

# Hearing their voices: Youths' experiences of unstable housing and homelessness post-care

*Qualitative Social Work*

2021, Vol. 20(4) 1043–1058

© The Author(s) 2020

Article reuse guidelines:

[sagepub.com/journals-permissions](https://sagepub.com/journals-permissions)

DOI: 10.1177/1473325020923022

[journals.sagepub.com/home/qsww](https://journals.sagepub.com/home/qsww)**Jocelyne Lalonde**

University of Manitoba, Canada

**Andrea E Thomson** 

Department of Psychiatric Nursing, Brandon University, Canada

**Karen Duncan and Kerstin Roger**

University of Manitoba, Canada

**Abstract**

Youths who age out of care face adverse health outcomes and high rates of homelessness. This study used content analysis to explore: “What are the post-care housing experiences of youth who have transitioned from care through an independent support program?” Semi-structured interviews were conducted with 10 youths who had aged out of care. Six service providers who worked with youth in care in various capacities were also interviewed. Data analysis revealed themes including: the experience of unstable housing and homelessness, lack of formal supports, and youth leaving care then wishing they could return. Another theme to emerge, I take responsibility for where I am now, adds new information to the literature. The research findings support that child welfare services should place greater emphasis on developing youths’ life skills while they are in care. In addition, allowing youths the option to return to care after discharge may reduce experiences of unstable housing and homelessness post-care.

**Keywords**

Housing, youth homelessness, social services, child protection

**Corresponding author:**

Andrea E Thomson, Department of Psychiatric Nursing, Brandon University, B105 Rice Financial Building, 491 Portage Avenue, Winnipeg, MB R3B 2E4, Canada.

Email: [thomsona@brandonu.ca](mailto:thomsona@brandonu.ca)

## Introduction

Youths who age out of care face adverse health outcomes (Rebbe et al., 2017) along with experiences of unstable housing and homelessness (Bender et al., 2015). Being a youth from the child welfare system is a risk factor in and of itself for homelessness (Berzin et al., 2011). To address youth homelessness, Canadian approaches have focused on emergency shelters and supports (Gaetz et al., 2019). These emergency responses have been well intentioned but have failed to address the needs of youths and prevent future experiences of homelessness (Gaetz et al., 2019). Additional commitment needs to be placed on providing preventative supports to Canadians who are experiencing unstable housing and homelessness (Gaetz, 2010). This research will examine homelessness among youth post-care in Winnipeg, Canada.

### *Canadian child welfare system*

The Canadian child welfare system is funded and regulated by provincial and territorial governments. Children and youths enter care for a variety of reasons, which may include experiences of abuse, family dysfunction, neglect, and/or abandonment (Schibler, 2006). The age of majority is 18 in most Canadian regions, meaning that child welfare services often end at this age. Some youths in care are granted extensions past their 18th birthday. An *extension in care* is an agreement between a child welfare agency and a youth, granting the youth additional time in care to a maximum of 21 years of age. The extension in care allows youths a little more time to transition from adolescence to adulthood, while still being supported.

In Manitoba, extensions in care are granted on a case-by-case basis, but are typically given to youths in the midst of schooling to allow for extra time to complete the program. These extensions are usually provided in three or six-month intervals and are reviewed prior to the approval of another extension. Additionally, the extension may be revoked at any time, often leaving the young person with a deep sense of insecurity (Schibler, 2006). Once child welfare services have ceased, youths are no longer eligible to apply for an extension in care even if they are under age 21. Without formal supports in place, a common challenge faced by youths' post-care is locating and securing safe, stable housing.

### *Post-care homelessness*

The rates of homelessness for transitioned youths far surpass those of their peers in the general population. Homelessness describes situations where individuals do not have stable, safe, permanent, appropriate housing, or the immediate prospect of acquiring it such as those who are without shelter or those who are living in an emergency placement (Gaetz et al., 2012). The fastest growing segment of the homeless population in Canada has been identified as youths between the ages of 16 and 24 (Karabanow and Kidd, 2014).

Access to safe housing remains a challenge for youth in and from care (Magnuson et al., 2017). A Canadian study found that 68% of all homeless youths had been involved in child protection services during their lives (Raising the Roof, 2009). Other Canadian research has also found similarly high rates of homelessness among youths who were once in care (Gaetz, 2013). Similar concerns about housing instability post-care have been highlighted internationally (Schwan et al., 2018). For example, Dworsky et al. (2013) found correspondingly high rates of child welfare involvement among homeless youths in the United States. Youths in and from care are an especially vulnerable population.

Part of the difficulty in transitioning from care is that youths leaving care may lose relationships that were established with service providers. Typically, once a youth has reached the age of majority, they are required to move out of the current placement (e.g. foster home, group home, independent living program, or shelter) and find their own housing accommodations and a means by which to support themselves. Ideally, there would be a plan in place long before the youth has approached this age. Unfortunately, often this is not the case. All too frequently, a young person is cut off from the child welfare system and the supports it provided once they turn 18, with nowhere to go. In addition, the age at which youths typically leave care does not necessarily reflect the age at which youths are developmentally ready to live on their own. The transition from adolescence to adulthood has been referred to as emerging adulthood (Arnett, 2004), which is helpful to understanding youths' experiences post-care.

### *Emerging adulthood*

Arnett (2004) described five main features of emerging adulthood: identity exploration, instability, self-focus, feeling in-between, and the age of possibilities. These elements set emerging adulthood apart from adolescence and early adulthood, which bookend this life stage. The emerging adulthood framework is helpful in understanding the shift in the way people transition to adulthood.

The transition to adulthood in North America has been extended as a result of multiple societal changes including delaying marriage and child rearing and a greater focus on post-secondary education. This more gradual shift from adolescence to adulthood is also made possible by continued familial support through this life stage. In addition, a gradual transition to adulthood allows for variations in developmental maturity among emerging adults. If a young person is not developmentally ready to live on their own at 18 years of age, often they have the option of continuing to live with parental supports until they are more prepared.

As youths in the general population move through the transition from adolescence into an adult role, they face all the challenges commonly associated with this shift such as moving away from caregivers and finding secure housing. Youths commonly move in and out of the family home, with varying degrees of dependence and independence (Settersten et al., 2005). This transition, however, is much more difficult for former foster youths (Brown and Wilderson, 2010) as they typically do

not have the safety net of their family of origin and are not offered the option of multiple transitions from being cared for and having to care for themselves.

The age at which youths typically leave care does not necessarily reflect the age at which they are developmentally ready to live on their own. The inflexibility of the child welfare system to take into account the variation in the developmental age of youths as opposed to their chronological age is one of the reasons for the poor housing outcomes for youths aging out of care (Macdonald, 2011; Schibler, 2006).

When stable, safe, affordable housing is not available or accessible, it can be difficult for youths who have transitioned from care to become stable in other areas of their lives such as education, employment, mental, emotional, and physical health, and otherwise (Karabanow and Kidd, 2014; Reid et al., 2008). Youths who are homeless or living in highly unstable residential conditions represent a significant social and public health concern (Magnuson et al., 2017). Therefore, research on this topic is important to discover the impact on affected youth and the larger society and ways in which the problem can be usefully addressed (Bender et al., 2015; Berzin et al., 2011; Gaetz et al., 2019). The objective of this study was to capture first-hand the voices and experiences of youths who have lived under the Manitoba child welfare system, in the city of Winnipeg, which will shed light on the strengths and weaknesses of the system and suggest what can be done to improve it.

## Method

Content analysis was utilized to provide insight into the housing experiences of youths' post-care by answering the question: What are the post-care housing experiences of youth who have transitioned from care through an independent support program? Content analysis as research methodology was selected to capture the essence of the youth's lived experiences in order to better understand the phenomenon and inform practices.

## Sample

The target population for this study was twofold: (a) youth who were once in the care of a child welfare agency and transitioned from care through an independent support program and (b) youth service providers. The lead researcher interviewed youth who had once received care, but who were no longer receiving financial support from the child welfare system, Child and Family Services (CFS). All youth who were interviewed met the criteria of having once been in care, were at least 18 years of age, and had aged out of care at least one year prior to the interview. All service provider participants met the following criteria: were at least 18 years of age and worked in a professional capacity with youths who are or were in the care of CFS. Accessing service providers and learning from their experiences working with this population allowed for additional perspectives on the research topic.

The youth participants were considered key informants, and service providers were interviewed to add context to the youths' perspectives. The inclusion of service providers also assisted with triangulation. Youth participants were recruited through purposive and snowball sampling. The research project was supported by the XXX, a youth support program, which facilitated the research by posting the lead researchers contact information within the organization. The service provider participants were selected using nonprobability sampling. Staff at youth serving agencies that met the inclusion criteria were contacted by phone or email and provided with a brief summary of the study.

The service user participants included 10 youth, six of whom were women and four of whom were men. Their ages ranged from 18 to 29 years. Eight of the youth participants were Indigenous persons. In Canada, Indigenous children and youth are overrepresented in the child welfare system (Sinha and Kozlowski, 2013). Indigenous participants were not specifically recruited to participate in this study; however, the fact that the majority of participants were of Indigenous descent was not surprising given this overrepresentation. The implications of this research for care involving Indigenous persons are discussed under a separate cover (Lalonde, Thomson, Ducan, & Roger, in review). The six service providers who participated ranged in age from 25 to 40 years and had approximately 50 years of combined experience working with youth in and from care. The service provider participants had experience working in a range of youth-serving capacities including working in independent living programs, shelters, CFS agencies, and in providing advocacy, recreational services, support services, counselling, and service navigation. Four of the service providers were women and two were men. Attrition did not occur.

### *Interview*

The lead researcher developed the semi-structured interview protocol used in this study. The protocol consisted of 22 open-ended questions for the youth participants and 10 open-ended questions for the service providers. Questions were both general (e.g. "Can you tell me about your experience of being discharged from CFS?") and specific (e.g. "Where were you living at discharge?"). The interview questions differed based on whether the participant was a youth post-care or a service provider. The interview questions for youth participants focused on discharge from CFS care, housing experiences post-care, education, work, and family. The service provider interview questions focused on living arrangements for youth post-care, housing barriers, and organizational processes. The primary focus on the study was on the youths' housing experiences.

### *Ethical considerations*

The research study took place in Winnipeg, Manitoba, Canada. All aspects of the study were approved by the Joint Faculty Research Ethics Board at the XXX.

The interviews were conducted in a way that facilitated rapport building and comfort for the participants. All interviews took place at locations that felt safe and convenient for the research participants and safe for the researcher, such as at a restaurant. Interviews began after informed consent was obtained; the participants expressed consent verbally and in writing.

There was the possibility of emotional stress for the youth participants, especially with the vulnerable participants in the group of youth participants. At the onset of each interview with the youth participants, the lead researcher asked for an emergency contact person that the youths could identify in case they became distressed during the course of the interview and needed assistance in accessing this support person. Risks and benefits of participation were clearly explained to all participants. Debriefing occurred after each interview to help ensure psychological safety. None of the youth participants became distressed during the interviews, asked to access any of the above-mentioned services, or chose to designate an emergency contact. The interviews lasted from 1 to 2.5 hours each. Each participant was provided with a list of mental health resources and crisis supports following the interview. Youth participants received a \$30 honorarium.

### *Qualitative analysis*

Interviews were audio-taped, and the recordings were transcribed verbatim by the lead researcher. Pseudonyms were used in place of the participant names, and all identifying information was removed from the participants' corresponding files. Additionally, no information containing identifiers was shared with third parties.

Data analysis adhered to Krippendorff's (2004) method of content analysis. The unit of analysis was the transcribed interview. A deductive and inductive approach in the application of the content analysis was utilized (Krippendorff, 2004). Through the literature review, particular commonalities emerged that were pertinent to the research question, and the pre-existing findings served as a framework for analyzing the interviews. An inductive approach was utilized when conducting the open coding, allowing the data to speak for itself, and not forcing it into pre-determined categories found in the literature.

The interviews were then read and re-read several times to gain an understanding of the text and capture the essential meaning (Krippendorff, 2004). The recordings were listened and re-listened to, to ensure that all elements were captured in the transcriptions. The interview transcripts were reviewed line-by-line for important phrases and statements and labeled with open codes as they emerged. Approximately 50 codes were identified; some examples are *instability*, *being unsafe*, and *homelessness*. A numbered legend was utilized to capture the codes that surfaced. Based on the intensity of the statements as well as the frequency of their appearance as indicated by the codes, categories began to emerge. Subsequently, patterns and contradictions were searched, and the categories were compared across units of data (meaning segments of text) and sorted into preliminary themes. These themes were then compared to each other to determine

if any themes needed to be collapsed or broken apart. The themes were then compared back to the data as suggested by Krippendorff (2004).

In order to substantiate the findings, three forms of triangulation were utilized. First, the data generated through the youths and service providers were compared to each other. Second, the findings were compared to the literature. Last, member checking with both the youth and service provider participants was completed.

## Results

The analysis of data revealed five themes that support the literature: unstable housing and homelessness post-care (Bender et al., 2015), lack of formal supports post-care (Gaetz, 2010), I want to do it on my own, I wish I could return to care, and am I ready for life post-care (Berzin et al., 2011). The sixth theme to emerge, I take responsibility for where I am now, was unlike the previous themes in that it adds new information to the literature surrounding the experiences of youths post-care. The youths and service providers all voiced similar understanding and experiences regarding the child welfare system post-care. One difference was found: the service providers voiced that, overall, the child welfare system needs to be altered and enhanced in order to improve the outcomes for youths post-care. However, the majority of the youth participants did not place blame on the system for their struggles post-care.

### *Unstable housing and homelessness post-care*

Unstable housing emerged as a theme characterized by multiple moves due to housing affordability, eviction, couch surfing, and unsafe living arrangements as well as having to regenerate material belongings again and again. All the youth participants experienced housing instability post-care. Unstable housing resulted in a negative impact on school and employment as well as the youths' ability to meet their basic needs such as feeding themselves. For example, Serina (all names are pseudonyms) said:

We had an empty fridge. We were going to the food bank. I don't know how many times I've shown up to the food bank with my girlfriend, and we get a handful of stuff that's not really enough. It really isn't. A food bank is not the answer. I remember that was our biggest challenge for the longest time was just having food. Something as basic as that was a challenge.

There was consensus among the youth participants regarding what they defined as homelessness. All the youth participants agreed that not having a place to call their own is homelessness, which included living on the streets, utilizing shelter services, and couch surfing. Seven of the youth participants indicated that they had experienced homelessness since being discharged from care. One youth, Josh,

experienced a physical injury due to a car accident. After time in the hospital, he found himself needing to rebuild his life from finding shelter to employment:

After that, the car accident happened, I was on the street . . . For me to get out of it, I had to use resources like friends' computers and things like that and print out resumes and hand them out and hit the street every single day. If I wasn't looking for a job, I was sleeping on a park bench.

Josh expressed feeling that he had done everything right, and despite his best efforts, he still ended up without a home. The participants reported that they lacked resources and formal supports following care.

### *Lack of formal supports post-care*

Formal supports are agencies and organizations that provide supportive services to individuals. This form of support is typically performed by individuals who are paid to provide the service. Four of the youth participants indicated they had used a shelter and one youth indicated he had used a food bank. The youths did not indicate the use of additional formal supports.

Informal support is provided through a person's personal social network. Some examples of informal support are friends, family, neighbours, a spiritual community, and other community members. The supports that the youth participants accessed post-care were mostly informal. These informal supports included past staff and foster families, biological family, friends, and a spiritual community.

The service providers indicated that there are not enough formal supports available to youths once they are discharged from care. They no longer qualify for youth services, and they no longer have access to the resources they became familiar with while in care. Susan, a service provider, explained that most youths come into care because they lack supports and then leave care in the same situation.

A lot of times the kids come into care and they don't have any other family supports any longer, and then they're with us, and then they're discharged from care and we're gone. And now there's nobody. There's people that help out in unofficial ways, but, that doesn't go very far.

The service providers also highlighted other barriers to accessing formal supports post-care such as not meeting the criteria for adult services and not having been connected to any formal supports post-discharge.

### *I want to do it on my own*

I want to do it on my own is characterized by the youth who had received an extension in care and then chose to leave care prior to the expiration of the extension, which was related to subjective reports of feeling controlled by rules and



restrictions within the child welfare system. If a youth chooses to leave care prior to the expiration of the extension, they are not able to return to care again. Six of the ten youth participants chose to leave the care of the child welfare system before the expiration of their extension in care by two to three years. Several of the youths expressed feeling controlled by the system. Jasmine described:

I decided I didn't want to be in care anymore 'cause I didn't want to have people telling me all the time what I should do and what I shouldn't. Kind of wanting to be a big person at the time, and so I told myself, I'm done. I ran away from it and came back into the city and signed some papers at CFS, and I was done.

Some of the service provider participants shared that, in their experiences, the child welfare system does not adequately allow opportunities to practice independence such as life skills of cooking, cleaning, medication management, and maintaining a budget. They pointed out that the system is designed in such a way as to make safety the number one priority, which can impede normal adolescent development. Danielle, service provider, reported:

Youth in care are not provided the opportunity to experience independence because of licensing and safety concerns. And then, they're 18, they're not in care anymore, and they have to learn how to do everything on their own because there's a liability associated with letting them make those decisions, like medication management... There needs to be more focus on, instead of doing for, helping with... I think it's easier to just do for. It's quicker... But it doesn't teach anybody anything... Giving people the opportunity to make choices, good or bad, allows them an opportunity to learn.

Both the youth and service provider participants agreed that the regulations and expectations for youths in care did not foster independence. As a result, some youths then choose to leave care prior to the end of their extensions, not having the life experience to know that perhaps they are not adequately prepared for independence. And, once the youths in care make the decision to leave the protection and guidance of the child welfare system, they do not have the option to return.

### *I wish I could return to care*

Eight of the ten youth participants indicated they wished they could return to care after having left. This was the case whether they chose to leave prior to the expiration of their extension in care or not. The service provider participants indicated that allowing youths to return to care after a period of attempted independence would better match the experience of youths in the general population who typically enjoy the safety net of familial support and the ability to return home.

All six of the youths who left care prior to the expiration of their extension in care expressed remorse. These youths wished they had the option to return to care. Angela shared that she contacted her social worker, who was her legal guardian while in care, and bluntly asked to return to the child welfare system. Angela said: "I called my worker and told them I wanted to go back, and she told me no, just no. But if I knew what I know today, I probably wouldn't have left."

Other youths, who remained in care until the end of their extensions, reported feeling that they were not ready to exit the child welfare system when the extensions had expired. The youth participants wished that returning to care or remaining in care longer was a possibility and several questioned if they were ready to leave care.

### *Am I ready for life post-care?*

Of the 10 youth participants, seven expressed feeling unprepared and three expressed feeling somewhat prepared for life post-care. Of the youths who left care prior to the expiration of their extension, most realized after the fact that they were unprepared for life post-care. The youths also expressed feeling a variety of ways about whether or not the child welfare system had adequately prepared them for this transition and life post-care.

When addressing how he felt about being discharged from care and how prepared he felt, Jesse described feeling scared and unprepared. He explained:

I was frightened . . . I was like, oh no, what do I do now? I've been in care all my life. Since the moment I could remember until now, I've been in care. Now, it's like, what the hell? They didn't prepare me for this shit. I didn't know what to do . . . I still don't know how to take care of myself.

Having a secure, safe place to live is one aspect of being prepared for life post-care. A few youth participants described having a secure, safe place to live, but the majority unfortunately found themselves in what they depicted as unsafe living arrangements. Despite these challenges, the majority of the youth participants took ownership for their life circumstances.

### *I take responsibility for where I am now*

The sixth theme *I take responsibility for where I am now* emerged from the analysis of the youth interviews. Unlike the service providers who all agreed that overall the child welfare system needs to be altered and enhanced in order to improve the outcomes for youths post-care, all the youth participants with the exception of one did not place blame on the system for any of their struggles.

Five of the youth participants explicitly shared that they took responsibility for their present circumstances, whether these circumstances were good or not so good. These youth repeatedly pointed out that they had a choice of which path

to take, and they decided for themselves which way to go. A few of these youths stated that they often chose to learn lessons “the hard way.” As Jasmine explained, she had experienced difficulties including involvement with drugs, alcohol, and the legal system. Despite her struggles, she explained that she did not hold anyone responsible for these circumstances other than herself:

I’ve learned things the hard way, and I am where I am because I put myself here . . . It was my choice when I could’ve turned the other way. I want to do something about it. I want to get out of this lifestyle that I’m in, that I created for myself, and I know I can get out of it.

Another youth highlighted the importance of self-determination through individual choice. For Serina, it was up to the individual to do things differently because personal circumstances can be overcome through personal agency. She described it this way: “Choice is everything ‘cause there’s only so much anyone could do until you make the choice. And then you go about learning from it and taking from it and then using that.”

Dalton spoke of having made some poor choices when deciding who to spend his time with. In talking about connecting with a negative peer group, Dalton noted that he took responsibility for having made these connections:

It’s not CFS’s fault, and I can’t really say that CFS had anything to do with anything I wanted to do in my life, either. Like, CFS didn’t go drop me in the North End and tell me to go hang out with friends and do so-and-so.

Only one youth attributed his struggles to lack of support post-care. Josh lost his job, which had a domino effect as he lost his housing and had no money for food. He drew the connection between no support post-care and the swift decline in his life circumstances. He noted that most youths in the general population have families to fall back on when the going gets tough, and because he did not have this familial support, his life quickly unravelled. He explained that the child welfare system should create a safety net for youths from care, because if he had some kind of continued support, his life would look different. In referring to the life he created for himself while in care, Josh shared:

Picture seeing everything you built while you had support, and then you lose it all. And it’s like none of your hard work ever really happened. You’re left with nothing. All that time, all that money, everything is gone. And nobody’s there to pick you up.

All of the service providers agreed that the current system sets youths up for failure. Certainly, there is an element of responsibility on the part of the youths. As described by the service providers, the child welfare system provides opportunities for youths in care, and the youths do not always take advantage of these opportunities. However, the service providers related that it is unjust that any

mistake a youth from care makes can have such dire consequences given their developmental level. The loss of a job can result in the youth's whole life deteriorating, as was the case for Josh.

The service providers' contention was that many of the challenges youths faced post-care could have been negated with better supports and preparation as well as extending the time a youth can remain in care. Danielle shared the following thoughts regarding her experiences with youths choosing to leave care:

I've had some young people who have wanted to discharge themselves from care, and the agency takes them at their word and washes their hands of them. Then a couple weeks later, the (youths) come back. But unfortunately, once you're done, you're done... I wish there was an opportunity to allow youth to return.

The interviews with the 10 youth participants and six service provider participants provided an in-depth understanding of youths' housing experiences post-care. Six separate, yet interrelated, themes emerged. The interrelatedness of the themes, the widespread impacts of unstable housing and homelessness, and recommendations to begin to alleviate negative outcomes for youths post-care will be explored in the following section.

## Discussion

According to Arnett (2004), emerging adulthood is the age of feeling in-between adolescence and adulthood. "In-between the restrictions of adolescence and the responsibilities of adulthood lie the explorations and instability of emerging adulthood" (Arnett, 2004: 14). Emerging adults do not point to demographic criteria as a sign of reaching adulthood, but rather to individual characteristics (Arnett, 2000). The characteristics that have repeatedly been highlighted in the literature as indicators of having reached adulthood are "accepting responsibility for one's self, making independent decisions," and reaching financial independence (Arnett, 2000: 473).

The theme *I take responsibility for where I am now* speaks to the first two criteria of reaching adulthood: accepting responsibility for one's self and making independent decisions. The youth participants consistently highlighted executing their own agency. The youth participants took responsibility for the path they chose and the direction they were traveling.

Unlike the gradual process of transitioning to adulthood experienced by emerging adults described by Arnett (2004), taking responsibility for themselves and independent decision-making was thrust upon the youth participants of this study, most notably at their point of discharge from care, whether this discharge was voluntary or not. These findings suggest that the child welfare system instilled the value of taking personal responsibility for one's self in the youths while they were in care. The system fostered the value of independence by giving the youths this message surrounding their impending discharge, although the majority of the

participants reported that they would have returned to care if given the opportunity due to a lack of formal supports and subsequent housing instability.

Research has indicated the dire need for child welfare system change nationally and internationally (Dworsky et al., 2013; Stein, 2006). An important strategy to address housing instability post-care involves improving youths' experiences prior to their discharge from care (Schwan et al., 2018). In this study, the service providers indicated that youths do not have enough opportunities while in care to practice the skills they will be required to perform once discharged. For example, the service providers highlighted that while in care in a group home setting, youths may not fill prescriptions, store, or administer their own medications. Failure to practice such basic health care skills required for independent life leaves youths without the knowledge of how to do these tasks on their own once post-care.

A lack of opportunity to practice life skills lead to a view among the youths in care that support from CFS is an impediment to independence rather than a natural part of this transition. This perception explained why over half of the youth participants chose to leave the care of the child welfare system early. These participants were given the message that they needed to act like adults, but they felt that this was difficult while in the care of CFS. For youths in care, discharge is an abrupt end to support, as opposed to the gradual reduction of support experienced by youths in the general population.

Youth need to be supported as they transition out of care (Schwan et al., 2018). Abrupt discontinuation of services, without the possibility of returning to care, is another factor that contributed to unstable housing and homelessness in the youth participants. The service providers contend that many of the challenges youths from care face post-care could be negated with better supports and preparation as well as extending the time a youth can remain in care. The literature supports the proposition that youths should be allowed the option to return to care after discharge, which would better duplicate the familial safety net enjoyed by youths in the general population (Courtney et al., 2014), a safety net that allows for a gradual progression toward adulthood (Arnett, 2000).

While in care, the child welfare system provides youths with a variety of formal supports such as housing, financial, employment assistance, and in some cases, tuition. Formal support through child welfare professionals such as social workers, counsellors, and mental health providers who "provide youth with emotional and appraisal support, in addition to instrumental and informational support" (Berzin et al., 2014: 631) is required by the child welfare system. There is a lack of formal support post-care for youths, which contributed to experiences of unstable housing and homelessness in the majority of the youth participants. None of the youth participants spoke of being successfully connected to formal supports prior to their discharge. The formal system of youth supports ended upon discharge from care for the youth participants.

Formal supports post-discharge from the child welfare system have been associated with positive health outcomes (Stein, 2006). The youth participants found themselves looking for connections and assistance, which often included looking

back toward the relationships with formal supports they had built while in care. However, these supports were no longer available. Because youths from care typically do not have the usual network of healthy supportive relationships, it becomes even more crucial that a formal system of supports that can follow the youths into adulthood is established prior to discharge from care in order to prevent and/or reduce experiences of unstable housing and homelessness. Additional research is required to further understand youth experiences post-care in order to strengthen the child welfare system and reduce adverse outcomes.

### **Limitations and strengths**

One limitation of this study was that the findings may be difficult to generalize to the larger population of youths from care, as the youth participants were drawn from only one source and the sample was small. A strength of the study was that the lead researcher had many years of experience working as a member of the support staff in the child welfare system. Her previous professional experience working as a youth support worker assisted with her ability to build rapport with the participants and interpret the findings.

### **Conclusion**

From listening to the voices of youth who have experienced unstable housing post-care, it is clear that strategies to end youth homelessness need to focus on prevention, rather than emergency shelters. The youth participants noted that there was not enough opportunity while in care to practice life skills, which arguably increased their risk of housing instability post-care. The service providers agreed that there has been a lack of emphasis on doing *with* instead of *for* by the staff members, impeded the youths' development and independence. Practices that focus on developing life skills while youths are in care will better prepare youths for housing challenges that they will experience on discharge.

Emerging adulthood is a gradual transition from adolescence to adulthood. In this study, youth post-care experienced an accelerated path to adulthood. The accelerated path to adulthood was associated with housing instability as formal supports became unavailable. Due to these adverse experiences, youths' who have left care early would benefit from having a choice to re-access services prior to age 21, much like many of their peers in the general population who have the opportunity to access familial supports during their emerging adulthood years. This study provides evidence that youth in care experience serious disadvantages in their transition to adulthood, and these disadvantages could be addressed by allowing youths who have left care early the opportunity to return. These youths have taken responsibility for their decisions, surely our social institutions, like CFS, should also take responsibility for ensuring disadvantaged youth have smooth transitions to life on their own.

## Acknowledgements

Dr Mara Fridell, Assistant Professor of Sociology, Department of Sociology, University of Manitoba for serving as a thesis advisor on this project.


## Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

## ORCID iD

Andrea E Thomson  <https://orcid.org/0000-0002-6651-0631>

## References

- Arnett JJ (2000) Emerging adulthood: A theory of development from the late teens through early twenties. *American Psychologist* 55: 469–480.
- Arnett JJ (2004) *Emerging Adulthood: The Winding Road from the Late Teens Through Early Twenties*. New York: Oxford University Press.
- Bender K, Yang J, Ferguson K, et al. (2015) Experiences and needs of homeless youth with a history of foster care. *Children and Youth Services Review* 55: 222–213.
- Berzin SC, Rhodes AM and Curtis MA (2011) Housing experiences of former foster youth: How do they fare in comparison to other youth? *Children and Youth Services Review* 33: 2119–2126.
- Berzin SC, Singer E and Hokanson K (2014) Emerging versus emancipating: The transition to adulthood for youth in foster care. *Journal of Adolescent Research* 29(5): 616–638.
- Brown S and Wilderson D (2010) Homelessness prevention for former foster youth: Utilization of transitional housing programs. *Children and Youth Services Review* 32: 1464–1472.
- Courtney M, Nino CM and Peters E (2014) System pathways into youth homelessness. Available at: [www.spcw.mb.ca/files/9214/0932/2378/SystemPathways-SPCW-2014.pdf](http://www.spcw.mb.ca/files/9214/0932/2378/SystemPathways-SPCW-2014.pdf) (accessed October 2019).
- Dworsky A, Napolitano L and Courtney M (2013) Homelessness during the transition from foster care to adulthood. *American Journal of Public Health* 103: S318–S323.
- Gaetz S (2010) The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal* 3: 21–26.
- Gaetz S (2013) *Coming of Age: Reimagining the Response to Youth Homelessness in Canada*. Toronto: Homeless Hub Press.
- Gaetz S, Barr C, Friesen A, et al. (2012) *Canadian Definition of Homelessness*. Toronto: Canadian Observatory on Homelessness Press.
- Gaetz S, Ward A and Kimura L (2019) Youth homelessness and housing instability: What outcomes should we be looking for? *Healthcare Management Forum* 32: 73–77.

- Karabanow J and Kidd S (2014) Being young and homeless: Addressing youth homelessness from drop-in to drafting policy. In: Guirguis-Younger M, McNeil R and Hwang SW (eds) *Homelessness and Health in Canada*. Canada: University of Ottawa Press, pp.13–34.
- Krippendorff K (2004) *Content Analysis: An Introduction to Its Methodology*. 2nd ed. Thousand Oaks, CA: SAGE.
- MacDonald J (2011) *Former Foster Care Youth in the Comox Valley: Options and Obstacles Facing Youth Ages 19–24 Who Have Left Care*. Vancouver: United Way Central and Northern Vancouver Island.
- Magnuson D, Jansson M, Benoit C, et al. (2017) Instability and caregiving in the lives of street involved youth from foster care. *Child & Family Social Work* 22: 440–450.
- Raising the Roof (2009) Youth homelessness in Canada: The road to solutions. Available at: [www.raisingtheroof.org/RaisingTheRoof/media/RaisingTheRoofMedia/Documents/RoadtoSolutions\\_fullrept\\_english.pdf](http://www.raisingtheroof.org/RaisingTheRoof/media/RaisingTheRoofMedia/Documents/RoadtoSolutions_fullrept_english.pdf) (accessed October 2019).
- Rebbe R, Nurius PS, Ahrens KR, et al. (2017) Adverse childhood experiences among youth aging out of foster care: A latent class analysis. *Child and Youth Services Review* 74: 108–116.
- Reid KW, Vittinghoff E and Kushel M (2008) Association between the level of housing instability, economic standing and health care access: A meta-regression. *Journal of Health Care for the Poor and Underserved* 19: 1212–1228.
- Scannapieco M, Connell-Carrick K and Painter K (2007) In their own words: Challenges facing youth aging out of foster care. *Child Adolescent Social Work Journal* 24: 423–435.
- Schibler B (2006) *Strengthening Our Youth*. Winnipeg, MB: Office of the Children's Advocate.
- Schwan K, French D, Gaetz S, et al. (2018) *Preventing Youth Homelessness: An International Review of Evidence*. Wales: Wales Centre for Public Policy.
- Sinha V and Kozlowski A (2013) The structure of Aboriginal child welfare in Canada. *The International Indigenous Policy Journal* 4: 1–21.
- Settersten R, Furstenberg FF and Rumbaut RG (2005) *On the Frontier of Adulthood: Theory, Research, and Public Policy*. Chicago: University of Chicago Press.
- Stein M (2006) Research review: Young people leaving care. *Child & Family Social Work* 11: 273–279.