operationalize as power imbalances between parents and CFS which disempower Indigenous families or parents being penalized for non-conforming behaviors (Robertson et al., 2022). These actions on the part of CFS may then result in removal of children from their families, loss of their language, identity, and connections reminiscent of the "60s Scoop" and Residential Schools eras (Milne et al., 2014).

To address the overrepresentation of Indigenous children within Manitoba's CFS system and to respect federal laws affirming Indigenous jurisdiction over child welfare (Government of Canada, 2019), the Government of Manitoba introduced amendments to

the CFS Act in March 2023. These proposed measures include tools to protect cultural continuity and to preserve, sustain, and restore First Nations, Inuit and Métis children, youth and families (Government of Manitoba, 2023). However, impacts of these proposed changes are yet to be evaluated.

Transitioning into adulthood and out of care

Liminality Theory, a core theory in youth studies has been used to understand transitions in society, with liminality defined as being in an in-between state between two more permanent states of being (Furlong et al., 2018; Turner, 1991). According to Van Gennep, an originator of liminality theory, transitions during rites of passage have three phases: separation (from former identity), margin/transition (liminality, ambiguity), and incorporation/reaggregation (to new status) (Furlong et al., 2018; Van Gennep, 1909). Youth preparing for and transiting out of care experience a dual transition as they are simultaneously moving through these life phase rites of passage and leaving care (Woltman, 2018). Using Liminality Theory, Glynn (2020) suggests that “leaving care is a period of transition “from child in care” to “adult in society” (p. 53) (Glynn, 2020), with conclusion of the liminal leaving care phase when care leavers are reintegrated into society in their new status as independent adults (Dima & Skehill, 2011).

The age-based transitions out of care to adult independence are not gradual, but “accelerated and compressed,” leading to “instant adulthood” (Stein & Munro, 2008). The push to independence stands in contrast to readiness-based transitions of youth in the general population, which is typically between ages 25 and 29 (Arnett, 2015). In 2011, 43% of youth aged 20 to 29 in Canada were living with their parents (M. M. Doucet & Advocates, 2020) and can typically rely on the ongoing support of their families (Arnett, 2004; Statistics Canada, 2017).

Outcomes of youth transitioning from care and reintegrating into society

Age-based exits from care have been attributed to poorer health and social outcomes of youth in care compared to their peers without a history care (Avery & Freundlich, 2009). In a recent scoping review of international literature, Prendergast et al. (2024) highlight numerous interrelated adverse outcomes that many in-care youth experience prior to leaving care, including mental health and social challenges, early parenthood, low educational attainment, and justice system involvement (Prendergast et al., 2024). The literature also shows that youth care leavers struggle to reintegrate into society as independent adults. For example, Canadian-based research involving this cohort reports experiences of housing insecurity (Nichols et al., 2023), poor mental and physical health, unemployment, and economic insecurities (Clarkin et al., 2021), anxieties (Keller, 2023), to name a few.

These outcomes for Indigenous youth with a history in care are exacerbated due to intergenerational trauma, systemic racism, lower trust in family and neighbors, cultural disconnection, and the colonial policies that displaced them (Bennett, 2019; Brown, 2023; Fallon & Miller, 2020). Indigenous youth experience mental health challenges, housing precarity, cultural disconnection, criminal justice involvement, and feelings of being adrift and abandoned (Ervin et al., 2026; Jaffer, 2023; Woodgate et al., 2024). Later in life they may experience high rates of under-educational, under-employment/unemployment,

isolation and suicide, loss of relationships and identity, substance abuse, addictions, and poverty (Quinn et al., 2022).

Transition support and extended care programs

Given the known poor outcomes associated with leaving care prematurely, numerous countries have implemented programs that provide additional support measures. While policies and programs for transition and extended care—also referred to as after-care—vary globally, they can include transition planning prior to exiting care, and extended supports (e.g. financial) and services once they have exited care, often to age 21 (Sukumaran, 2021; Van Breda et al., 2020).

In Canada the legislated age-based cutoff for youth to transition out of care ranges from 16 to 19 years. Compared to other countries, Canada fares poorly with relatively fewer programs available for youth after-care (Mann-Feder, 2023) that are focused on financial, housing, and tuition supports, and job training (Leal-Ferman et al., 2023), leaving these youth insufficiently prepared for adulthood (Sukumaran, 2021).

In Manitoba, preparation with youth in care to transition out of care at age 18 is “mandated” to begin at ages 15 to 17. Agency workers (e.g., social workers, case managers) are to work with youth on a transition plan for exiting care. This involves referrals to adult services and resources, skills development and goals, reconnections with their birth family or home community. Extended care (after-care) support options to age 21 are facilitated and approved by CFS Authorities through Agreements with Young Adults (AYA), previously termed “Extensions of Care” (Manitoba Families, n.d.-a). These agreements are permissible by special application by eligible youth who are legally “permanent wards” (Manitoba Families, n.d.-a). However, in 2024, 71% of children in care were permanent wards (Manitoba Minister of Families, 2024), resulting in the exclusion of a substantial number of youth in care from this opportunity, particularly Indigenous youth as fewer are permanent wards (Schibler & McEwan-Morris, 2006).

Child welfare service providers’ perspectives

Service providers, managers/administrators (stakeholders) play a key role in supporting youth transitioning out of care and have invaluable perspectives that can be utilized to inform and improve services and supports for these youth. Yet there is limited qualitative research exploring stakeholders’ input that is specific to the transitioning phase of youth’s care. In existing research, which is primarily from the United States and Canada, stakeholders highlight reoccurring issues within child welfare systems. During the preparation and transitioning phases, these include poor preparation for independent living/skills development (e.g. financial) (Henson et al., 2023; Jones et al., 2025; Nixon, 2020), limited youth-focused/needs-based programming and resources (educational, employment), funding challenges for adequate staffing and programming, and staff retention and turnover (Henson et al., 2023; Schibler & McEwan-Morris, 2006). Advice for successful transitions out of care included affordable/appropriate housing options (Jones et al., 2025; Schibler & McEwan-Morris, 2006), and tailoring services to the specific needs and developmental phase of care leavers (e.g. young parents, gender/sexual, racial, ethnic minority youth) (Jones et al., 2025; Radey et al., 2016).

Current study

The extant literature exploring child welfare stakeholders' perspectives is not specific to Indigenous youth transitioning out of care, and only one study from 2006 (Schibler & McEwan-Morris, 2006) is Manitoba-based. To address these research gaps, this study taps into the knowledge and experiences of Manitoba CFS stakeholders working with Indigenous youth to discuss current challenges and seek recommendations for improving supports and services for these youth transitioning out of care. The focus on Indigenous youth also aligns with the Truth and Reconciliation Commission of Canada Calls to Action #2 (publication of reports related to Aboriginal children in care) and #4 (establishing national standards for Aboriginal child welfare) (Truth and Reconciliation Commission of Canada, 2015a).

Materials and methods

Study design

This current qualitative component (interviews with CFS stakeholders) is part of a larger mixed methods project. The project involved a collaboration between researchers and individuals involved in the grassroots national advocacy movement, *25Not21*, which lobbies to increase the age of extended care to at least 25 years of age (CBC News, 2015; Provincial Advocate for Children & Youth, 2012; Roberts, 2015). The research team was composed of white settlers living on Treaty 1 Territory (RLW, CAI, DM, PT), an Indigenous scholar from Sandy Bay First Nation First Nation who is a Canada Research Chair in Indigenous Children's Wellbeing (MB), a Knowledge Keeper and Residential school survivor whose home community is Sioux Valley Dakota First Nation (CS), and a research coordinator (JL) who is a member of the National Homeland of the Red River Métis. An Indigenous Youth Advisory Committee composed of youth who have transitioned out of care, played key roles in this project, which aligns with *Chapter 9: Tri-Council Policy Statement (TCPS) 2* (Government of Canada, 2022) and First Nations OCAP™ (Faculty of Health Sciences, n.d.; The First Nations Information Governance Centre, 2014).

As part of the larger project, qualitative interviews were conducted also with Indigenous youth leaving care (Woodgate et al., 2024) and a population-based component is underway examining health and social outcomes of Manitoba Indigenous care leavers.

Sampling and recruitment

Recruitment strategies involved sending posters and newsletters to Manitoba CFS authorities and agencies that serve Indigenous youth and promoting the study on partner organization and IN-GAUGE | Health & Social Sciences Research social media sites. Stratified purposive sampling was used to select information-rich and expert knowledge from stakeholders working in various roles (Lincoln & Guba, 1985; Miles & Huberman, 1994; Patton, 2014). This was followed by snowball sampling through referrals by previous participants (Polit & Beck, 2017). Interested participants contacted the study coordinator who then provided study details. Following confirmation of stakeholder eligibility criteria

Table 1. Participant characteristics.

<i>N</i> = 25	<i>n</i>	%
Gender Identity		
Woman	22	88
Man	3	12
Age Range		
25–34	13	52
35–44	3	12
45+	9	36
Identity		
Indigenous (incl. First Nations, Métis, and Inuit)	8	32
Not Indigenous	17	68
Profession/Position		
Social Worker	13	52
Other (e.g., Occupational Therapist, Psychologist, Case Manager, Program Coordinator)	12	48
Length of Time Practicing in the Field (years)		
Range	1–35	
Mean	13.45	

of experience working with Manitoba Indigenous youth transitioning out of care, and provision of free and informed consent, participants were enrolled. In total 25 stakeholders were recruited and participated in the study. Most identified as women (22; 88%) and (17; 68%) as Not Indigenous, with an average of 13.45 years of practicing (Table 1).

Journey mapping was used as a methodical tool to report recommendations for successful transitions out of care. Journey mapping, adapted from marketing and consumer service (Gibbons, 2018) explores experiences over time via various facets of a process (Sperano et al., 2019). This method has been used in health and social research to create narrative timelines (Ly et al., 2021) and as a data collection tool in qualitative research focused on youth experiences with leaving the child welfare system (Clarkin et al., 2021; Layton et al., 2021).

Data collection

Demographic forms were completed, followed by semi-structured 60–90-minute interviews using an interview guide to elicit stakeholders' first-hand experiences in supporting Indigenous youth transitioning out of care, including barriers and facilitators. The option of a second interview was given to all 25 participants if they felt a single interview was not sufficient, or for researchers to follow up on areas that required further clarification, and to ensure researchers' interpretations aligned with stakeholders' meanings.

All interviews were conducted in English and done virtually (phone/video conferencing) due to the COVID-19 pandemic between May 2020 and April 2021. Trained research personnel used various strategies to facilitate discussion (Lincoln & Guba, 1985; McInnes et al., 2017). Field notes were recorded, and interviews were digitally recorded and transcribed verbatim.

Analysis

All data from the transcripts and field notes were organized into a table of contents in Microsoft Word. Data analysis occurred simultaneously with data collection. An inductive approach of thematic analysis was employed, identifying recurrent themes across

transcripts, delineating units of meaning from the data, and clustering units of meaning with similar patterns to form thematic statements and extracting themes (Barbour, 2008; Morse & Field, 1995; Patton, 2014). Measures applied to enhance methodological rigor of the study included prolonged engagement with participants and data, careful line-by-line analysis of the interview transcripts, and detailed memo writing (Barbour, 2008; Lincoln & Guba, 1985). Member checking of emerging themes was performed by presenting findings and reviewing major themes with the Indigenous Youth Advisory Committee (Iseke, 2013). Researcher bias was ensured through discussions among the research team including Indigenous team members, which further allowed checking assumptions.

In a second level of analysis, What's Needed' themes and sub-themes were applied to a journey map visualizing participants' recommendations and solutions to address "What's Not Working" within Manitoba CFS. Basic descriptive statistics (e.g., means, frequencies, ranges, standard deviations) were calculated using *SPSS Statistics 27.0* (IBM Corporation, 2020) to analyze demographic data.

Participants

In total, 25 individuals participated in virtual semi-structured interviews (Table 1), with 10 of these completing follow-up interviews. Stakeholders represented nine different CFS authorities/agencies in Manitoba providing services and support to youth exiting care. Approximately half of the agencies were Indigenous led, with most based in the capital city, but serving youth from across Manitoba. While most of the youth receiving services from these agencies were Indigenous (First Nations, Métis, Inuit), not all were.

Themes

Two core themes emerged across the Preparing (ages 15–17 years), Leaving (age 18), and After-care (ages 18+) phases (Pinkerton & Van Breda, 2019) that focused on "What's Not Working," and "What's Needed."

Ethics

Ethical approval was received from the Health Research Ethics Board at the University of Manitoba (#HS22878 [2019:213]), the Health Information Governance Research Committee (HIRGC) at the First Nations Health and Social Secretariat of Manitoba, and CFS agency]. Research was performed in accordance with the principles stated in the Declaration of Helsinki.

Results

Each core theme is presented according to three phases of transitioning out of care (Pinkerton & Van Breda, 2019): Preparing (ages 15–17 years), Leaving (age 18), and After-care (ages 18+). Sub-themes in bold font identify specific structural (systems and CFS services), and individual (youth leaving care) factors. The "What's Not Working" theme is presented in the text, quotes and Table 2 below, followed by the "What's Needed" theme findings presented using data visualization (Figure 1 Journey Map).

Table 2. Reoccurring challenges during transitions out of care.

	Preparing Phase (15–17 years old)	Leaving Phase (18 years old)	After-Care Phase (18+ years old)
<i>SYSTEMS</i>	Block Funding (inflexible)	Block Funding (not tied to AYA) Age-based Exits from Care at age 18 years	Age-based AYA cut off at age 21 years
<i>CFS SERVICES</i> (CFS Authorities, Agencies, and Workers)	AYA (ambiguous process; administrative burden for CFS workers) Inconsistencies >Inter- Intra- Authority & Agency (service practice/protocols, AYA application support for youth) Limited Cultural programming for Indigenous Youth (funding & staffing constraints) Limited Transitional services for Indigenous Youth (lack of awareness by CFS workers)	AYA (status uncertainties for CFS workers)	AYA (reapplication challenges for CFS workers) Inconsistencies >Inter- Intra- Authority & Agency (AYA renewals)
<i>YOUTH</i>	AYA >application barriers Inconsistencies >receipt of AYA Living In Survival Mode Lack of Belonging/Identity	Indigenous Youth > Stuck in Systems Relational Changes & Disconnects	With AYA >Moving toward independence >Distress- AYA retention & renewal Without AYA >Adverse Outcomes Without AYA >Stuck in Survival Mode

What’s not working?

Through stakeholders’ accounts, this theme and sub-themes speak to the multi-phased challenges within the care leaving context in Manitoba that inhibit responsive and sustainable transitions for Indigenous youth. While we acknowledge the complexities and multilayered aspects of care leaving, the findings are presented here in a linear fashion to depict the experiences of stakeholders working within systems and CFS services to support Indigenous youth on their journeys out of care.

Preparing phase (ages 15–17)

System

In working with youth preparing to leave care, stakeholders identified numerous systems-level challenges for agencies, workers, and youth, within, for example, the CFS, mental health and addictions, and education systems. Firstly, regarding the CFS system in Manitoba, participants noted, “we have the most complicated system in the entire country here in Manitoba . . . it’s way overcomplicated the way that the four authorities are set up right now.” Working under the CFS system’s “block funding” structure (a set amount of funding provided to agencies for a 3-year period, versus a per child amount),

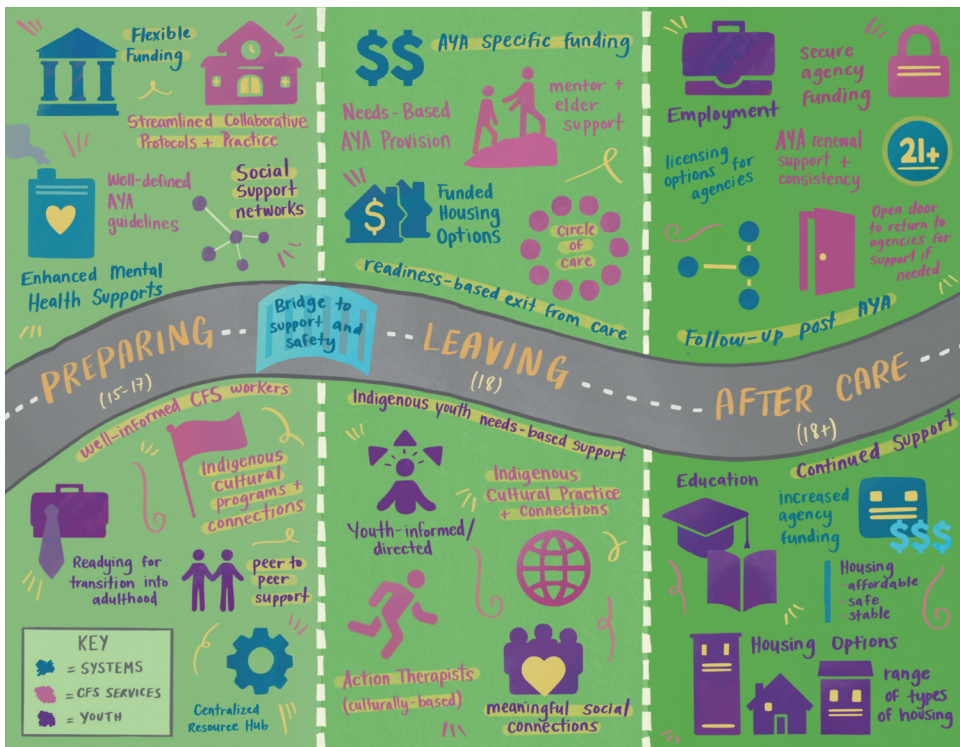


Figure 1. Journey map-what's needed: stakeholders' recommendations.

stakeholders felt financially constrained and not easily able to respond to changing demands in case loads and youth's needs.

Then, within the mental health (MH) system, while there are many valuable resources, there are "tremendous waitlists for mental health support," while workers and youth alike deal with system navigation challenges, attempting to find needed MH resources and supports. Additionally, the Manitoba education system has a residence location registration policy, meaning that CFS agency staff are only able to register youth within the school catchment area based on where the youth is residing. Given that some youth in care have frequent changes in their foster care placements means youth are not always able to access school programming that is the best fit for them which "... causes disruption to their academic learning. It's especially problematic when they get to high school because they can start a credit but won't be able to finish it in a school year because they've had a placement change."

CFS Services. Stakeholders highlighted the importance of *CFS authorities and agencies* "being on the same page" and following their protocols during the preparation phase. As without this, the inter- and intra-authority/agency inconsistencies in practice and lack of coordination between agencies hindered connecting youth with the best possible after-care.

For *CFS agencies*, staffing challenges including understaffing and high staff turnover have significant impacts on youth as they may lose key relationships with workers, "... which can be extremely discouraging, and often leads to setbacks" for youth . Although

there are dedicated and caring staff working hard and advocating for youth, most agencies and workers have large caseloads making it "... impossible to spend the time with our kids that we should be spending with them" Additionally, with large caseloads, staffing and funding limitations, providing culturally appropriate programs and supports to Indigenous youth, such as access to elders, or ceremonies proved difficult for some agencies.

For *CFS workers*, a key part of preparation for transitioning out of care is completion of Agreement with Young Adults (AYA) with youth. The AYA application requirements were said to be a sizable administrative burden that is onerous, ambiguous, and "involves a lot of paperwork" with a lengthy approval process. Prior to COVID-19 it would take 1–3 months for approval, and during the pandemic, it was much longer. Furthermore, some CFS workers are unaware of transition programs specifically geared toward Indigenous youth, including youth that may be returning to their home communities where there is often a lack of services. These inconsistencies then impact the type and level of support for youth because "it depends on who your social worker is and that they [youth] are made aware of these things."

Youth. Within the systems and CFS services contexts noted above, youth in care are required to prepare for leaving care. The reality is that many Manitoba youth in care have a long, "transient history" in care, with multiple placements, "bouncing from foster home to foster home" Many have also experienced trauma or abuse (e.g., physical, or sexual) so are living with complex trauma, mental health, and addiction challenges; thus, "they're always in crisis and survival mode." These challenges, along with behavioral issues can also make it

... difficult to manage in schools and this results in suspensions and sometimes repeated suspensions and an inability for them to access education at all. So, we have a large number of youth not graduating from high school which sets them up for more difficult life circumstances. [SK03]

Moreover, all too often youth in care lack a sense of belonging and identity and have had little or no contact with their birth family or home community, e.g., First Nations community. This is the case, particularly if they have been in long-term and or multiple placement foster care as "... there's no effort to be made to keep them in touch with their home community, their home family, and that's been a really big struggle for some of them," especially if Indigenous youth are planning to return to their family and/or Indigenous community after leaving care.

For some youth the preparing phase means working through the complex application process of AYA, however this comes with numerous potential barriers. For youth who are informed, eligible, and interested in AYA, inconsistencies are evident as to which youth receive AYA due to CFS system criteria and variations in how agencies approach or interpret this process. This was concerning for stakeholders, because "these youth have to struggle to get it" despite being "the youth that need the most support." Conversely, "some 17-year-olds are even resistant to getting AYA, like they won't accept one even when we explain to them like all of the benefits and additional supports, they just want to be done with CFS." Still others "get missed and falls through the cracks" if AYA are not

approved or the youth have not signed the required documents, despite when separation from supports would be detrimental to the youth.

Leaving care phase (age 18)

The leaving care phase represents the time of exiting the child welfare system, having reached the age of majority and no longer eligible to receive services (Sukumaran, 2021). In Manitoba, this is from the day the youth turn 18 years old when they legally transition from child to adult.

Systems. According to stakeholders, the “block funding” approach is detrimental to adequately assist youth in leaving care because AYA funding is not connected to the block funding that agencies receive for youth while in care.

There was also uniform agreement among stakeholders that age-based exit from care at age 18 as legislated by the Manitoba CFS system is not beneficial because “it’s more about stage in life and less about age” as “it’s so dependent on the child and where they’re at like just emotionally, cognitively, everything . . .” Even for youth who are approved for an AYA, one of the greatest challenges is finding housing due to the scarcity of safe affordable housing in Manitoba, and limited funding, leaving many youth precariously housed. Hence, “it needs to be emphasized that housing is one of the biggest barriers because they don’t get enough money to have safe housing. . . it’s really hard, like I have way too many youth couch surfing.”

CFS Services. Working within the CFS system limitations as noted above, CFS agencies and workers often find themselves in difficult situations in their efforts to support youth leaving care. Such as, “fighting with finance for everything that our kids need.” Furthermore, regarding

Agreements with Young Adults . . . we have people telling us that they need to follow these rules or else they can’t go on the AYA . . . So that’s kind of like another issue is the whole AYA process and, and having this big, long checklist of stuff . . . [SK20]

Connected with lack of funding and appropriate housing for youth leaving care, another challenge for CFS workers is youth’s lack of identification documentation (ID), impacting their abilities “. . . to find housing for someone without a positive rental history or trying to get a bank account for someone who doesn’t have ID, and like those are, there’s so many barriers in place for young 18-year-olds . . .” For Métis youth for example, who may not have a Métis card confirming their Métis citizenship, this presents a challenge for workers and youth in accessing Métis-based and funded resources when leaving care.

Youth. Regarding leaving care, “some kids are ready to go and are able, . . . and it’s a fairly smooth transition.” For many others however, the leaving care phase is a time of precarity, liminality, and “mixed emotions.” Although youth may be excited about being out of care and independent, simultaneously they may be scared and nervous. This stands to reason, as one of the greatest challenges for these youth is the “. . . huge leap to go from in care to the community . . .” and into instant adulthood as described by one stakeholder:

Independent living, like just the idea of like getting your own apartment and handling everything that comes with that, is like terrifying for a young person. And like mainstream kids lately, now more than ever are staying at home like into their 20's, they still have a parent to handle things like that and like with CFS they're just expected to do it at 18. [SK09]

The need youth to become instantly independent occurs alongside previously mentioned conditions (e.g., complex trauma, mental illness) that make it extremely difficult for youth in care to transition smoothly. Many youth in care "... are just so vulnerable on multiple levels ..." impacting development of life skills, budgeting, and problem-solving competencies prior to leaving care. Additionally, relational changes and disconnects that occur prior to and during the preparing phase, continue in the leaving phase, further impeding successful transitions.

Often kids are out of care, are aged out of care and they have no connection to this family that's raised them potentially for 15 years of their life or their whole life. And no one has facilitated the connections back to family of origin, so they're really lost. [SK25]

These compounding, interconnected burdens of youth in care's histories of trauma, lack of sense of belonging and connection, along with being inadequately prepared for independence can have adverse outcomes. For example, "... falling through the cracks," or some youth,

... fall into ruts of depression and anxiety and start going into gangs and things like that, because they're looking for a sense of belonging and I strongly feel that's a huge adjustment for them, when they're out of care, is that you know if they don't heal from their traumas that they could feel very alone. [SK22]

Moreover, the sense that youth leaving care are stuck in the systems without adequate supports was very concerning for participants, particularly given the impacts of colonization.

Like it just feels like for youth especially Indigenous youth once they're in care they're just entrenched in all the systems that exist and it's really hard for them to shake free ... like they just, once they've touched the child welfare system, they're involved in everything it feels like and it's really hard to get out of that. [SK04]

After-care phase (ages 18–21)

Systems. CFS system challenges related to AYA continue in the after-care phase. For youth who do receive an AYA, the CFS system mandated age-based AYA cutoff at age 21 was also deemed to be too soon as many youth may not be ready for independence, particularly those who have experienced trauma and disrupted relational connections.

Even if you think about children who are not in care, not every 21-year-old who hasn't even had a history of trauma is ready to be fully independent or on their own. Particularly in a system that has actually cut their ties to their natural supports. And so now at 21 when they were not ready and their connections were cut or prevented, now they have to be on their own. And so, when they, when they return to their communities or their family that they were not allowed to be in connection with they are strangers. [SK24]

Additionally, some youth who declined AYA during the Preparing Phase (15–17 years old) discover after they turn 18 that they really are not ready for independence. Unfortunately,

the current Manitoba after-care system has a “closed door to support” policy and youth cannot access support through their former CFS agencies.

They [CFS System] made a very radical change that was not appreciated by any of us that helped work with these kids. They decided last year I do believe it was, that if a kid decides to exit care that they don't get the opportunity to come back into care. Which is horrible for these kids 'cause a lot of times they think they can do it on their own and then sadly they go out into the world and realize they can't, but now they don't have access to any of those kind of supports that were potentially there for them. [SK08]

CFS Services. *CFS workers* face intensified administrative burdens and challenges in the after-care phase as initial AYA are only approved for 6 to 12. This is especially challenging given their high caseloads. The AYA reapplication process also requires that workers “prove” whether the original plans and goals in the AYA are being followed and met by the youth. However, “the timelines on these, of these extensions, are all over the place,” suggesting inconsistencies across the four CFS Authorities, with some requiring renewal every three months. Yet, “. . . it's very hard to show progress in three months sometimes with a child, so it's very difficult to help kind of prove that this kid still needs these supports.” For youth not following their agreed-upon AYA plan, CFS workers may receive pushback from their supervisors, saying there is not enough proof, and then only reapproved the AYA for three months. This approach, however is,

. . . Frustrating on the workers' part because it's like, you know we know our kids better than our supervisors do . . . it's sad that we can advocate and advocate and advocate, but they'll always press back, expecting more, and it's frustrating that we're not the final decision-makers, even though we know these kids really well. . . . which then also takes away the workers' ability to do more work because we have to sit there and reapply again. . . . it's bonkers. [SK22]

Youth. For youth who do not have an AYA or any supports after leaving care, this can be a difficult time requiring them to be “the one solely responsible” for themselves. One stakeholder linked this back to youth in care not being provided the life foundations to be successful due to their transient histories. Thus, “. . . they're not really able to advance to other things like getting a job or finishing their schooling 'cause they're kind of just stuck in survival mode’ On the other hand, participants noted the benefits for youth who receive AYA, as ‘they do a lot better’ . . . they have that independence, but they also have just somebody guiding them through it’ Nevertheless, for youth to retain their AYA, they are required to be in school, vocational training, a job, or in addictions treatment. This can present significant distress for them due to “the hoops that they have to jump through or the things they have to do to stay like in an extension of care . . . in order to like claim that like they're worthy of an extension.”

Reoccurring challenges identified across two or more phases included funding models, age-based exits, AYA, inter- intra- authority/agency inconsistencies, limited Indigenous-specific supports, youth living/stuck in survival mode, and lack of belonging and relationships for youth (Table 2).

What's needed? stakeholders' recommendations

The journey map (Figure 1) visually describes stakeholders' recommendations for what is needed for youth to successfully transition out of care. Reading from left to right, Figure 1 portrays the three age-based phases of transitioning out of care. The icons and text phrases in the graphic represent paraphrased interview quotes, recommending what is needed from systems, for CFS services, and youth for successful transitioning. Recommendations to address the reoccurring challenges identified in Table 2 are highlighted across common sub-themes such as adequate funding for CFS Services, improvements to AYA processes, and need for youth- and Indigenous-focused supports and connections. A key leaving phase recommendation is the use of Action Therapy, a Manitoba-developed approach using an Indigenous lens, explained by a participant.

One of the core tenants of action therapy is that they remain involved even after the formal service contract ends. . . . they provide counseling like just organic talking counseling, but they also provide like more active counseling, so they will go berry picking with the youth, they'll go to a sweat with the youth, they'll do like a lot of cultural activities . . . it tries to like instill that kind of like set of values, like community building in them. But I feel like the biggest um positive of action therapy is that they tend to develop like really genuine relationships . . . [SK_09]

Discussion

Through interviews with stakeholders working in the CFS system, this study fills a research gap by providing new and needed perspectives regarding the Manitoba care leaving process across the preparing, leaving, and after-care phases. Findings reveal a continuing thread of "what's not working" within systems, CFS authorities/agencies, and for Indigenous youth. Challenges include block funding, age-based exits, ambiguous and onerous extended care processes, and Indigenous youth stuck in survival mode, without a sense of belonging and connection. Collectively, these challenges may suspend Indigenous care leavers in a liminal state, insufficiently supported through the normal rites of passage to reintegrate into society to thrive as adults. Stakeholders' recommendations for "what's needed" to address these barriers include flexible and secure funding, readiness-based exits, well-defined extended care guidelines, and Indigenous cultural programming and practices within and across the transitional phases.

Systems and CFS services

Transition planning is intended to assist youth in preparing for their transition out of care and enter adulthood (Office of the Auditor General of Canada, 2014). Yet, structural and CFS system challenges identified in our study appear to be hindering CFS authorities and agencies in their ability to adequately prepare youth for transitioning out of care and into adulthood.

Block funding (single-envelope model), for example, implemented in 2019 by the Manitoba Government, was intended to "help authorities create efficiencies and direct funding when and where it is needed the most" (Manitoba Minister of

Families, 2019). At the time, Manitoba First Nations chiefs issued a statement criticizing this “provincially designed and imposed decision” (Brake, 2019). Additionally, based on a previous review of block funding, the intended benefit of increased flexibility may not be beneficial for all CFS agencies as small or new agencies for instance, may not have past performance records to use for estimating base funding amounts and future costs (McKenzie, 2002). This may also be the case for some CFS authorities and agencies in Manitoba which may explain our findings which could be addressed by stakeholders’ recommendations for flexible, AYA-specific, secure funding.

Like reoccurring concerns previously identified in the literature regarding age-based versus readiness-based care leaving (M. Doucet, 2020; Sansone et al., 2020), our study highlights age-based legislation as a challenge for successful transitions out of care and extended care. Recommendations from stakeholders in this study for readiness-based exit from care could address these challenges and are consistent with previous research. For example, based on a compilation of reports from across Canada (1987–2020), one of five key recommendations by Doucet is to “eliminate age-based discrimination of Child Welfare System by implementing readiness-based transitions to adulthood” (p. 17) (M. M. Doucet & Advocates, 2020). This approach allows youth to leave care when they are developmentally ready, and improves the likelihood of positive outcomes in adulthood (Sukumaran, 2021).

An important contribution of our study is the identification of challenges experienced by Manitoba CFS services related to AYA at the preparing, leaving, and after-care phases (e.g., ambiguous processes, administrative burden). These challenges are not only a hinderance for CFS services but were also said to negatively impact youth (e.g. application barriers, receipt, renewal, and retention of AYA) throughout the transition phases. Similarly, in an analysis of transition programs in Canada, numerous gaps in extended care programs were identified in several jurisdictions (Sukumaran, 2021). The identified gaps were connected with unmet needs of youth care leavers, including difficulty accessing safe and stable housing and lack of social connections and strong relationships (Sukumaran, 2021), which aligns with our study findings. Our study stakeholders’ recommendations for AYA to have well-defined guidelines, needs-based AYA provision, and AYA-specific funding have potential to address these concerns, some of which are consistent with previous research in Canada (Charlesworth, 2020).

Youth

In Liminality Theory the separation (from former identity) phase refers to separation from, being “stripped” of previous identity and status (Furlong et al., 2018; Hetherington, 1996). Indigenous children and youth experience separation from their identity when they are removed from their homes and communities of origin and placed into care. Transitioning out of care as a child into adulthood is another separation (Glynn, 2021). While separation is a component of rites of passage (Van Gennep, 1909), we contend that for Indigenous youth, these actions are unwanted separations of status and identity, not rites of passage in their traditional form. This is exacerbated by the limited access to cultural programming and supports for

Indigenous youth while in care and may contribute to our study participants perceiving these youth as having a lack of belonging and identity. Our findings and stakeholders' recommendations reiterate the importance of providing Indigenous cultural programs and connections for youth (Bennett, 2019; Morton et al., 2021; Starr et al., 2024).

While preparing for leaving care youth often exist in a marginal state of uncertainty, which continues into the leaving phase given uncertainty of AYA approvals or continuation of supports upon leaving care. This margin/transition (liminal) state is ideally a period during which youth learn and adapt to new social circumstances, and is intended to be a temporary state (Furlong et al., 2018; Hetherington, 1996). However, given the uncertainty for their futures, according to stakeholders, many youth never learn to adapt as they are either stuck in survival and crisis mode or have fallen through the cracks. Similarly, research shows that youth care leavers are often "left to survive on their own" (p. 45) (Strahl et al., 2020), to cope via "survivalist" self-reliance (Appleton et al., 2021; Samuels & Pryce, 2008) even with after-care.

Stakeholders' recommendations for CFS services such as a bridge to support and safety, action therapists, circle of care including mentors and Indigenous elders for youth leaving care, and an open-door policy for after-care address these challenges and support interdependence. These recommendations align with previous research from the U.S. noting that positive relationships developed with youth in care cultivate interdependence versus independence and act as a bridge during transitions out of care and into adulthood (Antle et al., 2009). In Manitoba, Circle of Care programs have been recommended by or are implemented by Manitoba Metis and First Nations organizations (Assembly of Manitoba Chiefs, 2014; Metis Child Family and Community Services, n.d.). Participant suggestions for peer-to-peer support and learning during preparing and leaving phases are also connection focused and address the relational disconnects they noted. Similarly, previous research highlights the importance of peer relationships and connections which had positive impacts on youth in care and leaving care. In contrast, lack of or poor peer relationships had negative impacts on youth's ability to adapt (Doucet, 2018).

Once youth are in the after-care phase, they ideally "reintegrate" into society (Van Gennep, 1909). However, like previous Canadian research, this study also found that stakeholders perceive youth as still having a difficult time reintegrating into society even with after-care transition services (Barker et al., 2014, 2020; Clarkin et al., 2021; Woodgate et al., 2017). Consequently, youth are left in a continuous "marginal state," with structural and systemic challenges (e.g. block funding, age-based exits) creating uncertainty for youth and an inability to move forward with their lives. These issues also exist on a multinational scale as evidenced in research from Australia, Scandinavia, South Africa, the United States (U.S.) and others, referred to by Starr et al., as "the reoccurring international theme of poor outcomes" (p. 3), the result of complex interactions between structures and systems (Starr et al., 2024) often due to lack of adequate support in after-care. Stakeholders in the current study recommended that secure and increased agency funding, an open door for youth to return to agencies for support, along with housing, employment, and education opportunities for youth could alleviate these challenges, which could better support youth into adulthood.

Implications

The reoccurring challenges across transition phases at the system, agency, and youth levels found in our study suggest that the current CFS system/network of support for youth leaving care may not be meeting youth's needs, especially for Indigenous youth. Continuing with status quo has potential to lead to repeating these cycles in future generations of children and youth. Young people are the next generation of community leaders, the future of families and First Nations, Metis & Inuit peoples in Canada and should be provided with the tools and support to flourish after leaving care.

Strengths and limitations

A key strength of this study is the approach to presenting findings across the three care leaving transition phases at multiple levels of impact (systems, CFS services, youth) elucidating reoccurring challenges across these phases and levels. Journey Mapping to present participant recommendations is novel, depicting the process of transitioning out of care, presenting recommendations for systems and services to support youth leaving care to thrive into adulthood.

This study does have limitations in that only half of agencies represented were Indigenous led and less than half of stakeholder participants were of Indigenous descent. Also most participants identified as women and as Not Indigenous and were from Manitoba only. Thus our findings may not be representative of Indigenous and or males/men's, 2SLGBTQ stakeholders' perspectives and may not be generalizable to other jurisdictions.

Next steps and author recommendations

Stakeholder in our study were asked several questions about the impact of COVID-19 on youth transitioning out of care; however, these findings will be presented in a separate article. While our original plan was to also interview Indigenous elders/Knowledge Keepers, the COVID-19 pandemic and strict lockdown procedures prevented this from occurring. This is being considered for future research.

Use of a Learning Health System approach for generating data to facilitate continuous assessment of processes such as AYA, and outcomes, could enhance and transform CFS services in Manitoba. Addressing challenges only within the CFS system will not ameliorate the adverse outcomes currently evident for many Indigenous youth exiting care in Manitoba. The collaboration of all systems (e.g., CFS, Mental Health, Education) together with Indigenous peoples, families, and youth is critical to enhance services within a Learning Health System approach (Budrionis & Bellika, 2016; Ellis et al., 2022).

Conclusions

Even with devolution of CFS to Indigenous authorities, the Manitoba CFS system requires changes as systemic issues and inequities continue to exist for CFS agencies and youth. Critical to this change are: 1) the voices of stakeholders working within the Manitoba CFS system which need to be heard, acknowledged and acted upon by policy and decision-

makers, and 2) full implementation of the Act respecting First Nations, Inuit and Métis children, youth and families providing an opportunity for Indigenous peoples to choose their own solutions for their children and families (Government of Canada, 2019), along with the Manitoba Government's 2023 commitment to affirm Indigenous jurisdiction of the CFS system (Government of Manitoba, 2023). These actions could inform continued development of a holistic, flexible, culturally appropriate model of Manitoba CFS system and care that hopefully one day will lead to successful, well-supported journeys within and out of care for Indigenous youth in Manitoba and beyond.

Note

1. As per the Canadian Constitution, the term Indigenous is used here to include First Nations, Métis, and Inuit peoples. Government of Canada. (n.d.). *Indigenous peoples and communities*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303>

Acknowledgments

We thank all participants for sharing their time, expertise, and experiences with youth in care and transitioning out of care.

Authors contribution

CRedit: Roberta L. Woodgate: Conceptualization, Funding acquisition, Methodology, Supervision, Investigation, Formal analysis, Writing-Original draft preparation, Writing-Reviewing and Editing, Visualization; **Corinne A. Isaak:** Formal analysis, Writing-Original draft preparation, Writing-Reviewing and Editing, Visualization, Project administration; **Marlyn Bennett:** Conceptualization, Methodology, Formal analysis, Writing-Reviewing and Editing; **Donna Martin:** Conceptualization, Methodology, Writing-Reviewing and Editing; **Pauline Tennent:** Conceptualization, Methodology, Writing-Reviewing and Editing; **Clayton Sandy:** Conceptualization, Methodology, Formal analysis, Writing-Reviewing and Editing; **Justin Lys:** Investigation, Formal analysis, Writing-Reviewing and Editing, Project administration.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by a Social Sciences and Humanities Research Council (SSHRC) Insight Grant [435-2019-0713]. Dr. Roberta Woodgate is supported by a Tier 1 Canadian Research Chair in Child, Youth, and Family Engagement in Health Research and Healthcare (Canadian Institutes of Health Research- Canadian Research Chair [950-231845]; Canadian Institutes of Health Research [Canadian Research Chair-950-231845]).

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Data availability statement

The data that has been used is confidential- we have not received permission from participants to share.

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