

"We Don't Feel That Love"

Retrospective Reflections on the Experiences of Removal,
Transitions and Trauma from Former Youth in Care

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“We Don’t Feel *That* Love”:
Retrospective Reflections on the Experiences of Removal,
Transitions and Trauma from Former Youth in Care

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FOREWORD

As the Principal Investigator for this research study, I have had the pleasure of working closely with Angela Scott who conducted all of the interviews (we co-facilitated the two small group interviews) and who analyzed all the interview data in order to discover the core categories, or themes, which combine to present the communal narrative. Together, we mulled over the creation of the graphic representation of the core categories as well as the implications for policy, practice, training and further research, and together we struggled throughout the process to understand how best to be true to the stories shared so generously and trustingly with us.

This study began with two research assistants, however one had to withdraw early in the process. As I considered whom to hire as a replacement, Angela stepped up and said “I will do it myself.” At first I hesitated. Did Angela know what she would be taking on? Would she, as a Master’s student new to the research enterprise, have the time, energy and ability to accomplish what would be required? Would it be responsible of me as her supervisor to let her take this on? My time was limited, and I would have to depend a great deal upon her; could this arrangement actually work? While I believe this entire report constitutes the very positive answer to all my questions, it is Angela’s powerful Preface to this report that best offers a window into what this commitment entailed for her, both on an academic and personal level. Angela earned my enduring admiration and gratitude through her demonstration of courage, creativity, honesty, perseverance and sheer hard work.

I also want to acknowledge the courage, honesty and generosity of all the young people who shared their stories with us. This report is an attempt to give them voice, and to convey the many messages that their stories offer for those who have a role to play in shaping the system of care. We can only hope that this report presents their experiences, perceptions and aspirations in a manner that is accurate, respectful and reflective of what they shared with us. We see this report not as an end of the process, but as an opportunity for some new beginnings.

Sincerely,
Jim Anglin

PREFACE

My clients...continue to teach me what we all need to learn—that life can be brutally hard and simply beautiful, that we are stronger than we know (or might wish), and that the human heart shines most brilliantly when it is engaged and shared.
(Mahoney, 2003, p. 11)

This study on the retrospective reflections of BC former youth in care on their experiences of removal, transitions and trauma has inspired a journey of my own self-discovery and introspective contemplation on the processes of doing research. As a Métis woman, novice social science researcher, child and youth care worker, mother, wife, friend, advocate, adversary, and carer, the dynamic and shifting elements of my social, professional, and personal roles often collide in spaces of tension. During this study what emerged was acceptance for my need to balance the tensions, acceptance that remaining in tension allows me to deeply and critically question my self, perspectives, privileges, values, beliefs, and biases in my research, writing, and practice. The purpose of this reflection is to explore the tensions that emerged during this study. This will be discussed in two integral ways: firstly, I will reflect on the process of interviewing, analyzing the voice data, and writing this research report; and secondly, I want to acknowledge how this research project personally inspired me to search out my own family roots.

The process of interviewing participants was challenging in many ways. As a child and youth care worker, graduate student, and clinical counselling intern, there were often times during the interviews when I had to hold back from reacting or responding to the participants. I have been educated and trained to be supportive of those with whom I work. Sitting and just listening, allowing them space to share their stories with me evoked so many tensions, feelings and thoughts. I am not suggesting

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that as researchers we do not respond or be transparent in how we interact with participants; rather, this is a reminder that sometimes we just need to listen, be quiet, and open to allow others the time, place and emotional space to share their stories, insights, and experiences. Sitting, listening, and taking in someone else's pain, was more difficult than I can articulate. This happened throughout the interviews, but during one in particular I had to step back and process how this young Indigenous woman's story affected me. What she told me was painful, for her and for me. Hearing someone else describe so many of my own deep, dark, painful, and lonely early life experiences made me feel like I was breathing in her pain, soaked in my chest and straight to my heart. This is not because I have not heard life stories or experiences like my own before; particularly in my area of work, I have too often heard these stories and ones that I found much more painful than my own. What made this experience different was knowing that I had to sit in that tension and listen, knowing this was about her expressing her painful story to someone she does not know. I could not tell her that I had experienced so many of the same things, nor could I put on my counselling hat and ask reflective questions. I just needed to listen and absorb. Further, I felt an internal sense of dissonance between myself as a privileged Métis woman and graduate student, asking a First Nations woman about her life in care. After this interview, I felt overwhelmed—was I doing the right thing? Would I be able to express the meanings in my writing? What about my privilege as a researcher? What about my privilege as a Métis woman, who has light skin and lives in the tension of being of mixed ancestry? How can I approach this research in an ethical and socially just manner? I called my committee member on the phone, a woman whom I deeply admire and hoped would be able to understand what I was trying to process. In our conversation she reminded me that this research study was not a fixed end, that I could continue this work, and that I could continue to carry the tension of my identity

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and these stories into my future work. From that point on, I approached the interviews and this study in a different manner: it became not just about loss, grief, and pain, but also about love, hope, and future possibilities. It was not about taking apart or deconstructing the voices and stories of the participants; it was about presenting and amplifying them, coalescing their meanings.

Interviewing is a process, one that I found to be immensely engaging and problematic. As I was sitting and listening to the participants' stories, all of my senses were consciously heightened. I could smell the rain outside, the stale pizza boxes, and the coffee that had just been brewed. I could hear the sounds on the street, the pouring rain, people talking in the hallway, and the voice of the participant reverberating over all the sounds and reaching straight through to me. I could see the room, fluorescent lights, the shadows, and the furniture—and I could see them, and as we looked in each other's eyes it was in that moment I would know some of the pain, loss, love, and hope they were expressing to me. With all my senses engaged it was powerful, and their stories became embodied, they became tangible, and alive. But now came my worries: how could I ever express on paper the power of these moments? Without having been in this room, with all senses imminently engaged, how could someone else feel the meaning that was expressed? I believe we are feeling, sensing, relational, and holistic beings, our memories and experiences are so often enmeshed with our bodily senses. I worried (and still do) that in a textual document, the living, breathing, impact of their stories would be diluted in some way.

I made a mistake: I assumed that the interview process was going to be the most emotionally difficult part of this research study, and then came the analysis. I transcribed all the interviews, approximately two hundred pages of rich textual data on the life experiences, stories, narratives, perception, insights, and ideas of 20 young people who I had come to greatly respect and admire. Further, I felt protective of them

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and their life stories, and had great difficulty imagining how I could ever break down what they said into sections, parts or quotes. I started with a thematic analysis of the data, I developed global themes, organizing themes and basic themes—there were so many different themes. I met with my supervisor, and being the grounded theorist that he is, he asked a question that would change my entire perception of the data and the manner in which the report would be written. I had told him about all the themes, showed him the data maps I had created and the many quotes that I had sorted. He then asked if there was one central, overarching category or theme, something that connected all the data. I did not know how to answer that question, I left his office in some kind of existential haze. I spent three days re-reading all the transcripts and all I could see was a multitude of diverse experiences, though many were related. Then on that third day, I became frustrated, I could only see all the data at once, I was not able to break them down or centralize them, and I needed a break and decided it was time for a walk.

I live in a beautiful place, close to the lake and surrounded by the forest, and walking always clears my head, so I headed to the train tracks behind my house. I stepped onto the tracks and could hear and feel the crunch of the rocks and wood beneath my feet, I could hear the birds, and I could smell the crisp winter air. My thoughts were running through my head, so many themes, and so many experiences. I then realized maybe I was looking at the data the wrong way, maybe instead of seeing what was there, I need to look for what was not there. What was missing? Then, as the colloquial saying goes, a “light bulb went off” in my head, though maybe it was more like one thought shattering all the others, breaking through the darkness. There it was, what was missing—*love*. I stopped walking, and stood there silent. Is it love that is missing in their experiences of being in care? I turned around and headed home, back to the transcripts, and I spent the rest of the day re-reading their stories. There it was,

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or for that matter, was not, and in one participant's transcript he perfectly stated what youth in care are missing—"we don't feel that love." I had to go to my supervisor and explain what I was conceptualizing: I assumed he would think I was out of my mind. Our meeting went well; we poured through the data and the descriptions of love, and we both agreed this was a core category, but now this meant a shift in methodology, it was now a grounded theory approach. The next two months were also emotionally difficult, as comparative analysis is, at times, painstakingly slow and methodical.

It was time to write the final report; this process has taken many memos, drafts, and revisions. It has also been emotionally painful at times; I did not assume that editing would be this psychologically disruptive. I believe the most difficult thing, what has kept me awake at night and what is the crux of my worries, is my belief that there is no possibility that I could ever be able to convey the meanings that were shared by the participants; that I could ever write in a textual document the embodied meaning of some of their life stories and experiences that were conveyed to me in the interviews. I did not want to leave any of their stories behind, I did not want to lose the power of their words, and I did not want to dishonour their life experiences in any way. I have done my best, with the help and support of my supervisor and committee members, to convey exactly what was voiced by the youth in this study. I know that I will carry the tension, weight, and power of these young people's stories with me in all my future work.

I have been critically engaged throughout this study, while interviewing, writing, and thinking about how to present the insights and perspectives of those who so generously shared some of their life experiences with me. During the past year of working on this research project I have also gone through my own process of self-discovery. In particular, the participants inspired me to seek out my family history that has been missing. I do not know my biological father, and I know very little about my

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Métis family history in Fort Qu'Appelle, Saskatchewan. Now, this may not be the place or space to divulge my own painful story, but sharing how the participants' stories impacted me is fundamentally important if I am to be as transparent as possible in the research process. Further, I want to express that doing research affects us, it can be painful and inspiring, and it can push us to deeply reflect on who we are and to do better work. I searched for my family history, and I found my lineage, those family names that bring together my genealogy and our historical imprint on our homeland of Saskatchewan. Sadly, I also found out that my biological father passed away last summer. The situational irony is certainly not lost on me, nor is the impending flow of guilt that I had waited too long to find him. But I was not ready, for the past 30 years I have wondered what happened to him, and I was not ready to know until after I had experienced this process over the past year. My biological father and I will never have the chance to meet again, to find closure, or possibly to have developed a new relationship. And I am reminded of one of my favourite quotes: "it's being ripped from love that causes the wound in the first place and its only love in the end that heals it" (Wagamese, 2009, p. 13). Losing a loved one or a loving connection is never easy; it can be brutally painful, yet in all those dark moments there may be some light. Maybe we have the love of our friends, extended family, children, community, or our pets—love can be found again, it can be re-established, it can grow out of dark places, and it can offer us a chance to heal. My hope for those who so generously agreed to participate in this research study is that they know they inspired at least one person to re-establish a loving connection that was once lost, I may not have found it in the way I imagined or dreamed it could be, but I am eternally grateful for the journey and the chance to utilize the love that I have in my life to heal the wounds of my past.

In deep gratitude,

Angela Scott

EXECUTIVE SUMMARY

In British Columbia there are approximately 8,100 children and youth in the child welfare system (Kozlowski, Milne, & Sinha, 2014; Statistics Canada, 2011; Turpel-Lafond & Kendell, 2015). Many of these children and youth in care experience or witness trauma (complex and inter-generational), abuse, neglect, maltreatment, self-harm, drug and alcohol addiction, mental health issues, and suicidality (e.g., Kozlowski et al., 2014; Manitoba Office of the Children’s Advocate, 2016; Turpel-Lafond, 2012). However, our understanding of how the experiences of trauma are linked to moving into and transitioning through care is quite limited. In particular, there are few research studies that have sought the insights and perspectives of youth in care about their experiences of removal, transitions and trauma (Folman, 1998; Jones & Kruk, 2005; Mitchell & Kuczynski, 2010; Mitchell, Kuczynski, Tubbs, & Ross, 2010). Those who have lived in care are the experts on their own experiences, so it is crucial that their voices be included in such studies. Gilligan (2002) further contends that listening to children and youth in care is important because it is a part of respecting their rights and dignity and telling their stories can contribute to their process of healing.

To address the gap in knowledge about transitions into and through care, this study explored the retrospective reflections of former youth in care within the geographical region of Lower Vancouver Island in relation to the following research questions:

- What are the children and youth’s retrospective reflection on what was difficult, helpful, traumatizing, or supportive about being removed from home, transitioning into care, and changing placements while in care?
- How can we manage transitions in a way that does not further traumatize and harm?

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- Are there best practices in the literature for removals and transitions that enhance the likelihood of success?

To answer these questions, the researchers a) carried out semi-structured interviews with 20 former youth in care on Vancouver Island, BC; and b) conducted a review of the North American and international literature on removal and transition practices in child welfare. Data gathering and analysis were guided by a grounded theory approach (Glaser & Strauss, 1967) chosen for its ability to help the researchers to discover underlying psycho-social processes as well as create a conceptual framework for understanding the social phenomena being studied.

The sample of 20 former youth in care who agreed to participate in this study was comprised of 12 women and 8 men, ranging between the ages of 19-24 years. The self-identified racial or ethnic backgrounds of the participating youth were classified into three groups: 45% Indigenous, 45% White or Caucasian, and 10% Black Canadian. The ages at which the former youth in care were removed to government care or voluntarily came into care spanned from 1 to 17 years of age, while the number of moves throughout their stay in care ranged from 1 to over 40 total placements. Using the information provided by the respondents, the overall average number of years spent in government care across the sample was approximately 7.6 years, and the average number of moves during that time was 12. Interviews took place on lower Vancouver Island, BC in the cities of Victoria, Duncan and Nanaimo.

What emerged from attending to the voices of 20 former youth in care regarding their experiences of removal, transitions and trauma was a communal or common narrative that allowed the researchers to identify five key psycho-social processes (Not Knowing, Loss or Absence of Belonging, Relational Fragmenting, De-forming Identity and Dis-spiriting) that contribute to an overall sense of 'Not Feeling That Love' - love

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that is learned and developed through deep, caring connections with others, especially adult carers. This study also identified a number of common or shared experiences of children and youth in care, in the contexts of removal, transitions and trauma.

- Relational loss, grief, emotional pain, and trauma were experienced frequently through removal and in transitions into and through care and were generally unaddressed, and unprocessed for the majority of the youth.
- Substance use, self-harm, and suicidality all emerged as coping mechanisms to “mask the pain” for processing feelings of isolation, depression, anger, and loneliness; as well as unprocessed loss, grief, emotional pain, and trauma due to the experiences of removal, and frequent moves or transitions into, through, and out of care.
- The youth’s devotion to remaining connected to their family of origin and extended family continued to endure, despite the losses, dislocation, and disruption to the family relationship dynamic created by moving into and through care.
- Most of the youth reported not having a voice or choice in their removal or transitions through care and advocated for having meaningful input into these life-changing decisions.
- Most of the youth reported *not knowing* why they were removed into care at the time of the removal; some reported believing it was a form of punishment for mis-behaviour. On reflection after ageing-out of care, the youth’s perspectives were that parental substance addiction and mental health issues were the most likely reason(s) for their initial removal into care.

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- Youth reported their best placement experiences and best foster parents provided for their emotional, physical, and material needs as well as providing a sense of family, belonging, trust, and acceptance.
- Youth reported that community outreach workers and their biological siblings were their greatest source of support during transitions or moves into and through care.
- For the Indigenous youth in this study, re-connection to culture, community and traditional knowledge were cited as pivotal to engage in the healing of inter-generational trauma, and to develop or re-establish a sense of identity, belonging, and connection to family and community.
- Employment, education, mental health, and well-being outcomes were less than adequate for the youth participating in this study. Several reported currently struggling with mental health and well-being issues, and with the financial affordability of necessary resources such as food and shelter.

The youth who participated in this study had suggestions to support other youth in care with living in and transitioning through the child welfare system. The participants hope that their suggestions and ideas will be heard, shared, and implemented in policy and practice. The most common suggestions were:

- Support for parents with mental health and addictions;
- Youth having voice and choice in their out-of-home care experiences; and
- Maintaining connections to extended family, culture, and traditions.

Implications of Report Findings for Policy and Practice

(a) Removal

- It is important to clearly inform children and youth prior to, during or immediately following their removal that they will be moved away from their parent(s) and family to live temporarily with another family.
- Clear and transparent communication, that reflects the child or youth's unique and diverse needs as well as developmental and emotional capacity, regarding reason(s) for removal may be difficult in the short-term but more beneficial in relation to the long-term outcomes for children and youth in care.
- If deemed appropriate, allow children and youth contact with their family members (e.g., parent(s), siblings, and extended kin) immediately following the removal; as well as establishing and maintaining regular contact with extended family during their stay in out-of-home care.
- Involvement of a counsellor to support children, youth and families during the event of removal, and for a period following the removal.
- Consistent and regular counselling available prior to, or at the time of removal, as well as in the years following may also support the recognition, acknowledgment, and processing of loss, grief, pain and trauma, that is needed by children and youth coming into and moving through care.

(b) Transitions Into, Through, and Out of Care

- A shift in how we think about “ageing out” of care, as well as change the terminology to “ageing into adulthood” or “ageing into community and interdependence.”

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- Moving from the current fixed age of leaving care (i.e., 19 years) to a fluid and flexible process, perhaps occurring between 18-24 years, would recognize the individual circumstances of youth.
- A fluid and flexible age range for *ageing into adulthood and community* would likely require *transition support workers* who would help assess, support, and prepare youth for leaving care. The role of a transition support worker could offer several important benefits, including assistance with educational transitions, preparation for employment, obtaining appropriate financial benefits and, perhaps most important of all, providing a stable and supportive relationship throughout this complex and challenging process.
- Increasing substance use and misuse support services for BC youth in care; could increase available relational supports and offer stable and caring connections to address maladaptive coping skills.
- Frequent moves and transitions through care compound the relational losses already incurred before and during removal into care; as found in this study, suicidal ideation, suicide attempts, and self-harm were a means to cope with isolation, emotional pain, and mental health struggles. Therefore, there is a need for comprehensive practices, such as trauma-informed care modalities, across the child welfare system.
- Various forms of “acting out” behaviours are now understood in the literature as *pain-based behaviours* (Anglin, 2002; Brendtro & Mitchell, 2015; Fulcher & Moran, 2013). These negative behaviours need to be understood as ways of communicating important and unmet needs.

(c) Trauma

- Consultation with skilled and culturally appropriate counselling practitioners *prior* to removal of a child or youth may produce more effective strategies for approaching this event that create less stress, harm, or further traumatization.
- Regular, consistent and individualized mental health and well-being assessments, supports and services need to be provided immediately following removal and during care.
- In consideration of the inter-generational trauma expressed by many of the youth in this study, particularly those of Indigenous heritage, trauma work and therapy may need to be cross-generational (and family focused), communal, and on-going, if healing is to be adequately supported.
- In order to maintain connections of love and care, appropriate contact between children/youth and their extended family should be regularly and actively maintained.
- When contact is not possible, and as suggested by one of the youth in this study, the creation of a family genealogy report for the child may help them understand where they came from and their family history.
- Siblings should remain together when possible, but when not possible it is important that regular contact and visitation be maintained.

Implications of Report Findings for Indigenous Policy and Practice

- For Indigenous youth who express the desire to be connected to their specific culture, traditional knowledge, and community, all reasonable supports and measures necessary should be taken to address this need. For example, connecting them to a delegated First Nation, Métis, or Inuit agency;

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comprehensive cultural plans as the child develops; and visits to their home community.

- Some Indigenous youth may find healing through re-connection to their cultural roots; however, some youth in care may not want to pursue this connection. Therefore, the provision of emotionally safe opportunities for them to explore their life goals, aspirations, and healing needs should be offered periodically over time as their perceptions and desires may change.
- As with all youth who participated in this study, Indigenous youth have complex, unique, and diverse needs; therefore, they need to be provided with a voice and choice in their care plans and permanency plans. For example, some may want to live only with First Nations or Indigenous families, while for others this may not be considered necessary.

Implications of Report Findings for Further Research

The findings of this exploratory study point to several areas needing attention in research on removal, transitions and trauma.

- As the experience of trauma in relation to being removed from home and moving through care is under-researched, further studies could shed more light on these important issues. For example, studies by the Ministry of Children and Family Development, non-profit community agencies, and Indigenous delegated agencies could address different aspects of this large area, drawing upon various research methodologies.
- More attention needs to be given to policies and policy issues related to removal and transitions, and especially to how they are translated into practice. We need to understand better how front-line workers implement these policies in practice,

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and what supports they may need to do so in the most effective and congruent manner.

- Research and policy studies can continue to benefit from the perspectives of the children and youth affected, as they have important experiential expertise, first-hand knowledge, and personal insights to contribute.
- There are success stories of those who have lived in care, who have felt loved, supported, and connected with foster families, biological parents and other members of their family of origin. Further research into how these young people and their families create such conditions for love, acceptance, validation, and belonging could be of great benefit for all those involved in this complex area of work.
- Relational connections were pivotal to the experiences of removal, transitions and trauma for the youth who participated in this study; it would seem appropriate to prioritize research studies with a focus on how relationships and connections are developed, maintained, and rebuilt while moving into and through care.

Summary

While the findings of this research are generally consistent with the limited amount of literature reporting on the experiences of children and youth in care, this study suggests that the unrecognized and unresolved grief, loss, pain and trauma experienced by young people in care has led to less than adequate outcomes. The perspectives and insights shared by the youth suggest important strategies for acknowledging and healing these wounds.

This report is but another step in the journey to understand both the realities and potential for youth in care in BC. We dedicate this report to all those who have lived in

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care, who have struggled to find meaningful and productive lives after care, and to all those who will live in care in the future – may you experience the love and guidance of many caring people on your journey.

RESEARCH PURPOSE AND CONTEXT

This study was funded through the Ministry of Children and Family Development's (MCFD) Shared Research Agenda funding through a sponsored research agreement with the University of Victoria. The purpose of this project was to respond to research questions related to *Removal, Transitions and Trauma* involving children, youth in care¹ and their families:

- What are the children and youth's retrospective reflections about what was difficult, helpful, traumatizing or supportive?
- How do we manage transitions in a way that does not further traumatize and harm? What are transition practices that enhance the likelihood of success?

To answer these questions, this research project utilized semi-structured interviews with 20 former youth in care, between the ages of 19-24 years, on Vancouver Island, BC and conducted a review of the North American and international literature in the areas of removal, transitions and trauma in child welfare practice. The data obtained through interviewing were rich and descriptive, providing insights into the lived experiences of removal, transitions and trauma of former youth in care. The literature review revealed a significant gap in published research on removal and transition management. While the issue of leaving care has been the focus of many studies, few articles and books have been centered on the particular foci of this study.

Only four qualitative studies were found in the literature that examined the events of removal from home and the transition into foster care from the perspectives

¹ 'In care,' in this study refers to out-of-home placements, under the legal care or having an agreement of care with the BC government. The former youth in care who participated in this study had various types of placements, such as foster homes, placements with extended family, residential care or group care homes, youth custody centres, and youth supported living apartments.

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of children and youth (Folman, 1998; Johnson, Yoken, & Voss, 1995; Mitchell & Kuczynski, 2010; Mitchell et al., 2010). Placement stability and moves through care were somewhat better represented in the research literature (Carnochan, Moore, & Austin, 2013; Unrau, 2007; Unrau, Seita, & Putney, 2008; Whittaker & Maluccio, 2002). A number of useful studies were found examining the experiences of young people living in care (Chapman, Wall, & Barth, 2004; Gallagher & Green, 2012; Kufeldt, Armstrong, & Dorosh, 1995; Whiting & Lee, 2003; Wilson & Conroy, 1999), as well as the experiences of youth transitioning out of care (Collins, Paris, & Ward, 2008; del Valle, Lazaro-Visa, Lopez, & Bravo, 2011; Rutman, Hubberstey, Barlow, & Brown, 2005; Samuels, 2009; Samuels & Pryce, 2008; Stein, 2008; Turpel-Lafond, 2014b). Only one study was found that specifically examined trauma-informed practices in relation to placement stability in foster care (Conradi et al., 2011).

The literature on the experience of Indigenous² young people related to removal, transitions and trauma post-residential schools was also limited. Several studies examined the pathways to overrepresentation and colonizing practices regarding the removal of Aboriginal children into care (Blackstock, Trocmé, & Bennett, 2004; de Leeuw, 2014; de Leeuw, Greenwood, & Cameron, 2010; Sinha & Kozlowski, 2013; Trocmé, Knoke, & Blackstock, 2004), however, none of these are qualitative studies from the perspective of Indigenous or Aboriginal children and youth about their experiences of removal and transition into care. Only one study on placement decisions for Aboriginal youth in care was found (Fluke, Chabot, Fallon, MacLaurin, &

² The researchers are using the term 'Indigenous' in this report as it is often the preferred term for Indigenous peoples in Canada; whereas, the term 'Aboriginal' is a government designation and is in the process of being eliminated by governments and organizations across the country. However, Aboriginal will be used occasionally as it is widely used in the literature and at times by the participants.

RESEARCH PURPOSE AND CONTEXT

Blackstock, 2010), and although it is a comprehensive multi-level analysis, it does not include the voices or perspectives of Aboriginal children and youth themselves. There were two qualitative studies found in the peripheral literature that summarized the perspectives of Aboriginal children regarding cultural planning and adoption (Carriere, 2007a; Carriere, 2007b). Finally, a single Canadian qualitative study was located regarding the utilization of trauma-informed education for Indigenous children in care (Johnson, 2014) and which included the voices of current and former Indigenous youth in care.

There is a limited amount of systematic research on the lived experiences of children and youth in care, and in particular, presenting their voices, stories and perceptions regarding coming into care and their moves or transitions through care (Folman, 1998; Jones & Kruk, 2005; Johnson et al., 1995; Mitchell et al., 2010). The value of learning from the views and perceptions of children and youth in care is evident when we consider their unique insider knowledge, as they are the experts on their own experiences (Mitchell et al., 2010). This study is an important opportunity to hear the voices of former youth in care and to consider the implications for future policy, practice and research. At the same time, the sample size is small and care needs to be taken in generalizing the findings to all young people in care.

DEMOGRAPHICS

The 20 former youth in care who agreed to be interviewed for this study were comprised of 12 women and 8 men, ranging in age from 19 to 24 years. Nine of the former youth in care self-identified as Aboriginal, Indigenous, First Nations, Métis or of mixed Aboriginal heritage. There were nine who self-identified as Canadian, White or Caucasian, and two who identified as Black Canadian. The ages at which the former youth in care were removed to government care or voluntarily came into care spanned from 1 to 17 years of age, while the number of moves throughout their stay in care ranged from 1 to over 40 total placements. The youth in this study described various types of placements; these included: foster homes, living with extended family, residential care or group care homes, youth custody centres, and youth supported living apartments. The age they came into care, as well as the number of moves through care, were sometimes provided as estimations. Using the information provided by the respondents, the overall average number of years spent in government care across the sample was approximately 7.6 years, and the average number of moves during that time was 12. Though all interviews for the study took place on Vancouver Island, BC in the cities of Victoria, Duncan and Nanaimo, several participants changed locations during their time in care, including out of province. Table 1 summarizes the general demographics of participants in this study, listed according to the age when they entered into care.

Table 1: Participant Demographics

Current Age	Self-identified Gender	Self-identified ethnic background ³	Age came into care	Total number moves in care ⁴	Geographical range of placements
20	Woman	White Caucasian	1-2	17-20	Vancouver Island, BC
24	Man	First Nations	1-2	20+	Vancouver Island and Coastal BC
20	Man	White, Canadian	1-2	22-23	Vancouver Island and Greater Vancouver, BC
20	Man	White, Canadian	1.5	20	Vancouver Island, BC
21	Woman	Mixed Aboriginal	3	10+	Vancouver Island, BC
21	Woman	Black Canadian	5	10	Vancouver Island, BC and Ontario, ON
21	Woman	Aboriginal	5-6	14+	Vancouver Island, BC and Alberta, AB
19	Man	White, Canadian	6	40+	Vancouver Island, BC
24	Woman	Aboriginal	6	20+	Vancouver Island and Greater Vancouver, BC
24	Woman	Caucasian	7	8	Vancouver Island, BC and Newfoundland, NL
23	Woman	First Nations	8-9	14	Vancouver Island, BC
20	Woman	Aboriginal	9-10	4+	Vancouver Island, BC
23	Man	White, Canadian	10	4	Vancouver Island, BC
20	Woman	White, Caucasian	11	5	Vancouver Island, BC
22	Man	Black Canadian	12-13	6-8	Vancouver Island, BC and Ontario, ON
20	Woman	White	12-13	7+	Vancouver Island, BC
21	Woman	First Nations	12-13	3-5	Vancouver Island and Greater Vancouver, BC
21	Man	Caucasian	13	4-6	Vancouver Island, BC
23	Man	Métis and Cree	13-14	5-6	Vancouver Island, BC and Saskatchewan, SK
19	Woman	Mixed Aboriginal	17	1	Vancouver Island, BC

³ Participants self-identified into several categories; these have been summarized in Figure 2.

⁴ Some former youth in care provided a range for number of placements, some provided a known number, and for others the + sign denotes the number given was a minimum.

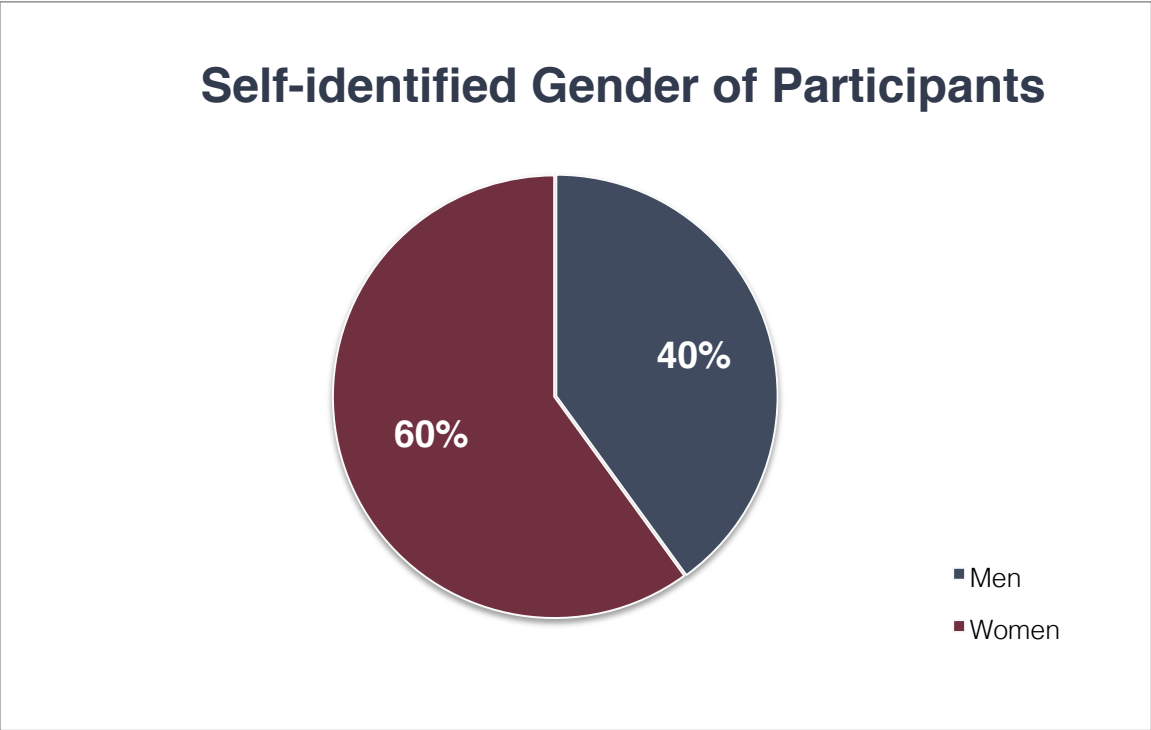


Figure 1

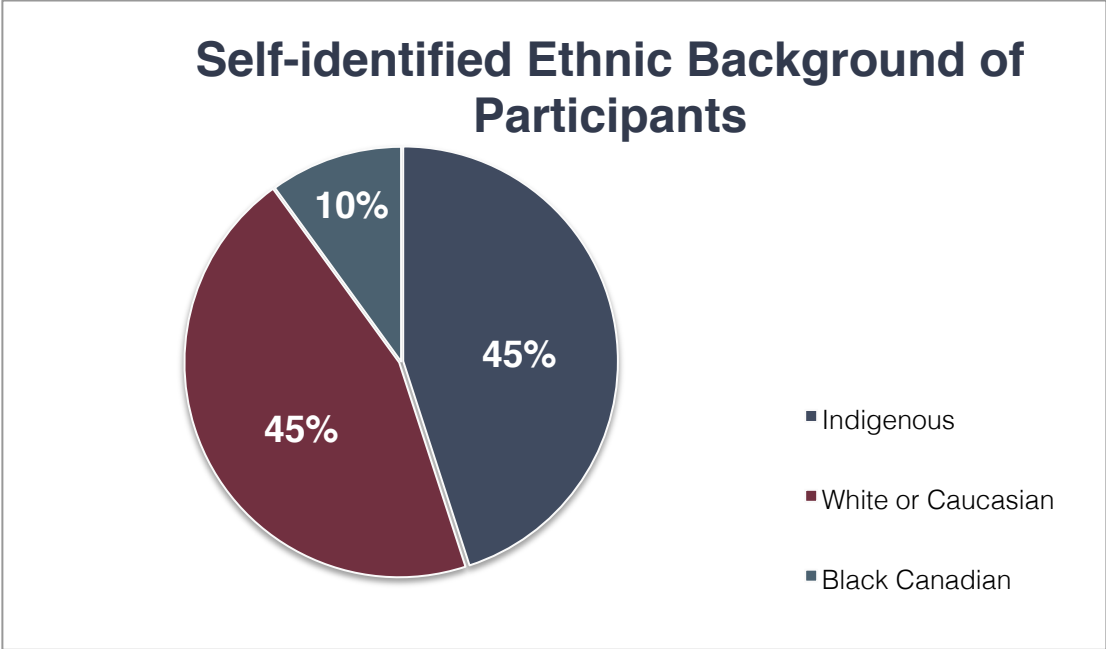


Figure 2

DEMOGRAPHICS

Participants were asked how they self-identified their gender and ethnic background. The current genders provided by participants were either woman or man; at least one of the participants disclosed that their gender had changed in the past few years. There were several different responses for ethnic background; therefore, these were clustered into three categories for Figure 3: Indigenous 45%, White or Caucasian 45% and Black Canadian 10%.

Outcomes: Employment and Education After Ageing Out of Care

The current life situations of the participants are summarized in Figure 3. There are 9 out of 20 (45%) of the former youth in care currently on social assistance support (welfare subsidy), who indicated they are unemployed and hoping to find work or pursue some form of post-secondary education and training. Five out of 20 (25%) are receiving Persons With Disability (PWD) assistance payments. The reasons provided included diagnoses of Anxiety, Depression, Post-Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Fetal Alcohol Spectrum Disorder (FASD), Bipolar Disorder, and learning disabilities. There are 4 out of 20 (20%) who are currently attending post-secondary institutions on Vancouver Island. Finally, 2 out of 20 (10%) are currently working full-time jobs and hope to attend post-secondary education in the near future. The educational and employment outcomes for the former youth in care who participated in this study are summarized in Figure 3.

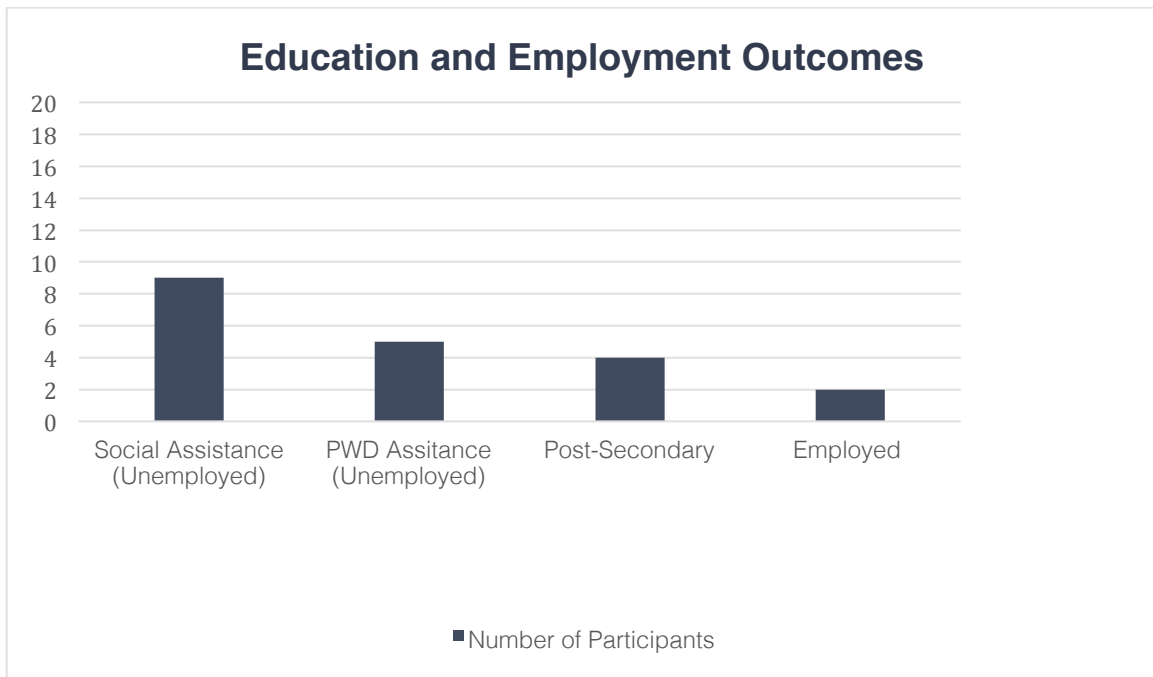


Figure 3

Mental Health and Well-Being

Though mental health diagnoses, and/or physiological developmental challenges or difficulties were not a specific focus of this study, a majority 16 out of 20 (80%) of participants disclosed these barriers during the interviews:⁵

- 2 out of 20 (10%) FASD, co-occurring with ADHD and Bipolar Disorder
- 1 out of 20 (5%) Bipolar Disorder
- 1 out of 20 (5%) ADHD, anxiety and depression
- 3 out of 20 (15%) anxiety and depression

⁵ This was not included in Table 1 as not all participants disclosed their state of mental health and well-being; therefore, the researchers can only present the information that was shared during the study. Further, the researchers cannot verify whether the participants were formally diagnosed, even if this was stated as such.

- 6 out of 20 (30%) disclosed suicide attempts and/or suicidal ideation
- 3 out of 20 (15%) disclosed self-harming behaviors (such as cutting and/or branding)

Drug and Alcohol Misuse

The use and misuse of drugs and alcohol was also not a focus of this study, nor was this a direct interview question; however, fourteen participants disclosed having drug and alcohol issues while in care and also after exiting care, as follows:

- 4 out of those 14 (28%) stated that they abused alcohol to “mask the pain” of processing their feelings of isolation, depression, anger, and loneliness.
- 5 out of those 14 (36%) disclosed current use of drugs and/or alcohol.

Traumatic Experiences

The experience of trauma was a primary focus of this study, specifically in regard to removal and transitions into and through care. While the youth discussed what was traumatic or difficult about their moves in care, there were further disclosures about the experience of trauma before coming into and while living in care. Some of those experiences included: sexual abuse, physical abuse, verbal abuse, witnessing violence and the death of a parent or sibling. In summary:

- 4 out of 20 (20%) disclosed being sexually abused while in care, by either a person known to them, or by someone who was to provide care (such as a foster parent)—all of the former youth in care who disclosed sexual violence or abuse were women.
- 2 out of 20 (10%) disclosed being physically abused (“hit” or “beat”) by a foster parent, or foster family member while in care—both of these former youth in care were men.
- 1 out of 20 (5%) disclosed being verbally abused by a foster parent.

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- 2 out of 20 (10%) experienced the traumatic death of a sibling while living in care; one of the youth had a sibling, also in care, who committed suicide; while the other lost a sibling in a car accident.
- 1 out of 20 (5%) disclosed that a parent died of a drug overdose while she was in care.
- 16 out of 20 (80%) disclosed witnessing violence before coming into care and/or while living in care.

Summary

While the demographic data on this sample are necessarily incomplete, there are indications in other studies and reports that many of these characteristics and some similar profiles have also been found in other samples of youth in care and former youth in care (Folman, 1998; Kozlowski et al., 2014; Mitchell & Kuczynski, 2010; Mitchell et al., 2010; Rutman & Hubberstey, 2016; Smith, Peled, Poon, Stewart, Saewyc, & McCreary Centre Society, 2015; Statistics Canada, 2011; Turpel-Lafond & Kendell, 2015).

METHODOLOGY

Former youth in care were recruited primarily through direct community contact persons with whom the youth had a prior relationship. Though the researchers distributed (via email and in-person) information posters through several Vancouver Island non-profit community agencies, foster parent networks, and post-secondary institutions (University of Victoria, Camosun College, Vancouver Island University, and Sprott-Shaw Community College), as well as having the information posted on social media through Former Youth in Care community networks, contact and interviews were established through only five key individuals. These included individuals who worked with Nanaimo Youth Services Association (NYSA), Quadra Village Community Centre (QVCC), Victoria Native Friendship Centre (VNFC), and one foster parent associated with the Foster Parent Support Services Society (FPSS). The population of former youth in care is known to be hard to reach without some form of relationship or direct connection; in addition, we heard from other researchers and provincial organizations that there is research saturation of accessible former youth in care due to their receiving many such requests to participate in projects. The researchers had originally planned to interview 25 former youth in care; however, out of the 32 who originally agreed to participate, 12 did not follow-through to arrange an interview time or did not show up at the agreed time for the interview; therefore, there were 20 former youth in care who completed interviews for the study. The process of recruitment and face-to-face interviewing took approximately eight months.

WE DON'T FEEL THAT LOVE

Criteria for inclusion⁶ in this study were: to be a former youth in care on Vancouver Island BC, current age between 19-24 years, not a current student in the school of Child and Youth Care at UVic, and not a former client of the research assistant, Angela Scott. The last two restrictions were in place to avoid any actual or potential conflicts of interest. These criteria did exclude at least one person from participating in the study. For reasons of ease of access, as well as considerations for maturity and ability to retrospectively reflect on experiences in care, former youth in care between the ages of 19-24 years were the chosen target population for this study. To obtain a sample of former youth in care that was reasonably representative of the population of current children and youth in care, the researchers sought to recruit at least 40-50% Indigenous youth, and 40-50% male youth to participate in interviews. A snowball sampling method was also employed in an attempt to have participants engage or recruit other former youth in care to participate; however, this sampling method did not yield new participants.

To ensure that the voices and experiences of the youth were centered in this study, semi-structured qualitative interviews were chosen as the most suitable way to capture the rich perceptions, stories, and narratives of those who have experienced removal, transitions and trauma in care. Further, face-to-face interviews allowed the researchers to clarify questions, probe for information, and query responses and interpretations. All interviews were audio-recorded by the researchers for transcription and analysis. Group and individual interview formats were offered to participants, which resulted in two small group interviews (of 2 and 3 participants in each session) and 15 individual interviews. Interview length ranged from 45 minutes to about one and a half hours, depending upon the number of interviewees and the length of responses,

⁶ See Appendix C for copy of the Participant Consent Form.

as well as the number of follow-up questions by the interviewers. The interviews took place at community centres (NYSA, VNFC, and QVCC), the University of Victoria, and on one occasion, at a local coffee shop. These interviews were conducted in the geographical regions of Greater Victoria, Duncan, and Nanaimo on Vancouver Island, BC.

All participants were provided with information regarding the study prior to the interview and were asked to sign a consent form following a paragraph-by-paragraph review of its contents. This consent form contained information regarding the use of data, purpose of study, as well as researcher and ethics office contacts. All participants were provided with a copy of this consent form for their personal records. It was important to the researchers to be transparent and to establish some sense of comfort and rapport with participants; therefore, food and drink were often shared prior to and during interviews. Researchers also maintained an open and willing sense of engagement by texting and emailing with many of the participants to set up interviews and answer any questions regarding the study. Participants were provided with a \$25 VISA gift card as an honorarium for participating in this study.

Aspects of grounded theory method⁷ guided the data collection and the constant comparative method was utilized in the analysis of the qualitative interview data. As noted by Glaser (1992), “the grounded theory approach is a general methodology of analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area” (p. 16). This method allows for the development of a conceptual or theoretical framework through interaction with data, that it is grounded in the experience of participants and that

⁷ For further information regarding this type of methodology and its theoretical underpinnings see: Glaser and Strauss (1967), Glaser (1978), and Glaser (1992).

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emerges from responses to questions and observations prompted by the desire to understand the phenomena (e.g. specific social population, issue or problem) being investigated (Dey, 2007).

In this manner, categories or concepts⁸ pertaining to key psycho-social processes emerge from the data, elucidating elements and dynamics of the processes being studied. The data were analyzed and coded through a constant comparative analysis (Glaser & Strauss, 1967; Glaser, 1978; Glaser, 1992) in which an open coding method was initially applied. Through this process, the categories of *not knowing*, *loss or absence of belonging*, *relational fragmenting*, *de-forming identity*, and *dis-spiriting* were discovered as well as the core category, *not feeling that love*, which tied all of the other categories together in an integrated framework. Although the findings of this study do not constitute a full substantive theory, they do offer a framework for understanding the lived experiences of young people coming into care and transitioning through care in relation to the psycho-emotional realities of trauma and pain-based behaviour (Anglin, 2002).

Enclosed in this report are some of the life experiences of former youth in care, and though we seek to learn from their histories and perspectives, we want to take care to respect their anonymity. Names of persons connected to them, names of communities or cities, as well as other identifiers have been removed. Direct quotes have no identifying labels or tags and at times the gender referents of the youth have been switched.

This study is limited by the small sample size as well the fact that those who agreed to take part in the study were connected to community agencies and several

⁸ Concepts here are defined as “the underlying meaning, uniformity and/or pattern within a set of descriptive incidents” (Glaser, 1992, p. 38).

key contacts. Despite these limitations, and given that the processes of coming into care and transitions through care are under-researched, it is the hope of the researchers that this study will contribute to the literature, especially through presenting the actual voices of 20 former youth in care, as well as perhaps inspiring further research into these critically relevant areas of child welfare practice. We join with those who were interviewed in the fervent hope that these findings will be seriously considered in the formulation of future child welfare policies and practice innovations.

PART I: RETROSPECTIVE REFLECTIONS OF FORMER YOUTH IN CARE

The foundation of this exploratory research study is the voices of former youth in care regarding their experiences of removal, transitions and trauma in the BC child welfare system. The rationale for the need to be heard was best described by one of the youth:

That's the way I feel when you take away someone's voice, you never know what they are going to hide, because if you silence them once, you silence them forever... so I am finally starting to come out with more things that happened to me, it's coming out of my mouth now, no longer holding inside.

This statement epitomizes the essence of *why* hearing the voices of youth is so imperative to understanding their experiences and perceptions, because it revokes the silencing and it may also establish a foundation for healing to occur. In Folman's (1998) study of the experience of removal and the transition into foster care from the perspective of children and youth, she concluded that "the failure to validate children's feelings may have as great or even greater negative impact on the children's lives than the lack of information and feelings of helplessness" (p. 30). Further, she suggests that the adult denial of children's pain may obstruct the resolution of their trauma (Folman, 1998). Healing may begin to occur when our stories are heard, and the narratives of our experience and understanding makes connection between ourselves and others (McCabe, 2008).

During the interviews all of the youth were asked: "did you talk about your experiences of moves or transitions into or through care with anyone?" Most of the

PART I: RETROSPECTIVE REFLECTIONS OF FORMER YOUTH IN CARE

youth, 13 out of 20 (65%) reported not having discussed or shared these experiences with anyone, while 4 out of 20 (20%) responded that they had spoken with a Ministry worker, and 3 out of 20 (15%) had only shared these experiences with friends, siblings, or other family members. Further, several who had not spoken with anyone before remarked that the interviewer was the only person to ever ask. While some of the youth may have been asked to share their experiences, but were not in a position to hear or respond to this request, a majority of them are clearly saying they felt no one was truly listening to what they had to say.

The stories of the former youth in care coalesced into a common or communal narrative of living in and through care. Though there were different youth, with often divergent histories and contexts, they all expressed some form of loss, grief, and emotional pain, as well as an elemental need for love, understanding, acceptance, identity, belonging, and relational connectivity. Further, most of them expressed deep empathy and compassion for those who are or will be living in the system of care. Overall, they presented a cogent and congruent understanding that there has to be a better way to care for children and youth in out-of-home care. As one of the youth summarized:

I would say [Ministry workers] don't understand the dynamic of how many traumas and incidences children go through in the system, as much as they refine it and try and figure out as much as they want, but it doesn't actually fix it, there will always be those families that are abusive and neglectful and hurtful (...) we have to find a better way to take care of young people who can't be with their families temporarily.

This young man described what so many of his cohort of former youth in care were also stating—"we have to find a better way." It is important to note that throughout the

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interviews there was a sense of comradery among the participants; they often spoke in plural and inclusive terms of 'we,' 'they' and 'them' reflecting not only their own experiences, but of a collective community of those who have lived in care. At times, this may have included siblings with whom they shared their experiences, or just other children and youth who also lived in care.

Throughout Part I of this report the researchers were compelled by the youth's shared experiences, which generated questions for critical reflection. These questions are included in part to inspire thoughts, reactions and responses from readers, but also to acknowledge that there are few ready-made methods for addressing the complexities of removal, transitions and trauma—we must be creative and adaptive in translating the knowledge gained from the stories and insights of these young people, along with the findings from other related research, into policy and practice.

A Framework for Understanding the Experiences of Young People in Care Encountering

Removal, Transitions and Trauma

The framework that emerged in this study is based on a core experience identified by the participants, that of *“not feeling that love,”* and this central notion is accompanied by a cluster of related psycho-social processes, namely: *not knowing, loss or absence of belonging, relational fragmenting, de-forming identity and dis-spiriting.* Further, these realities interact and overlap with each other, and are encompassed in, and influenced by, family and community contexts that grow increasingly complex and diverse over time as the youth move away from home into and through the out-of-home care system.

The experience of removal and subsequent transitions through care precipitated experiences of complex and inter-generational trauma for most of the former youth in

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YOUTH IN CARE*

care in our study. They experienced feelings of loss, grief, emotional pain and trauma that negatively impacted their psychological well-being and created the psycho-social processes depicted at the centre of the graphic diagram (see Figure 4) titled: *A Framework for Understanding the Experiences of Young People in Care Encountering Removal, Transitions and Trauma.*

A Framework for Understanding the Experiences of Young People in Care Encountering Removal, Transitions and Trauma

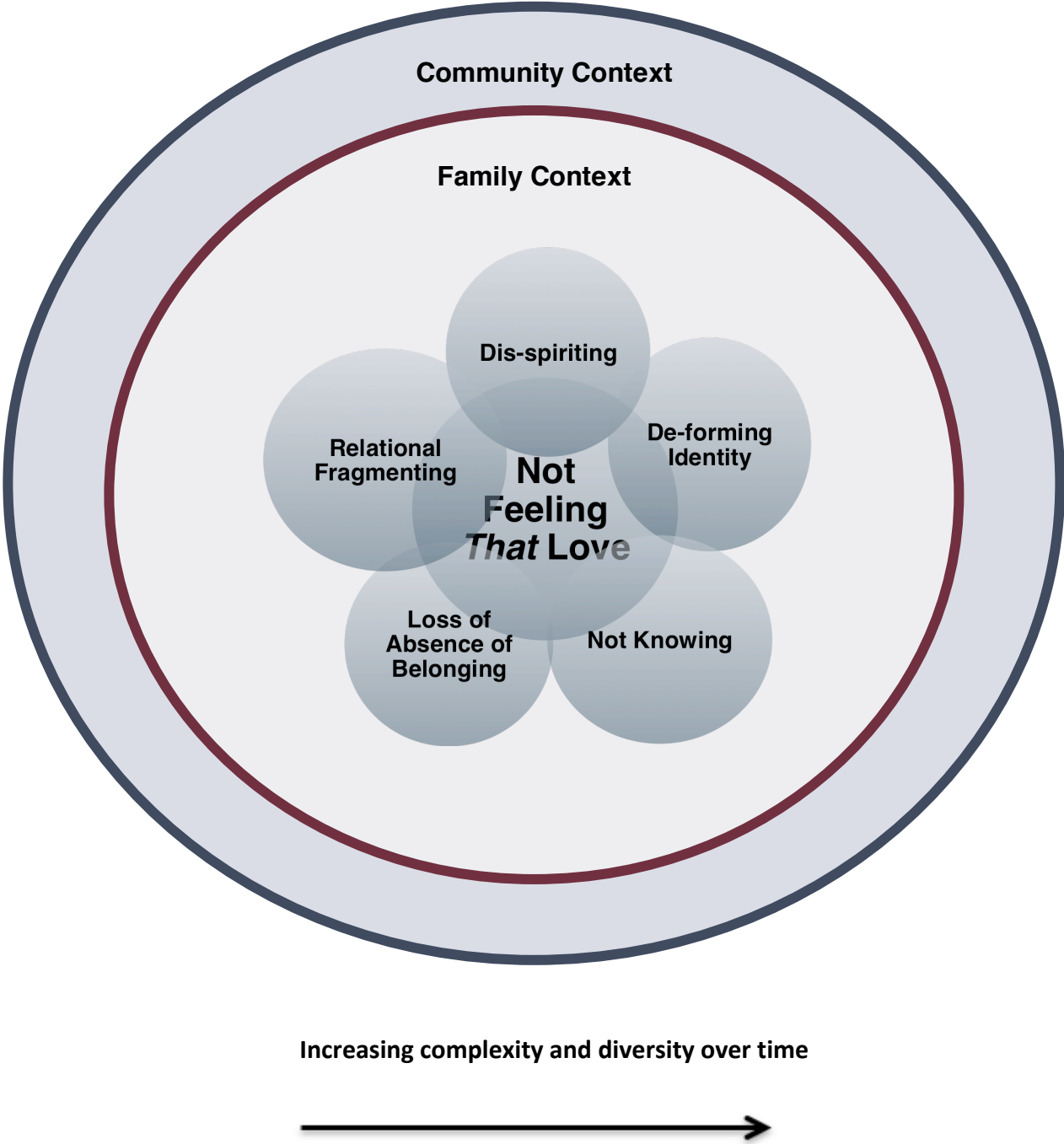


Figure 4

PART I: RETROSPECTIVE REFLECTIONS OF FORMER YOUTH IN CARE

A. Not Feeling *That* Love

At the heart of the retrospective reflections shared by the youth, was a sense of an elemental or primal loss, as one youth so poignantly summarized:

...that's what we are missing out on as kids in care, we don't feel that love, that community, and family connection.

It was this statement, encompassing not just an individual perspective but also a communal experience of youth in care, which revealed a deep and profound sense of what was *missing* from their lives while living in care. Love is a complex notion; it can be imbued with many meanings, interpretations, understandings, and descriptions. In this study the former youth in care frequently shared their experiences in terms of love, being loved, or not being loved, learning to love, or feeling unloved. The key relational and emotional connections were to their family of origin (including siblings and extended family members), community, and foster parents.

In this report '*that* love' can be best understood as an articulation of psychosocial reciprocal processes in which feelings of love are learned, developed, and experienced. A good amount of research on attachment and the formation of relationships indicates that a sense of being loved and truly cared for is cultivated through infancy, childhood, and into adolescence, nourished by caring social interactions, and felt in the body and mind in a manner that cannot be entirely described; *that* love refers to a special feeling, a knowing, and a meaning that is experientially based. Boltanski (2012) deciphers and deconstructs three historically known forms of love: *philia*, *eros*, and *agape*. *Philia* is a form of reciprocal love, and one that often presupposes some form of equality between persons, for example as love between friends (Boltanski, 2012). *Eros* is based on desire; or rather what we may contemporarily call 'an intimate love' (Boltanski, 2012). *Agape* is best described as a

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unified love, not necessarily (though it may be) dependent on equality, reciprocity, or intimacy of a relationship. For example, this form of love could be found between carer (i.e., caring adult) and child, for a person toward their community, nation or land—in essence this is unconditional (and immeasurable) love (Boltanski, 2012). The closest description of the form of love we believe the youth in care are describing would be *agape*. “When love is *agape*, knowing whether one will continue to love or not does not depend on whether the other will love” (Kierkegaard, 1847/1995, p. 39 as cited in Boltanski, 2012, p. 118). In this sense love can continue to exist for a person toward someone or something else even if that person or thing is not present in their lives or reciprocating that love. Love and the expression of love become problematic in professional discourse and formal discussion, often simplifying the depth and reducing the complexity of this way of feeling (Smith, 2011). Love, in this study, may not be entirely definable; for the youth who participated, some were shown how to love, others already knew they had it and believed it was taken away, some were searching for it (perhaps for the first time) and a few fortunate ones continued to have it in their lives.

To explore how the participants described *that* love necessitates that we come to understand their reflections on love across their various experiences of coming into and being in care:

- Not feeling *that* love from family of origin;
- Not feeling *that* love through moves and transitions;
- Recognizing the loss of *that* love; and
- Finding *that* love with a foster parent.

Not feeling that love from family of origin

One young person described that the loss of ‘*that* love’ was deeply connected to her parents:

PART I: RETROSPECTIVE REFLECTIONS OF FORMER YOUTH IN CARE

All every child wants is to be loved by their mother and father and when they don't have that, it leaves a hole in their heart, a hole which cannot be filled.

This youth experienced a deep sense of loss and many of the youth interviewed shared this sense of being incomplete, or having a sense of emptiness inside.

Perry and Szalavitz (2006) have observed that some of the most traumatic life experiences result from the shattering of human connections and relational loss. When a person is harmed or feels abandoned by those who are supposed to love them, the loss of the relationship(s) that allow one to feel safe and valued is a profoundly destructive experience for the human psyche (Perry & Szalavitz, 2006).

Another youth expressed his sense of emptiness this way:

...it's a big change you lose everybody, everything that you ever loved and trusted, and you are put in a world where you don't know who you are and what you should be doing, you are just stuck there and there is nothing.

The loss of loved ones in this young man's life led to a loss of sense of self, a shifting or rupturing of his identity, and a lack of control over his world. This lack of identity and role was initiated by the loss of love and connection when he was removed from his home and moved to a place with strangers.

Not feeling that love through moves and transitions

The loss of 'that love' was frequently linked to being removed from family and being placed into care. One of the youth spoke for himself and his siblings:

...each time we moved it hurt a little more, because it felt like we were one step further from our family, our community, and people who would actually, genuinely love us.

WE DON'T FEEL THAT LOVE

The emotional pain of moving away, the loss of family, community, and those whom he believed “genuinely” loved them is tangible in this description and brings to the fore an important question regarding moves and transitions: Does each subsequent move or transition further compound or increase the impact of the sense of loss and disconnection? We may need to consider that each time a move or transition occurs, there may be a ‘compounding’ of grief, loss, and trauma.

When considering loss that occurs through moves and transitions, there is the possibility that a young person in care may not understand why the loss occurred. For example, one youth shared the experience of going to bed each night while in the care of strangers:

...all the nights you went to bed and didn't know if you were wanted or loved...

Going to bed each night, to a space and place where there should be a feeling of security, is a ritual time of daily routine and for this young woman it was also a time of questioning whether she was wanted or loved. Are there ways that such moments can be made more positive, meaningful and even loving times for young people in care?

Recognizing the loss of that love

For one youth, witnessing love between others was a moment of recognition of something that he did not possess:

With them [foster family], I seen the love that they gave to each other and that's what I wanted.

Here, the youth expresses seeing and experiencing love between others in the foster family, and that he recognized then that this familial love was missing from his

PART I: RETROSPECTIVE REFLECTIONS OF FORMER YOUTH IN CARE

life and something he very much wanted. For the same participant the experience of witnessing ‘that love’ between others led to an overwhelming feeling of loss:

...in my teen years, I thought about committing suicide a few times...I just lost all the love and I couldn't deal with it.

This declaration is a powerful reminder of how grief, loss, and trauma are deeply interconnected with feeling a sense of love, and also the detrimental consequences when love is perceived as “lost.” Considering the number of youth in care who are lost to suicide, who attempt suicide, or are at risk (e.g., Turpel-Lafond, 2012), what might be done to mitigate the negative impacts that originate from a sense of lost love?

Finding that love with a foster parent

Though most of the participants shared their experiences of a loss of love, one participant revealed that she learned and developed how to love and be loved while in foster care. In describing a ‘good foster placement,’ this youth expressed that:

...she [foster mom] showed me how to love and how to be loved, and I feel like that's when I got grounded, like I found myself, and I was able to be a kid and not be afraid of who's going to be my parent today and the next day.

For this young woman feeling “grounded” provided a sense of both predictability and safety. How do we create the conditions for ‘that love’ to flourish and evolve, or to find ways to harness ‘that love’ that has already been established through maintaining or re-creating a sense of connectivity to family (biological, foster, or adopted) and community.

B. Not Knowing

The experience of 'not knowing' emerged through the former youth in care's frequent descriptions of uncertainty, loss of trust, lack of information and not understanding in relation to removal and transitions. One of the youth described a liminal state⁹ of "not knowing" as creating undue stress in his life:

I think another stressful thing would be not knowing, things aren't very clear a lot of the time, kinda feels in between a lot of the time and that's the most stressful thing for me.

The primary dimensions of the psycho-social process of *not knowing* that emerged from the stories of the young people include four key areas:

- Not knowing they were going into foster care, or what foster care was, when first removed from home;
- Not knowing why they were removed from their family and came into care;
- Not knowing the reasons for being in care and believing it was punishment for misbehavior; and
- Not knowing about pending moves or transitions while in care.

Not knowing they were going into foster care

Some of the youth indicated that they had no understanding or knowledge that they were being placed in foster care when first removed from their family home. One young woman shared that she was placed in a home and was never told it was foster care:

⁹ A 'liminal state' is characterized by being in an intermediate state, phase, or condition, at a sensory threshold ("Liminal," 2016).

PART I: RETROSPECTIVE REFLECTIONS OF FORMER YOUTH IN CARE

Cuz, like, I had no clue, like I never knew what foster care was, like...I had been to respite care - that was a weekend thing, right? So I thought that was kinda like the thing then, like, I have never actually officially found out why they moved me into foster care.

As an adult at the time of this interview this young woman was still unaware of why she and her sibling were initially moved into foster care. She was either not told, or perhaps was told in a way she did not understand, the reality about the placement and the reasons behind being moved into care. Without this knowledge there could be no understanding or acceptance – then or now – of what happened at that time in her life. Another youth had a similar experience:

I didn't actually know that I was going into foster care (...) they didn't tell me the reason, that it would just be a couple sleeps, and it ended up being until I was 19 and I didn't really understand at the time.

It seems that a young person can be brought into care without knowing what “being in care” means and not knowing that they will not be returning home in the short term. This raises the question about whether or not they may have been told, or whether they may have been told but did not understand what this meant at that time.

Not knowing why I was removed

One of the primary foci for this study was to explore retrospective reflections of removal into the care of the child welfare system. There were some youth who were unable to recall this experience, and there were others who could remember the visceral and painful emotions they felt at that time and could recount precise details of the moment.

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What emerged regarding removal was a prevalent sense of *not knowing* why they were removed, regardless of whether or not they could remember the specific removal experience. Most of the youth reported never being told *why* they were being taken from their family and brought into care.

Yeah, cuz sometimes, they don't even know what is going on, 'why am I being taken from my family? Why are all these rules being placed on me and my family?' Cuz...for me, it was like okay, tell me something...

Even after ageing out of care, this young woman is still not fully aware of why she and her sibling were removed and placed into care. What happens when a child is left with a lack of knowledge and understanding regarding one of the most pivotal and influential decisions made by others on their behalf? Having no sense of choice about being removed in the first place is difficult and renders one feeling powerless, and having a lack an understanding of why one is being removed is to remain in a continuous and troubling state of uncertainty.

Another young man expressed how *not knowing* about his removal left him with a deeply troubling feeling:

The transition of being taken away from your family...I feel like umm...I feel like you [just] get taken away. The first priority should be helping the kids understand why they are being taken away and not that it's just happened, cuz it pretty much feels like you're being abducted from your family.

The experience of removal was described by some of the youth, as an “abduction” indicating a confusing and painful experience. There was also a depth of empathy for others who may have experienced, or who will experience, a similar circumstance. This young man and others we interviewed indicated that ensuring that

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children know why they are being removed should be a first priority for child protection workers.

Another young woman expressed a similar concern regarding clearly informing children of the reason(s) for their removal:

I know that going into the foster care system children need to be perfectly aware of what's going on, why it is happening and nothing can be withheld for the sake of their feelings, you know? And I understand that probably why some of the information was withheld from me is for the sake of an emotional outburst, but at the same time that would have been better because I would have understood.

This young woman's perspective that the reasons for removal must be shared with those coming into care, regardless of any immediate consequences, was shared by a number of those interviewed because they believe it will do less harm over the long-term to have this knowledge and understanding. It seems assumptions are often made regarding the developmental capacity of children and youth; such reasoning may stem from a belief that providing information will cause children and youth to be upset and further traumatized, and/or that they lack the maturity to understand adult concepts and reasoning for their removal. However, on the basis of what these former youth in care have been telling us, as well as many others in the youth in care literature (e.g., Folman, 1998; Unrau et al., 2008), we need to question whether this withholding of information is about the perceived lack of developmental understanding or about emotional avoidance on the part of adults.

The liminal state of *not knowing* emerged throughout the discussions of removal, and it left some of the former youth in care wondering about where their family was,

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and where they themselves should be. As one youth who came into care as a young child noted:

...part of me also understood that something was wrong, that I shouldn't be here and that my family is somewhere else right now; don't know where my mom is living, don't know any of this...

Not knowing where your family is, feeling like you should not be where you are, and living in a state that feels “wrong,” tends to create deep feelings of uncertainty, anxiety, and fear. What happens when someone constantly worries about where their loved ones are, or does not feel they belong in the space and place they currently occupy? The feelings shared in the interviews included a sense of lack of control and power over their life and situation, of loss of trust in carers and other adults, and of their ability to feel security and connection in relationships (e.g., with peers, teachers, workers, siblings, family members, foster parents, biological parents).

There may also be lingering questions that were never answered and may be carried into adulthood. As one youth stated:

It was always like a question; I was too young, so no one told me about what was up with my mom.

This young man's perpetual state of not knowing being carried into adulthood may affect his ability to connect with and trust others. He also stated that he considered that he was not told because he was “too young.” Whatever the actual situation, could the reason(s) have been communicated to him at various times over the years he spent in care, thereby responding to his stages of emotional development and understanding, and also respecting his right and need to know *why* he was taken into care?

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Not knowing the reasons for being in care and believing it was punishment for misbehavior

One of the unfortunate repercussions of *not knowing*, either through not being told the reasons for being placed in Ministry care, or not understanding them, emerged in the interviews as self-blame and a perception of being punished for unacceptable behaviours. As one young person stated:

It was not clear at all; I thought it was punishment for misbehaving um...because that's what my social worker told me.

Another youth, when asked if they knew the reason why he and his siblings were in care, replied:

Everybody had just said it was because we had done something bad, so I just assumed it was my fault. And then for him [social worker] to say 'your family doesn't want you is why you are here' it's just like...wow...I couldn't believe that. There is just something you can't believe about that, it's amazing what the social workers can get away with.

For this young person, it was apparent throughout the interview that there was continued resentment toward the social worker and the child welfare system. How much damage occurs to self-esteem, self-worth and perception of being valued when a youth feels they are to blame for a removal? Not knowing the reasons for their removal into care, believing it was their fault or was punishment because they were not behaving well enough, could contribute to unstable outcomes in regard to mental health and well-being as well as long term problems of connectivity and trust with adults and loved ones.

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Not knowing about pending moves or transitions

Not knowing about pending moves and transitions while in care was a common experience noted in the interviews. For example, one young woman believed that the Ministry workers were not honest with her about why she was moving or how long she would be living in that placement:

They were not honest with me at the time about why I was being moved or about how long I was going to be there.

For a child or youth who is already living in a liminal state of confusion and uncertainty, not being told why or for how long they are being moved will likely increase and reinforce feelings of insecurity, resentment, and feeling a lack of any power and control over their life situation. Another young man added:

I don't know the reason, but I had to move (...) they didn't really tell me, I just know the fact that I had to move.

It is important to note that this was the young man's response to a question regarding why he had to leave a placement that he liked. He stated that he felt secure with his foster family and thought it was a good place to live. Then one day the Ministry worker and foster parent told him that he had to move out. In his recollection, no one explained the reason for the move. How might it feel to be secure and relatively happy one moment, and then be taken away and moved again without understanding the reason? This situation might also lead to a lack of self-worth and value, feeling unwanted, and being disposable. Why might workers be reluctant to be forthcoming with a child in care about the reasons for a move? According to the youth in our study and in other studies of youth-in-care experiences (e.g., Folman, 1998; Mitchell et al., 2010), the risk of short-term immediate consequences (such as hurt feelings and

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emotional outbursts) may not outweigh the long-term benefits of knowing and understanding the reasons for a placement change or move.

For those who may already be in a difficult place in life, looking to an adult or professional to help and support them may be necessary; when that person does not appear to know how to help, there may be a lack of safety and trust. One of the youth described what happened when he sought out Ministry support:

Well when I first moved [into care] I was homeless and um...I didn't know what I was going to do (...) they [Ministry workers] didn't seem to know what was going on.

Though there are challenges to placing a homeless youth in foster care, group home care or independent living, it is important to the youth that Ministry workers create some sense of security and safety for them during the placement process. Several of the youth we spoke with stated that reinforcing uncertainty, distrust, and unsafe conditions is likely to affect the emotional, physical and spiritual development of children and youth coming into care.

This leads to two pivotal questions for consideration regarding youth who are homeless and looking for government care and support: Are there currently enough respite and group care resources in BC to support youth who may be coming off the streets and need a safe and comfortable place to stay? And are there adequate adjunct support services (e.g., shelters, outreach workers, addiction services, housing options, and counselling) for homeless youth in BC?

An outcome of not knowing

One of the youth noted the long-term effects of *not knowing* in regard to moving around so much while in care:

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Personally, I don't think it's really good moving home to home when you're really young, because you don't deal well with rejection, and you're not old enough to understand what's going on; you just think they don't like you.

This same young woman went on to share how this has affected her in adulthood:

Well I understand that, like, I am okay with moving around lots because I have done it so many times, [...] I still hate being rejected and all that.

Lingering feelings of rejection into adulthood was the experience of a number of the young respondents in this study, suggesting that the process of *not knowing* can have long-lasting negative psycho-emotional repercussions.

C. De-forming Identity

Trauma was a prevailing theme in this research study, it was a focus of the interview questions, and it was woven into many of the experiences the youth so generously shared. To clarify, the experiences shared by the youth can be most effectively defined as *complex trauma* as the exposures were chronic and prolonged developmentally adverse events, such as those that often occur in maltreatment, abuse, and witnessing domestic violence (Tuffnell, 2009). The exposure to complex trauma often “results in a loss of core capacities for self-regulation and inter-personal relatedness” (Cook et al., 2005, p. 390). Repetitive experiences of harm, rejection, or both by those who are supposed to love and care for the child or youth are likely to lead to a sense of self as damaged, helpless, disrupted, and unlovable (Cook et al.,

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2005). What emerged from the voices of the youth was a sense of self¹⁰ that was deformed and dislocated—not entirely lost—but instead disrupted in its development. One of the youth noted a loss of self when removed from family:

...you take kids out of their families and put them in places they will not thrive, they are not going to know their traditions or traditional language or what their family dynamic is, you put them in that situation and they start to forget who they are...

With the loss of relationships, the feelings of abandonment, and the experiences of harm caused (directly or indirectly) by those who are supposed to love them, there was a resulting sense of emptiness. This emptiness has been described in the literature as a “primal wound”—a rift caused by separation and dislocation from loving carers, a wound that never completely disappears (Wagamese, 2009, p. 12). One young woman described how she always felt “broken”:

It took a while, a lot of tears, a lot of running away, because I was always feeling so broken.

She further described how feeling “broken” created an on-going sense of emptiness that could not be fully captured or defined:

...sometimes you feel like there is that emptiness, like something was taken that shouldn't have been taken.

The experience of loss and emptiness flowed through many of the stories shared by the youth; it was usually difficult to fully articulate, yet omnipresent, resulting in a de-formation of self, a rupture to the fabric of their being, perhaps even a sense of

¹⁰ “Self is a process, not an entity.... the sense of self emerges and changes primarily in relationship to others” (Mahoney, 2003, p. 7).

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spiritual loss.¹¹ Identity (or a sense of self) is de-formed through removal, loss or fracturing of connections to family, community, and a sense of being loved. The experiences of *de-forming identity* that emerged from the stories of the participants were embedded in narratives of trauma, grief, and loss related to:

- The lived experience of abuse;
- Not feeling protected and cared-for;
- Masking pain through substance misuse;
- The adverse outcomes for mental health; and
- The elemental loss of self leading to suicidality and self-harm.

To understand the psycho-social process of de-forming identity as it emerged in this study, we will explore the youths' reflections within each of these five dimensions.

De-forming identity through the lived experience of abuse

The experience of abuse as described by the youth came in several forms: witnessing violence, physical abuse, sexual abuse, inter-generational trauma (i.e., parents or family members who experienced abuse), and verbal, relational and/or emotional abuse. These forms of abuse may have been traumatic for youth to live through and/or witness, and may have also deeply impacted their sense of self and identity during critical periods of development marked by shifts in understanding.

For a few of the youth, there was a sense of normality in living with abuse; their stories carried a hint of expectation that this was just the way life was, that it was a part of who they are and the story of their life. In the words of one youth:

...we were abused... our whole life.

¹¹ For further discussion of the notion of spiritual loss please see Part I, section F. Dis-spiriting.

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What happens when a young person realizes they have always been abused? How will that affect their perception of self, self-worth, and identity?

For another former youth in care, the experience of abuse was also considered “normal”:

It didn't matter what happened to me; throughout foster care we got beat, we got hit, we got locked in bathrooms, but I guess we thought that was normal.

It is difficult to imagine that this treatment occurred in foster care, yet was believed to be “normal,” and that it “didn't matter.” As we heard throughout the study, the normalization of abuse causes feelings of resentment, anger, sadness, and creates barriers to the capacity to trust others. Another young person described experiencing verbal abuse while living in a foster home:

It went really bad... I don't know how to describe it. It wasn't like [they] physically hurt you, but verbally hurt you, like call you names and tell you 'you are never going anywhere.'

To fully understand the effects of trauma we need to understand the impact of memories, as trauma is so often re-experienced in reliving those memories (Perry & Szalavitz, 2006; Tufnell, 2009). A few of the former youth in care described painful accounts of witnessing violence and abuse. One young woman shared:

I remember my mom... I woke up and (...) my mom had a knife to her throat, so I picked up a knife and I had a phone and I called, and me and my brother were taken away and we knew we were never going to come back.

How long will this memory be present? How many times will it be relived? And what happens if there is no sense of closure or understanding of this traumatic event? Another young woman shared the experience of continuously witnessing violence:

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I can remember living in poverty with my mother... what we witnessed before we were apprehended was very dysfunctional, from parties, people-slash-family passed out naked, alcohol bottles everywhere, next to no food, fighting, violence, swearing, yelling, blood.

How do these memories of pain, grief, fear, and loss affect our process of identity formation? Mahoney (2003) contends that the stories we tell ourselves about our lives become the fabric of our existence and the meaning in our lives.

Children who are traumatized are likely to blame themselves for negative experiences and therefore have problems accepting and responding to social support (Cook et al., 2005). This notion of self-blame emerged in our study. For one young woman, it involved her sibling:

...twice I can remember that he [my brother] was hit. We didn't tell anybody because we knew he was always told he was a bad child because of his behavioural issues.

What happens when violence and abuse become silenced and hidden? Another youth, stated that the loss of connection with his siblings was due to protecting them, and that this was the most difficult and traumatizing aspect of being in care:

What was difficult? Having to hit my foster parents over the head with a bat because they were beating my brothers, and then I wasn't allowed to live with my brothers because I protected them, I was a bad influence, that's probably the biggest thing.

In this situation, the young man internalized being a “bad influence” and instead of being seen as a protector, he was labelled a perpetrator of bad behaviour.

Inter-generational trauma emerged from some of the stories, in particular regarding sexual violence. One young woman bravely shared:

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My mother was raped when she was 5 years old. I believe that didn't give me a very good chance in life, cuz she suffers from anger, addiction, depression and losing her family at a young age... her own father raped her and she told me about that and she made me go into many adult situations so when I was in care, I learned that it was okay to be a child again, but I had a hard time... my childhood was taken away.

For another young woman, the cycle of trauma and the inter-generational pain was passed on:

...um I am pretty sure when my mother was a young girl she was raped and she made some terrible choices and she is constantly in a turmoil of what she has done and always doing worse things because of it.

These stories underline the importance of understanding the pain and suffering that may exist in families and the impact that it can have on future generations. Identifying and responding to inter-generational patterns of abuse appears to be a key element in supporting the healing process of children, youth and families in the child welfare system.

De-forming identity and not feeling protected and cared for

Some of the former youth in care specifically mentioned not feeling protected and cared for while in foster care. One of the young women stated that in foster care:

I didn't feel well cared for at all.

Another youth commented that it was the government or the system that did not seem to care:

No, they [the Ministry] didn't really care about what happened to me.

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A third youth stated that not feeling protected continues to trouble her:

...there is a lot of things that happened to me in foster care, like not being protected... that affected me to this day.

She added:

...and it sucks when kids know what abandonment feels like already at that age.

If someone feels abandoned, uncared for, and unprotected, what will be the impact on their ability and capacity to trust and care for others?

Yet another young woman shared the meaning and understanding that she derived from not feeling protected:

I feel like something was written on my head, like someone should hurt me, because no one protected me, and I still feel that way.

The meaning she describes here is clear, that she felt labelled as deserving harm, and that this feeling persists today. How can young people learn and develop a sense of love, safety, belonging, and identity when there is a belief that no one cares and that they are undeserving of love and respect? For some, the impact was described as a loss of trust:

I have a lot of trust issues, that's for sure.

Another youth emphatically stated:

Nope, I can't trust anybody.

For yet another youth, the experience led to more than mistrust:

...during that time, I definitely learned to dislike and fear most people.

As a group, the youth are clearly articulating some the impacts of not feeling protected or cared for during their transitions into and through care. They no longer

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know who they are in relation to others; they feel they are largely alone in this world, and live with a de-formed identity and fractured sense of self.

De-forming identity and the masking of pain through substance misuse

Some of the youth shared that using drugs and alcohol helped to mask their pain, was a way to act-out, and to cope with their situation. Considering the youth's descriptions of the psychological impacts of losing a sense of self and feeling abandoned and alone, it should not be surprising that they felt a need to fill the emptiness. Some remarked on the substance misuse of their parents. One young woman shared:

I believe that parents with addictions such as alcohol and drugs, their children don't always have the best chance in life, because they carry those traits from their parents. To this day I still crave alcohol, to mask the pain, but I am learning to cope differently. I have been to mental health here and there and I am learning to cope healthier, but not everyone can develop those coping skills.

The inter-generational impact of addictions is evident in this statement, and so is the resilience of this young woman. She has learned to cope differently, and though it took some time, and still requires managing those feelings, she shares her intention to stay clean and sober.

For another youth, it was seeing the continued substance misuse by her mother that was difficult:

I thought my mom was clean and she wasn't and I broke down, and it hurt more, the more you expect the more heartbroken you are going to be...

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There are many aspects and impacts of parental substance misuse including the loss of trust and expectation in others as a way to protect oneself from feeling emotional pain.

For other former youth in care, it was about how they used drugs and alcohol to cope, mask their own pain, or act-out. One young woman believed that it was the system of foster care that influenced her substance use:

Yeah, that's another thing that foster care did for me, got me into drugs.

Another youth deemed a specific placement as the cause of getting into drugs:

I moved into this foster home, I don't remember her name, it was a traumatic experience for me, and it was horrible, I was, like, doing drugs to cope.

For yet another youth, it was about feeling isolated in care:

...yeah, so that's when I got into smoking and drinking and when my criminal record started, because I was so isolated.

How can child protection practitioners, youth workers and foster carers help to prevent youth from utilizing drugs and alcohol to cope with emotional pain? How can we gauge if a child or youth is feeling isolated, and how can we respond?

One young woman shared that the pain of being in care led to loneliness, a feeling of anger and subsequently experimenting with drugs and alcohol at a very young age:

I hated them for taking our mother away from us, a pain so dark and deep that it hurt like nothing I ever experienced in my own life. This pain turned to anger and I was experimenting with marijuana and beer and cigarettes by the age of 10.

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What are some of the ways that we can recognize such risk factors as trauma, emotional pain, grief, and loss early on (e.g., at time of removal) and start finding ways to connect and support the processing of grief and loss? This young woman went on to say:

...my personal experience of being in care was deep, dark, and lonely, so I acted out using drugs and alcohol to mask the pain.

It is evident from these stories that we need to find ways to address the emotional pain caused by removal, transitions and trauma. If we do not address this pain, we can continue to generate outcomes such as substance misuse and deteriorating psycho-emotional health. We will consider mental health implications in the following sections.

De-forming identity and the adverse outcomes for mental health

During the interview process, many participants disclosed their struggles with mental health issues and diagnoses. For some this meant currently receiving disability payments; many indicated that mental health issues have impacted their ability to pursue higher education, maintain jobs, and have healthy relationships. One young woman shared the story of her removal, and how this traumatic experience has impacted her mental health:

When they moved us it was really traumatic, I feel like maybe they could um... maybe they could try and work on removal in a better way, in a way that's not going to be traumatizing, cuz I remember that it was really traumatizing, every time I was taken away, it was really scary, you know, once they had cops there and they put my mom on zip ties on her wrists and ankles in front of us because

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she wouldn't let them take us and I just feel like every time that happened it kept traumatizing me, I feel like that's why I have PTSD today, like post-traumatic stress disorder, because every time I think about stuff like that I get really stressed out, fear, anxiety.

This participant courageously shared traumatizing memories including the impact of re-triggering events and memories:

you get stuck in certain things, certain things bring back trauma, certain sounds, certain memories.

This same youth summed up her ongoing efforts to remain sober despite suffering from anxiety and depression:

I suffer from post-traumatic stress, from depression and anxiety and I am still pretty broken to this day and I am still trying to keep healthy and sober.

Yet another youth shared his experience of depression while living in care:

...and then it got worse, I fell into a pit of depression for years.

Another youth shared how ageing out of care, though not a primary focus of this study, resulted in a disability designation and hospitalization:

I had to go on disability because I was really depressed and actually um I had a breakdown about ageing out, so I was in the hospital for like a week.

Reminiscent of the emptiness described by another youth, the “pit of depression” brings to the fore similar notions of despair, loneliness, and emotional pain. The impact of separation from family, community, and living in care on mental health and well-being is under-researched, particularly in regard to the psycho-social

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and psycho-emotional processes that impact and influence negative outcomes. Some of the challenges of ageing out of care for youth in BC have been researched and explored (e.g., Rutman & Hubberstey, 2016; Rutman et al., 2005; Turpel-Lafond, 2014b); however, the implementation of an adequate number of responsive, preventative and supportive programs remains largely unaddressed (Turpel-Lafond, 2014b).

However a young person is able to cognitively rationalize and seek to understand traumatic experiences, healing is often a matter of relational, social, and communal experience. Perry and Szalavitz (2006) contend that one of the most preventative and healing factors when it comes to working with traumatized children and youth is a healthy community of relationships and connections.

De-forming identity and the elemental loss of self leading to suicidality and self-harm

In the last few years there have been several deaths and suicides linked to living in out-of-home care and ageing out of care (Turpel-Lafond, 2012), and sadly there is even higher risk for those who are Indigenous (de Leeuw, 2014). For this section, as in previous ones, we have considered the experiences of all those who participated in the study; however, it needs to be stated that 45% of the study participants self-identified as Indigenous, Aboriginal, First Nations, Métis and/or of mixed heritage. Of the few young people who shared past experiences of attempting or wanting to harm themselves, 4 out of 9 (45%) of those who disclosed these behaviours were Indigenous. Some of the youth shared that the impending transition out of care, the experience of having so many placements (or moves), feeling depressed, experiencing isolation, coping with emotional pain, and the loss of connection to their

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parents were the main factors in their self-harming and/or suicidal tendencies. One youth remarked:

Yeah, like in the past two years there has been so many suicides linked to coming out of care, and I know exactly how that felt, that is exactly why I left, because I was afraid of that.

For some of the participants, wanting to commit suicide, or attempting to, was a significant part of their experience while in care. One young man referred to the impact of frequent moves while in care:

Yeah, the whole moving thing, I tried to commit suicide five times.

This young man described having had over twenty different placements in care. His description of attempting to commit suicide five times before the age of 19 due to “moving around” is indicative of extensive pain and loss, and of the detrimental internal psychological impacts of multiple transitions.

For another youth, feeling suicidal had become a way of life:

I have been suicidal all my life, the first time I tried to commit suicide I was 14 years old.

If the grief, loss, and pain had been recognized and addressed earlier on in her life, would this have made a difference?

A young woman talked about suffering in isolation:

Yeah, and I was also at the point where I wanted to commit suicide, people don't know that.

And yet another youth shared about engaging in self-harming behaviours:

I was depressed living in that house, I was always in my room behind a closed door, cutting myself and yeah it just became a

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time where I was like I can't live here anymore, I am going to kill myself.

Another young woman described the underlying emotions she felt when starting self-harming behaviours:

I started self-harm by the age of 14 years old; depression was among me at a young age, also anger; angry, lonely emotions.

This same youth shared her reason for self-harm behaviours:

I have got scars up and down my arm because I wanted to be with my mother and father.

Without her parents, there was a loss of sense of self, a loss of identity and an emptiness filled with pain that needed to be masked or suppressed.

Another former youth in care described how self-harm numbs emotional pain:

Yeah, I branded this arm... feels frickin amazing cuz it numbs your emotional pain, it gives you physical pain and I think we are all stronger physically than emotionally, emotionally it's like so much I can't handle it, so when you cut or burn yourself, it focuses on the physical pain rather than emotional stuff that's going on, you think about the pain you just gave yourself.

What we are hearing from a number of the former youth in care is that moving, transitions, and placements can be times and places of deep emotional pain, so overwhelming that they considered taking their lives. The expressed need to “numb” the emotional pain is indicative that it has not been adequately addressed or processed, and that the pain remains ever-present. How can child welfare practitioners, youth workers, and foster carers address healing emotional pain, trauma, grief, and loss, in a manner that is supportive, caring, and safe.

D. Loss or Absence of Belonging

Given the study's focus on transitions into and through care, interview questions focused on how moving through placements and circumstances physically, emotionally, and socially affected former youth in care. It is important to note that there are more than just external (physical and/or environmental) effects to consider, such as actual moves between and through placements; there are also internal (i.e., psycho-emotional) changes that occur for those who go through transitions (Smart, 2006). These internal changes, which often can involve shifts in perception of identity, are highly relevant and can deeply influence the development of a young person's sense of belonging, including the loss or absence of belonging to the external or physical environment. As one of the young man stated about youth in care:

They need family, they need community, they need belonging, and they need proper role models; they are not getting any of those things while being in care with people they don't know.

When the youth shared their experiences of unpredictability and inconsistency in transitions into, through, and out of care, what they experienced was a loss or absence of belonging. They identified this psycho-social process in three primary dimensions:

- Loss or absence of belonging to space, place, and material continuity;
- Loss or absence of belonging to self and others; and
- Manifestations of loss or absence of belonging: mis-placement behaviours.

Loss or absence of belonging to space, place, and material continuity

Developing a sense of belonging often requires that people are familiar and connected to a space and place, and have ownership to the material objects within their surroundings – that place is marked, social role is defined, and a sense of belonging is experienced. When considering the event of a move in care, a situational

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or physical (environmental) change occurs, such as a new placement, school, and community. Simultaneously, an internal shift occurs, as transitions are the psychological processes that people go through when adapting, accepting or even rejecting the circumstance or outcome of that change (Smart, 2006). For example, when a youth is moved into a new foster home, the external change of location is visible, whereas, the internal transitions that may occur on a psycho-emotional level may be largely hidden. One of the youth stated that one of the most difficult things about moving in and through care was:

Change...not being able to settle down and not be able to call where you are staying 'home.'

This young woman expresses the experience of both an external change (change of placement) and the internal shift of not being able to “settle down.” Her words highlight the importance of having a place to call “home.” Developing a sense of feeling settled brings to the fore notions of safety, consistency, predictability, and belonging. Having a home is something that is often considered to be a right, especially for children and youth, rather than a privilege. Yet, we may be overlooking the fact that having a space to live in is not necessarily having a home—having a *sense and a feeling of home* is what is desired by youth in care.

The importance of consistency was prevalent in the youth’s reflections, though it is important to note that on many occasions they were describing a *lack of* consistency. As one young woman remarked about her experiences of being removed into and moving through care:

I was taken a lot because my mom bounced around, new social workers all the time, new youth workers all the time, new... there was never any consistency (...) because I have not learned consistency, it's hard to be committed.

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This young woman believes that experiencing so much inconsistency prior to and while in care has affected her ability to be committed in adulthood. It seems that external changes and internal transitions can have long-term consequences. Can youth develop a sense of *belonging* without consistency and predictability in their life space? And if youth do not develop a sense of belonging via inconsistent and unpredictable changes and transitions, what might be the implications?

There are liminal spaces of tension that may influence the development of a sense of belonging. For example, for one of the participants, waiting for a new placement after requesting to move was a source of difficulty for him:

It took a while uh...to find a place for me; I wasn't particularly fond of the first home I was at, because they just used me for the money.

When he says “a place for me,” there is a sense of ownership implied in finding a place that it is uniquely suited to him. Also, child welfare practitioners and workers should try to understand what it feels like for youth to live in a home where they feel “used for money.” How can youth feel as though they belong in such a home; how could they feel wanted or cared for? The youth in this study remarked that many young people see “living in care” as having strangers being “paid to care” for them. How can foster carers, child welfare workers, and youth workers ensure a sense of belonging and “being at home” in such situations?

Loss or absence of belonging to self and others

Most of the participants articulated significant feelings of loss, discomfort, and rejection. For one youth, the incongruence of daily life in a strange place was a profoundly difficult experience:

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Especially since you're a kid, you are being bounced back and forth between schools, through friends, through family; when you're two and you're taken away from somebody, and you're put with a stranger and it's traumatizing, it really is, they are different, they eat differently, they live differently...

This young woman described living in unfamiliar spaces and places as *traumatizing*. Creating a sense of belonging to a new home or placement that is markedly different from your own prior developmental experiences may seem insurmountable, especially when the new environment contains nothing familiar. When a child or youth is moved from their community, friends, family, and home—how will they learn to feel comfortable? In considering the profound effects of grief and loss, which many children and youth in care may be continuously experiencing, are there ways for practitioners to help create a sense of belonging through the transitions and changes? What relational connections, material comforts, and familiar environments are required to help youth feel like they belong?

The same young woman described that moving and transitioning through care, has affected how she manages change in her adult life:

It has affected me and how I deal with change, I change all the time, I change my life over and over; most people find that, um...is unstable or dangerous.

Certain behaviours or actions may be due to the re-enactment of traumatic experiences (e.g., relationship and living arrangement dynamics) and can serve a number of functions for a traumatized youth, such as attempts to gain control and acceptance (Cook et al., 2005). Could it be that she chooses frequent change because it brings a sense of safety, familiarity, or comfort? Further, we may also consider that there may be a loss of connection to others, as she states that other

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people find her current lifestyle choices “unstable or dangerous.” What happens when a person becomes disconnected from others? When the perception of self is so varied and lifestyle choices perceived as different—can this lead to social isolation? As many of the youth reported during this study, they frequently feel isolated and disconnected from other people, as well as from themselves.

One young woman described a sense of loneliness and abandonment in a situation that she could not change:

Being 10 years old and living with complete strangers, was uncomfortable for me and I often felt lonely for my mother and father; it broke my heart to be without them and I felt so abandoned and I spent years analyzing the situation I could not change.

This young woman describes the experience of dissonance between “living with complete strangers” and missing her biological parents. Unable to understand this situation was deeply disturbing and confusing, in a word “heartbreaking.”

Another youth remarked on having no one to watch over her:

You're a young person on your own and you don't have anyone to keep an eye on you.

This young woman also shares with the previous respondent a sense of abandonment and loneliness. If there is no one to “keep an eye on you” can you feel a sense of belonging?

The notions of rejection and unworthiness also emerged in the experience of a loss or absence of belonging through transitions while in care. One of the youth shared her experience of frequently moving between her family of origin and foster care placements:

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So it made me feel like I am just not good enough for these people...so after a few years of that, bouncing back and forth, I ended up running away and ended up living in a tent with friends.

Not feeling “good enough” for her family of origin or foster parents led this young woman to running away and becoming homeless.

Another young woman described not being able to be cared for as the most difficult thing about her moves in care:

um...having to be moved around a lot and feeling like you're too hard for someone to take care of and, like, people just give up on you and people bully you; that was the hardest part.

What are the psychological implications of feeling rejected, unworthy, lonely, and abandoned? Can youth in care develop a sense of trust with others and within themselves if they feel unaccepted and that they do not belong?

Another former youth in care remarked on how her relationships were affected because there was no time for them to develop:

I didn't get to know the people that I lived with. Some people would hold on to me for two hours and some for a couple days and give me back, couple months, give me back and there was no relationship between me and those people because they were in and out of my life in the blink of an eye, and I would have liked it if I had got to know them and then moved in, had some kind of relationship built before I just went into a home with a random stranger.

Many of the youth that participated in this study shared their experiences of a *loss or absence of belonging* as a result of too little or no opportunity to develop relational bonds to carers, peers, or community contacts in their new situations. The

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inability to self-situate in a physical space or place and in relation to others may have significant psycho-emotional implications, such as an inability to trust, to feel safe, to feel wanted, and to feel loved. To feel a sense of belonging seems to require that we have a relationship, mutual understanding, and feeling of connectedness with others and with our self. With so many moves and placement changes, the development of relational connectivity may not occur; therefore, there may not be the opportunity to feel a sense of belonging to someone, someplace, or something.

Manifestations of the loss or absence of belonging: mis-placement behaviours

We use the term *mis-placement behaviours* to emphasize the notion that sometimes a placement is not suited to the needs of a young person, and that this mis-placement can lead to “acting-out” behaviours that have the purpose of expressing this lack of fit. Such displays of behaviour by children and youth living in out-of-home care sometimes are the result of trauma that is triggered in the new setting, and has been recognized and understood in the child and youth care literature as *pain-based behaviours* (Anglin, 2002; Brendtro & Mitchell, 2015; Fulcher & Moran, 2013). Often these behaviours stem from unresolved and unrecognized grief, loss, and psycho-emotional trauma (Cook et al., 2005). Further, if pain-based behaviours persist, they may be indicative that a placement is not able to respond to the youth’s deep-seated emotions, and that they are communicating a need for a more appropriate placement.

In research with marginalized populations, particularly children and youth, there is often an assumption that they are passive participants in the events of their lives. We need to recognize their agency and power-seeking behaviors. If we are unable to see that certain behavioural manifestations are actually messages of agency, we may ignore or misunderstand their pleas for change. Several of the former youth in care were able to share that they purposely acted-out in hopes that they would be moved or

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returned to their own family, to indicate that they felt rejected by those who they felt did not want them, or because hurtful behaviours toward foster carers may have brought them a sense of empowerment.

One young man clearly articulated that these behaviours were to end placements in the hope that he and his sibling would be returned home:

We moved around quite a bit in the foster care system cuz it was my intention that until we got put back with our family, I would be the demon child that did everything I could, everything in my power to destroy, hurt, maim, get angry at the people who had us in the house, because it doesn't matter who they put us with, it doesn't matter what family they found that was the best fit for us, it wasn't our family.

This young man is expressing that there was no sense of belonging apart from his family, that his behaviours were a fight against those who he felt took his family away and a message that it would not change until he and his sibling were returned home.

Another youth, when feeling rejected or unwanted, looked for ways to ensure that the placement ended:

Some of them [foster parents] were like 'we can't have her, she is too difficult' so that was hard to hear, but other than that, it was mostly my choice or I made it so they didn't want me.

This young woman describes taking back her power of choice by displaying undesirable behaviours, and that this allowed for her to move again to another placement. It is important to question, however, whether this youth would have behaved in this manner had she not felt rejected by the foster parents. Is it possible that feeling a sense of belonging and acceptance may have deterred mis-placement

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behaviours? One of the youth described enacting challenging behaviours for entertainment purposes:

We knew how to push parents' buttons and we thought it was f—king hilarious, I will say it, to make foster parents mad, because we were children and that was our entertainment.

The utilization of aggressive or hurtful behaviours may serve a number of functions for traumatized children and youth, such as attempting to gain control or mastery of a situation; re-enactment of specific aspects of traumatic experiences; or attempts to achieve acceptance and relational connection (Cook et al., 2005). Further, responses to violence and trauma, including acts of resistance (spiritual, intellectual, emotional, and physical) serve to increase a person's sense of dignity (Richardson & Wade, 2010). Whether intended to break down a placement in order to return home, to be moved to a better place, or for mere entertainment, all behavior has meaning and purpose. It is important for child welfare practitioners and workers to take the time to understand the underlying motivations in order to either better support the young person(s) and foster parents in the existing situation or to determine what re-placement might be more effective in assisting the youth to develop a sense of belonging.

E. Relational Fragmenting

All of the former youth in care who participated in this study described experiencing damaged, changed, or lost relationships and connections, especially with loved ones, as a result of coming into and moving through care. As Heineman (2006) contends “the single most important factor in the lives of children and youth in care is a stable and lasting relationship with a caring adult” (p. 11). The psycho-social process of *relational fragmenting* encompasses the lost, changed or fractured connections to those the youth care for or love. While *relational fragmenting* may be

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temporary, many of the youth perceived that their relationships and connections were in some way permanently damaged, if not destroyed beyond repair. For a few of the youth, new relationships with community workers, social workers, foster parents, and counsellors were created out of these fragmented or lost connections to their family of origin. When parents, relatives or other loved ones had died without any reconciliation or reconnection, the loss of these valued relationships was a source of deep sadness and grief. One of youth spoke of the “missing” piece in the relational fragmenting of sibling relationships:

I didn't have a great connection with my friends and family, but I knew something was missing, so I came back [place name removed] in hopes that maybe I would be able to reconnect with my siblings, and did kind of. It has taken years, the space that had grown in all the years we were apart cannot be changed and I can definitely tell that I will never be the same.

Her statement that “I will never be the same,” suggests that these disrupted relationships are affecting who she is as a person even today. Here, we are reminded that relational connections are learned and developed, that over time they grow and are nourished by caring interactions.

The primary dimensions of *relational fragmenting* that emerged from the youth's reflections include:

- Parental connections;
- Sibling bonds;
- Community support and sense of community (including relationships with child protection workers, youth workers and other professionals); and
- Kinship: foster parents and the sense of family.

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In the following section we will explore these four dimensions of *relational fragmenting* identified by the youth.

Relational fragmenting of parental connections

Parental relationships and connections can, and often will, be fractured when a child or youth is taken into care. Because young people are most often removed from their parents' care under difficult circumstances, it is likely that only minimal visitation or contact will be possible. One of the youth eloquently summarized this loss and a need for continued parental contact and support:

I don't like seeing kids sad, it's just heart breaking and the only way for that sadness to be over is for, um... them [is] to see their parents and for their parents to tell them things will be okay.

This young man expressed his feelings as part of his collective understanding of, and identification with, all those in care. During the interviews, young people expressed differing feelings about parental connections. There were those who wanted to remain connected and stayed connected, those who felt the relationship was destroyed, and those who felt forced to remain connected.

As might be expected, a common sentiment expressed was the desire not to leave home or to return home.

...we were trying to stay together and I didn't want to be in care, I wanted to be with my parents.

Given the strength and prevalence of this need and desire for parental connection, how can we best support those who cannot live with their parents? One young man described maintaining the connection through phone calls:

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I had personal connection, I had emotional connection, I had that connection with her [biological mother] for ten years of my life, because we had phone calls when I was in care.

This relational bond was maintained through continuous contact, and though it was over the phone, it allowed him to feel emotionally and personally connected to his mother. For another youth this contact had to be maintained despite not being permitted:

I kinda broke the system and kept in contact with her [biological mother]; she is the only one who always cared about me, and she is the one who is helping me with my life right now.

When is a total ban on communication with parents justified? Could there have been a better relationship if such communication had been permitted and supervised in some manner? Would these youth have felt more loved and cared for if continuous, while perhaps limited (i.e., non-physical, such as phone calls), contact was encouraged?

There was one story shared by a young woman in which she recounted having been moved across the country to stay with distant relatives, and though it was explained as being the best thing for her, there were consequences:

Yeah, even though it was supposed to be for the good, cuz it was family, but like... but it was just so much for me at such a young age, being taken away from my mom, and at this point we were really close and it destroyed our relationship. I changed out there, and because of what happened to me [name of place removed] it made me angry and so I think a part of me held it against my mom because she sent me there... then my mom died while I was living there and then reality started setting in...

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Sadly, this relationship would never have the opportunity to be mended as her mother passed away only a few years later. A connection destroyed, without the time to heal, is unfortunately a reality that other youth in care also experience. What can we learn from this separation and loss? How can healing of parent-child relationships be supported, to whatever degree possible, while children and youth are in care—even at a distance?

There are also circumstances in which a child or youth does not want to remain connected to their parent(s). In this regard, one youth shared the experience of feeling like the connection was forced to occur, even though it was something that she found hurtful and a waste of her time:

...like, if you know the parents aren't good then don't make the kids go back, it's just a waste of time. Like, if you know it's not a good idea to book visits then don't book them. If you know the child was abused, don't go back and forth and try and create a connection again, it's just a waste of time.

How can we determine those who want to remain connected, or who can benefit from being connected, and those for whom parental connection is unwanted, unhelpful, or unsafe?

Relational fragmenting of the sibling bond

During the study there was the continuous presence of sibling relationships. For many of the youth the importance of having and maintaining a sibling relationship was seen as essential to their emotional and social development while living in care. A number of stories were shared of making it through the system because of having sibling support and the difficult loss of sibling relationships.

One youth noted how important her relationship was with her sister:

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YOUTH IN CARE*

Um, my sister, she was with me the whole time and uh I don't think it would have turned out better if it wasn't for her, and she says the same thing to me.

Another remarked that she simply would not have survived without the ongoing relationship with her sibling:

I don't think I would have been able to survive without my sibling.

It was evident that sometimes the sibling may be the only source of constant support:

Um... my biological sister, um...her and I were best friends for our entire lives and she was about my only support system.

For one young woman, it was support from her brother:

I think it was just my brother; my brother was the only one that was there for me...

A young man felt strongly that without his sibling to take care of, he might not have survived his own time in care:

My little brother is definitely the person. If it wasn't for my little brother I probably wouldn't have made it, and knowing the statistics, chances are I wouldn't have lived through the care system... chances are I would have done something a lot more stupid that would have ended my life if I didn't have someone that I needed to take care of.

It was fortunate that this young man was able to remain with his brother throughout their time in care. What might have happened for him had they been separated? In his experience, if he no longer had his sibling to care for, there may have been detrimental consequences.

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Some of the young people felt the loss of sibling connections. A few of them spoke of this loss and how difficult the separation or rupture was to their current relationships. One youth indicated that this was one of the most difficult things about being in care:

...leaving my sisters, they're younger than me and um...yeah, basically that, it sucked they had to move.

Another youth placed the blame on the Ministry for separating him from his siblings:

If I wasn't in foster care, I would still be with my brothers and if the Ministry didn't separate me from them, then I would have a better relationship with them. I think they f—ked me big time on that.

It became apparent throughout the interviews that the sibling bond was very important to most of the youth who had brothers or sisters. As relational beings, we depend on our social interactions to learn, develop, and understand the processes and meanings of life (Gergen, 2009). It is evident that sometimes these processes depend on an older or younger sibling. How can we protect such vital relationships when young people come into care?

Relational fragmenting of community support and a sense of community: Child protection workers, youth workers and other professionals

Several of the youth shared stories of positive relationships with their workers, whether they were child protection workers, youth workers, or other professionals. They often had important and memorable connections with specific individuals. However, these connections were often short lived, changed frequently, and ended abruptly. Hence these relationships were frequently fragmented and inconsistent, even if positive in the short term.

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One of the youth noted that even though she had some negative relationships with professionals:

...there were also some good social workers too, I had this one worker [name removed] and every time we met he was so reciprocating of my feelings, just like ‘wow,’ that helped my self esteem.

This young woman describes how “reciprocating” her feelings helped make her feel better about herself. She noted that she felt this worker listened to her and that he took the time to take her for coffee, and would just let her tell him how she was feeling. For another youth, there was actually a cycle of care, where her own child’s care is being mediated by the same Ministry worker that she had while in care:

Yeah, she [Ministry worker, name removed] made a huge difference; now that she is back in my life I see that she made a difference back then.

Though a few of the youth shared experiences of having at least one worker they felt connected to, often these relationships did not last. “The foster care system often builds in discontinuity, rather than continuity, of care (...) it tends to keep children moving and social workers rotating” (Weston, 2006, p. 62). For many youth in care, including most of those in this study, there are often a number of different workers involved in their care over time. One youth likened these changing relationships to passing a file:

I remember when I first moved to [name of town removed] I got a social worker that I connected with, felt like it was a good relationship, then he passed my file to someone else, formed a relationship, pass another file, pass another file, just like every

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time I got a new social worker it was like, who do you call when you're having a really hard time?

How can workers support youth in care around the clock and with some consistency of relationship? Are there creative ways to ensure a stable and accessible person in the life of each and every child in care?

One of the youth expressed empathy toward social workers and their experiences of removing and moving children and youth into and through care:

Yeah, I feel like it could be done better, like it's hard to say how you can make that better, it's really a tough situation to deal with, it's probably traumatizing for social workers too. One minute they could be having dinner with their own family and then they get a call and have to take a kid from their family.

Child protection work is complex, difficult, and may be “traumatizing” for those who do this work. Systemic fragmentation pervades and circumscribes work with children in care and can exact a powerful toll on social workers as they try to respond effectively to the seemingly never-ending reality of child abuse and neglect (Weston, 2006).

For some of the youth it was connections and relationships developed with youth workers and outreach workers that were the most supportive. One youth remarked:

She [community worker, name removed] brought me into the community, that was surprising, that um... to meet other people who had been situations like me and um... they're different, but also the same, and it was a lot, and it was welcoming.

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This young woman felt “welcomed” into the community of youth in care through her connection to the youth worker. For another youth, “structure” was created through a similar relationship:

...honestly, my worker from [name of community organization removed] yeah and like all the structure they have and they would point me in the right direction and I would go do it.

There was also an example of a deep sense of trust developed with a youth worker, as one young woman recalled:

[Name of worker removed] was one of my one-to-one workers, she has made a big difference in my life (...) she would take me out shopping, help you with whatever you needed, take you to doctor appointments. She went above and beyond. I was in an abusive relationship, and I could call her to come and get me, she has made a big difference, I would have been dead in a ditch two years ago without her, cuz it was that bad.

Mental health counsellors were also mentioned with positive regard for how they supported some of the former youth in care. One of the youth stated that the only worker who cared about her was her counsellor:

...my counsellor [name removed]... I had some other people...but she was the only one who cared.

Another youth had a similar experience with counsellors, that they were the only people he felt cared or helped during his time living in care:

Counsellors, through [name of community organizations removed] actually, and basically the ones who drove me around when I needed to do everything I needed to do.

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These counsellors demonstrated their care by being available, accessible, and helpful when and how the youth needed such support.

A relevant theme in this study was the loss of community, though some of the youth were referring to this in a cultural manner, a loss of relationship to their homeland and a loss of spiritual connection to familiar and special places.¹² For some of the youth, the loss of community involved moving away from friends, schools and geographical locations (e.g., cities, neighborhoods). In the case of this youth, it was primarily friends:

So I moved to [name of place removed] and that was all right, but I was really alone, I went from having so many people around me to no one. As well as friends, like when I moved and my friends weren't there, that was tough, because you can't re-connect with friends, they move on, and reconnecting with them was so hard, so you had to make new friends.

When we consider what creates a sense of community, there may be several factors: place (city), space (home), family, friends, school, and other community resources (for example: doctor's office, library, shopping centers). These factors are based on relational connections, even those that seem to be just places, represent experiences that create connection or meaning in our lives.

Relational fragmenting of kinship: Foster parents and the creation of a sense of family

Throughout the study there was a greater sense of grief and loss than of positive life experiences. This section, however, is an exception. The young people interviewed shared several stories of the creation of positive relationships with foster parents and

¹² Please see Part I: E. Dis-spiriting section for further discussion on loss of community connection.

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foster families. In these homes, these young people felt a sense of unconditional care, love, acceptance, and a devoted sense of caring reciprocity. Though this section is dedicated to positive relational connections with foster parents and carers, it is included under the theme of *relational fragmenting* because the examples were born out of the loss of living with kin (biological family and extended family), and the shift to living in out-of-home care. What emerged in the creation of these relationships was a sense of being part of the family, a sense of belonging, of being cared for, and demonstrated concern for meeting the youth's needs.

One of the youth described finding a sense of family:

...well there's this one family [foster family], I just started calling them mom and dad and their kids are my brothers and sisters and their kids call me their brother.

This relationship has endured, and he continues to feel connected to this family. Though he does not specifically describe how he came to feel the comfort to refer to them as family members, it was tangible and important for him. For another youth, the experience was of becoming a family member for others:

Um...because they would see my faults and me and [foster parent name removed] connected really well, like he treated me like his own kid. He was that kind of guy, to this day I still talk to him.

Another youth talked about one of his best foster parents:

...she [foster mother] made it very clear that the home was going to be there whether we wanted it or not and she acknowledged that they were not our family, but they would do their best to take care of us.

Further, he shared how the foster mother responded in difficult moments:

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She was the first person to say 'you made a mistake, we forgive mistakes, you know where your room is and you can go and cool down, and we would prefer you go and cool down and then we can talk about what happened and figure out a solution'... and I was, like, what? ...hey, hold on... you're not going to hit me or lock me in the bathroom?

Here we can see a concrete example of the type of caring and conditions for caring that create a sense of family—a form of relationship that is accepting, nurturing, and forgiving. How can these traits be taught to and replicated by all carers in the child welfare system?

One young woman added her experiences of what made a “good” foster family:

They [foster parents] were really good because they taught you to be independent and they trusted you and like it was a family dynamic, even though you messed up they still didn't give up on you, and um I just really liked how they respected you even though you messed up and they didn't take away things, they didn't turn their back on you, and that's what I liked about there.

Another young woman shared how the experience of a caring foster mother taught her to be a good parent:

Living in her [foster mother's] home was the best home I could have ended up in. I always say 'if I didn't end up in her home, I wouldn't be a good mom to my kids,' I always tell her that I appreciate the way she was with me...it was like dinnertime, holidays, family time, yeah... it was the sense of family like you belonged with somebody. That's what we needed, it was consistent, and she was always really caring... she was a good mom; she was a mom you get with a normal life.

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For other participants, notions of material needs emerged in their stories, specifically, in having foster parents who sought to ensure these conditions were met. Regarding a long-term placement, one youth remarked on the acceptance and inclusion demonstrated by a foster family toward her and her siblings:

We met this amazing foster family, [names removed of foster parents]. To this day I still talk to them... they are amazing. I still call them mom and dad. They were more open, they actually cared; the first day we got there they made an appointment for my hearing, all of our health, that same day, not even within an hour of us being there they took us shopping. The first Christmas there was amazing... they surprised us with four red Santa bags one for us each... it was amazing, they have their kids and grandchildren and they considered us to be their kids too.

For another youth, it was having material needs addressed when moving into the home:

She [foster mother] did everything she could. When I moved in she was, like, 'what do you need? I will buy you whatever you need?' and I am like 'I need everything' and she came back with three bags full of clothes and make-up things to make me feel good about myself. [She was] always there to talk to, always took us on outings.

When children and youth are included in the day-to-day activities, provided with their material needs, and gifts on holidays, some important needs are met and messages of being valued are conveyed, allowing a sense of normality and belonging to develop, and a foundation established for the creation of new relational and familial connections.

F. Dis-spiriting: The Experiences of Indigenous Former Youth in Care

Indigenous¹³ children are vastly over-represented in the BC child welfare system; this has been referred to as an 'epidemic,' as the current amount of children in care as a result of child welfare intervention is greater than the number who went through the residential school system (de Leeuw, 2014). The ongoing impact of various forms of inter-generational trauma experienced by Indigenous peoples and communities due to residential schools has been extensively documented (e.g., Fournier & Crey, 1997; Johnson, 2014; Sinclair, 2007; Truth and Reconciliation Commission of Canada, 2015; Wagamese, 2009). Further, the "Sixties Scoop" of Indigenous children and youth apprehended from their homes in disproportionate numbers throughout Canada by child welfare agents has evolved into the "Millennial Scoop" as they are still being removed into the out-of-home care system at an alarmingly high rate (Sinclair, 2007, p. 67). As stated in the final report of the Truth and Reconciliation Commission of Canada (2015), the painful legacy of residential schools is currently reflected in the ongoing racism and systemic discrimination against Aboriginal people, the disproportionate apprehension of Aboriginal children by child welfare agencies, and the inordinate imprisonment and victimization that Aboriginal people regularly experience in Canada. In relation to the out-of-home care system "no other population is as singled out, as clearly rarified and highlighted with reference to child welfare, as Indigenous peoples" (de Leeuw, 2014, p. 68). Further, Aboriginal children and youth are more likely to be removed into government care due to neglect and in particular, supervision issues, than for physical or sexual abuse (Blackstock et al., 2004).

¹³ 'Indigenous' is the preferred term of the researchers, and will be utilized in their words for this section and the rest of the report; however, 'Aboriginal' is still frequently used in the literature, so will be applied when quoting or referencing other work, or when youth use this word in quotations.

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The Indigenous youth who participated in this study frequently mentioned the removal of culture, traditional knowledge and practices that they experienced while living in the BC child welfare system. What emerged from their reflections was a need to return to their roots, their communities, and family origins. Further, their stories and experiences seemed to be deeply inter-generationally connected with those of their ancestors, their families and their own children. For one young Indigenous mother, what was most important about returning to her culture was her identity and the identities of her children:

...yeah, and not passing emptiness to my kids is why I am trying to work on [learning cultural traditions], because I don't want them to feel like they don't know where they're from.

This “emptiness” is an embodied feeling previously discussed in this report, but in an Indigenous context, it also refers to a wounding of the spirit. Spirit, in this frame of reference, can be understood not necessarily in the formal religious definitions, but rather as the profound inner sense of being deeply connected to one’s world—to culture, traditions, ancestors, and the land. As Atleo (2004) notes, “in the Nuu-chah-nulth worldview every life form is of one spirit, of one essence” (p. 61). Thus understood, the spirit is not an autonomous part of a human being; rather, it is intricately and infinitely connected with all forms of life, in this world and beyond. Further, the Anishinaabe peoples believe “the spirit emerges through one’s heart” (Gehl & Ross, 2013, p. 34). In summary, spirituality is defined here as “the experience or relationship with an empowering source of ultimate value, purpose and meaning of the human life producing healing and hope” (Mussell, Cardiff, & White, 2004, p. 12).

The psycho-social process of *dis-spiriting* refers to the erosion of culture, tradition, community, land, and family across generations. The term *dis-spiriting* is used to capture a partial (and possibly temporary) removal, separation or dislocation of

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spiritual connections. *Dis-spiriting* does not imply that the spirit is lost or completely removed; rather, that it has been fractured and displaced. As shared by many of the Indigenous youth, returning to their culture and learning their traditions initiated a sense of healing and connected them to their roots.

The primary dimensions of *dis-spiriting* that emerged through the stories of Indigenous former youth in care were embedded in the loss of culture, traditions, community and family relations as well as in inter-generational trauma. The Indigenous participants in this study were resilient and generous in sharing their experiences and suggestions for how to change the system and create cultural support.

Dis-spiriting through loss of culture, traditional knowledge, community and family roots

Throughout the interviews with Indigenous youth, the loss of culture and connection to family and community emerged as an important missing piece of the growth and development of their spirit, sense of self, and of their identity.

In response to the interview question, “what was most difficult or traumatizing during your time in care?” one of the youth stated:

I am the oldest of three younger sisters and all four of us had to go into care, and they wanted to split us up and that's why I wanted to run away, and I pretty much did I guess...yeah, and we had to move from the reserve to town.

There are several losses evident in this statement—the loss of family when removed into care, the loss of siblings when separated, and the loss of connection to kinship, community and homeland when moved from the reserve to town. How can (or does) a child or youth process this amount of grief and loss? What happens to the spirit when it is extracted from its homeland?

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For another Indigenous youth she struggled to be returned to her community:

As a foster child it felt like no one wanted me, I have a large family and many relatives in [name of First Nation community removed], it bothered me that none of my family wanted to take any of us in until I was 12. My mom asked her [maternal Aunt] to take us in, the Ministry denied that, so my brother and I took ourselves and locked ourselves in the visiting room of the children and family development office, until the social worker let us go home with our relative [who at] that time we didn't know very well, but she was family and willing to take us in. Feeling like an orphan child I was beyond happy to be with my blood family.

Though this young woman noted that it was difficult to believe that none of her relatives would take them in, she continued to fight to return to her family.

Speaking to the loss of culture and tradition, another youth shared:

...it's kinda hard being away from family, I missed out on the traditional things (...) I am just not proud that my culture was taken away, that I was taken away from my mom.

Lost pride, missing out on cultural traditions, and a loss of family and a parent are all contained in this statement. How might this have affected identity formation, spiritual growth, and a sense of belonging? Another Indigenous youth spoke about the experience of *not knowing* her roots and losing her First Nations status:

It's crazy how you can like grow up not knowing your roots and then somebody just knows you and that you have, been, like a missing person in your Nation, because they knew that my mom had kids, and they wondered why they weren't registered in her band.

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This youth was referring to meeting her extended family at a conference a few years after ageing out of care, when she was shocked to learn that the family did not know her whereabouts and that she and her siblings were not registered in their community. This same youth went on to describe how the loss of family roots felt like a missing piece of her identity:

We couldn't see our actual family so I felt like that part was missing from my identity, like when you don't get to see your roots, whose your family and what Nation you come from. I am Aboriginal, but (...) it's like when you age out and then you're, like, 'okay who do I go to now?' I don't know very many people, and I did know people, but not people who I could um... lean on when I needed help.

Another youth remarked on how the earlier an Indigenous child goes into care the more their traditional knowledge may be lost:

I definitely say the younger you go into care the more you lose compared to if you had enough attachment and knowledge of your family traditions. Looking at so many youth in care I have known, I am one of the only ones who has spent years practicing my culture and my traditions.

The effects of continued colonizing practices¹⁴ that remove culture and traditional knowledge from Indigenous children and youth are evident in this young man's statement. Given that traditional knowledge and culture are learned through stories, active learning, and experiences in the community; the earlier an Indigenous

¹⁴ For further understanding of 'colonizing practices' in Canada as well as in child welfare practice, see the final report of the Truth and Reconciliation Commission of Canada (2015).

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child or youth is taught their culture and traditions the more likely they are to practice this way of life, as well as pass it on to future generations.

Often Indigenous children and youth in care are not able to be placed within their community or with their specific band or Nation; therefore, they may instead be placed with extended family, families who identify as having Indigenous origins, or more commonly those who are of non-Indigenous descent. In this study, some of the Indigenous youth shared that being placed outside of their Nation was difficult for them, as they wanted to be placed within their culture. One Indigenous youth expressed difficulty in being placed with a First Nations family that was not of his specific culture:

I stayed with a few First Nations foster families, but it was their culture not mine.

When a young person is looking to re-connect with their specific culture and traditional knowledge, not just any Nation or Indigenous family may be able to fill that void. For another Indigenous youth, this loss of cultural connection was due to being placed with White foster parents:

They always tried to make us feel comfortable, [my foster families] were almost all Caucasian race couples, but it never felt right (...) they weren't our blood family so obviously we felt uncomfortable; there was different rules at different places, I mean, I think they wanted what was best for us but really we were two [Name of Nation removed] children uncomfortable living with random people. That's what it felt like.

There is again the reference to “blood family” in this statement, and like many other Indigenous and non-Indigenous youth in this study, the connection to biological

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family was often deeply ingrained, and there was a significant disconnection when placed with “random people.”

For other youth, it was not necessarily about the culture of the placement but about the quality of care they received in the home. One young woman described a foster parent whom she felt deeply cared about her and her sibling, but was unable to adopt them due to being non-Indigenous. When asked if she wanted to be adopted by this foster parent, she replied:

Yes, I would have liked to be. Just because her skin colour is not the same as mine does not mean that she is not able to teach me the way, she tried for a few years. I think this should be added: she was trying to adopt my brother, and because he was in-and-out of jail the social workers didn't give her a choice and put him into a group home, because they felt he was too high risk to be living in a good home or something. But they put him in a group home and [the foster mom] cried for months because they took him away, and he did worse there. He was always in-and-out of jail, he was doing drugs, and if she were able to adopt him, he would still be here. (...) The social worker gave her no choice, so he was moved into a group home then into independent living for one month. Actually, he got a job and got an apartment with a friend and after a month of living with his friend, he killed himself, so his life went really downhill when he moved out of her house.

Though this story came from one out of 20 participants, it demonstrates in dramatic fashion that children and youth desperately want and need to have a voice in what happens to them. Some may want to live in a home with extended family, in their own community, in an Indigenous family, while for others it may not matter as long as the home provides the care they need. Most children and youth are capable of stating

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what they need and are able to negotiate how they want to live. As summarized by de Finney and di Tomasso (2015) “young people in care negotiate their permanence in many different ways, sometimes through shame, anger, loss and grief, but also with love, hope, creativity, subversion, outrage, imagination, political action, critical analysis and spirit” (p. 82).

Dis-spiriting through inter-generational trauma

A few of the Indigenous youth shared their perceptions and experiences of the impacts of residential schools and their removal into the child welfare system on their own lives and those of their families, as well as their experiences of losing family members.

Two of the Indigenous youth who participated in this study directly equated the contemporary removal of Indigenous children into government care as similar to the historical removal of Indigenous children to residential schools. One of the youth stated:

I told my mom, when she was talking about residential schools, I was like ‘you know what mom? Being in foster care is basically the same.’

For another of the Indigenous youth the care system is seen to have the same impacts and effects as those experienced by the Elders:

I think it was a few years ago I started saying this, the social care system taking kids away from families is a different re-worked version of residential schools (...) and this is still happening today: residential school, the stories of the Elders, getting raped, getting beaten, is still happening today to the youth getting taken into care, taken away from their families and it feels like there is

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nothing we can do about it. It's really upsetting to think that there is still a form of residential school for Aboriginal children.

Both of these youth stressed that the current child welfare system reproduces the same cycle of trauma and abuse. How can healing begin, if it is perceived that the same injustice is reoccurring? Whether or not the readers of this report agree with the perspectives of these youth, their statements are sending a clear message that the healing of Indigenous communities is inextricably linked to our capacity to ensure the safety and well-being of current and future generations of Indigenous children and youth (Truth and Reconciliation Commission of Canada, 2015).

One Indigenous youth shared a story about how the death of a sibling directly impacted his mother and subsequently led to him being taken into care:

Then an incident happened with my oldest brother...he passed away in a car crash...I was young at the time...I guess after that my mom just couldn't do it anymore, she couldn't lose us. She told me a year ago, 'I couldn't lose you guys, that's why I let you go into the system.'

This experience generates an important question: What kinds of supports are required to properly address loss, grief, and trauma experienced by Indigenous communities and families?

For another Indigenous youth, she lost her brother to suicide while they were both living in care:

My brother, he died in care, he was only 18 when he killed himself.

We know the suicide rates of Indigenous youth continue to increase across the country (Center for Suicide Prevention, 2013) as well as for those in care of the BC government (Turpel-Lafond, 2012). Further, access to mental health resources for

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Indigenous children, youth, and families in Canada is currently inadequate (Truth and Reconciliation Commission of Canada, 2015).

Suggestions for working with Indigenous youth in care

Several of the youth shared that by practicing their culture and traditions they were able to connect with their roots and find a sense of wholeness. They also offered suggestions for systemic changes to support future Indigenous youth in care.

For one Indigenous young woman it was the traditional practice of preparing fish for the winter that brought about a sense of wholeness:

I felt like to me gutting the fish, filleting, and preparing them for the winter is something that is important for the soul. It makes you feel like you're whole when you are able to do things that are, like, traditionally tied to you, so I feel like doing stuff like that is really important for foster kids. You know and also too, even if someone is not Native, like White, Caucasian, whatever, I feel like just helping them find their family too, family is so important for everybody.

Ensuring that children and youth develop traditional cultural knowledge and practices could provide some healing or mending of the wounds caused by the losses accrued while in care and being away from family and community. Another young woman told of her positive experience of accessing culturally relevant services after leaving care. She also attended a First Nations ceremony that provided a sense of connection, of ageing *into* something meaningful rather than simply “ageing out” of the system:

They helped me a lot, like being in touch with the cultural side and other services that helped me out with food and subsidies, because rent was too expensive...ageing out they had a ceremony

for us at the Big House over there so that was cool, like all the staff at the Ministry and former youth in care all did a ceremony for all those ageing out and I got to be a part of that a year later - so I was still connected...so it was really good.

This youth is referring to Ministry workers and community members who provide this ceremony every year in Vancouver, BC. If offered more widely across the province, this practice could transform the perspectives of many former youth in care that rather than ageing out, they are 'ageing into adulthood and into community.'¹⁵

There was a suggestion put forth by a young woman to create a genealogy report for those with little to no family contact or connection:

I think that's something the social workers should work harder on, like having a genealogy to connect us with Elders, connect us with people, cuz my immediate family wasn't healthy people, they were all alcoholics and drug addicts (...) genealogy is important because you are on this earth and you have connections, whether you are White or Aboriginal or anything else, your roots are where you start your life from.

Reconnecting a child or youth to their roots is a complex undertaking, but the process is worthwhile as it can nurture a sense of belonging, identity, connectedness, and purpose.

The concept of permanency also emerged, which is currently a priority for the Ministry of Children and Family Development. "Permanency is premised on the conviction that all children need permanent, loving and caring relationships in order to become well-adjusted adults" (Stangeland & Walsh, 2013, p. 24). However, the notion

¹⁵ For further discussion of the concept of 'ageing into adulthood and into community' please see Part III: Implications for Policy, Practice and Further Research section.

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of permanency encompasses many different understandings. For example, Stangeland and Walsh (2013) identified four types in relation to Aboriginal youth in care: legal, relational/emotional, physical, and cultural. One Indigenous youth supported this concept as follows:

I support permanency, [rather than] moving kids back and forth (...) in and out of the system. I am a strong believer in permanency, but also making sure they help create their identity, so they are not on their own when they age out.

This young person supports the notion of cultural permanency, maintaining connection to their roots so that they develop, or create their identity, and will not feel on their own when they age back into community. With adequate supports, young people have the capacity to conceptualize, create, and implement culturally appropriate permanency options that reflect their diverse backgrounds and support their unique needs (de Finney & di Tomasso, 2015).

Further to the notions of connecting with culture and youth having voice and choice in their care planning needs, one of the youth stated:

Get them in touch with culture; that was my way of connecting. Ask the youth what they want, talk to the heart, face-to-face, not over the phone, see their emotion and give them their voice in saying they want to be with family, even if it's just connecting with their family for a few hours.

Simply stated, yet a powerful and important message on how youth want to connect with adult carers and workers, “talk to the heart” and “see their emotion.” This is a reminder that in practice there is a need to connect on a personal and emotional level with the children, youth, and families we serve. Spending even a small amount of time with those we serve provides a sense of security in knowing that we truly care

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about their needs and desires. Further, if we listen to their needs, and work with them in finding pathways for meeting their goals around returning to family, being adopted, or having some other sense of permanency, however this is defined by the youth, we may impact or even transform the outcomes of their development and their life course.

Another youth offered several improvements the Ministry could make for helping support those in care:

So, improvements that I think the Ministry could make is don't intimidate when investigating the safety of a child; offer supports to families that are struggling with addictions and mental health issues, teen pregnancy, disability, and lack of education... that's all I really came up with.

This youth highlights an important shift in thinking that was previously described, that of support for parents and families with addictions and mental health. Could we decrease the number of child removals and protection cases if we more effectively supported families in protecting their own children? And would we see improvements in long-term mental health and well-being outcomes for children, youth, and families if they remained together and had adequate mental health and addiction support? Considering that many Indigenous children are removed due to circumstances of neglect or lack of supervision rather than abuse, there are calls in the literature for culturally-based community development and prevention programs with a focus on the eradication of child neglect, as this could reduce future incidences of maltreatment and removal (Blackstock et al., 2004). Such programs are required to address systemic issues of historic racism and marginalization faced by Indigenous peoples in Canada, such as inadequate access to affordable and healthy housing; higher rates of poverty and mobility; inadequate access to health care and mental health care resources; and inadequate access to funding support for education and professional

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training to address underemployment (Truth and Reconciliation Commission of Canada, 2015).

PART II: PARTICIPANT PROFILES IN THE CONTEXT OF RELATED RESEARCH

In order to help put into a more fine-grained context the voices and experiences of those who participated in this study, we will now present profiles of the sample in relation to key dimensions and characteristics, and in the context of related literature.

Removal Profile

All of the youth who participated in this study were asked to share the story of their removal into care, what age they came into care, and what they remembered of that experience.¹⁶ Only 4 out of 20 (20%) of the youth did not remember the events of coming into care; notably, these four youth were all under the age of 6 years when the removal occurred. The other 16 out of 20 (80%) remembered in detail the event of their removal; only 2 (12.5%) chose or requested to go into care on their own (Voluntary Care Agreement and Youth Agreement). Of the 14 out of 20 (70%) who were involuntarily removed from their families, the experience was most often described as “difficult” and “traumatic.” The youth reported having witnessed either the arrest of their parent(s) by police officers or being taken by child welfare agents or workers to a government building, foster home, respite or group home without knowing or understanding at the time why this was occurring. Parallel to the findings of this study, the notions of ambiguity, confusion, or *not knowing* the reason(s) for their removal into care were also expressed by children and youth in the research studies of Folman (1998), Johnson et al. (1995), Mitchell et al. (2010), and Whiting and Lee (2003). Further, in this study, the stories of removals can be described as visceral, painful,

¹⁶ Please see Appendix B for focus questions utilized in the study.

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detailed, and compelling, indicators that the memories were of ‘traumatic events.’¹⁷ Folman’s (1998) study also found that the narratives of removal and the transition of coming into care portrayed a progression of traumatizing events. Further, the youth in our study clearly communicated that the loss and grief associated with coming into and moving through care were largely unrecognized, unaddressed, and unprocessed by those in charge of their care. A similar finding was recently cited in the Manitoba Office of the Children’s Advocate (2016) report, which concluded that the loss and grief associated with coming into care was generally unaddressed in the current system protocols and procedures.

The primary reason for removal into care provided by 14 out of 20 (70%) respondents was perceived to be due to parental addiction and mental health issues (including substantiated or unsubstantiated neglect). Only 3 out of 20 (15%) reported that they believed they came into care due to abuse, and of those, two were due to parental abuse and addiction, and one reported sexual abuse by a person living in the biological parents’ home. Two out of the 20 (10%) stated they came into care directly on Youth Agreements, one of them was abandoned by parents and homeless (at age 17), therefore came to MCFD for support, and the other chose to leave home due to poverty and lack of structure in the home (at age 13). Only 1 out of 20 (5%) stated that they requested to be placed in care on a Voluntary Care Agreement, which then moved to a Youth Agreement, prior to ageing out of government care. The literature on children and youth’s understandings of the reasons for their removals is limited. In three studies, removal was perceived as being due to neglect, abuse, and parental mental health or addiction issues (Folman, 1998; Johnson et al., 1995; Whiting & Lee, 2003). Three out of the 14 (21%) who reported believing that they were initially

¹⁷ For discussions of ‘traumatic event’ memories see, for example: Perry and Szalavitz (2006), Steele and Malchiodi (2012), and Tufnell (2009).

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removed due to parental addiction and mental health issues, were subsequently adopted; all were of White ancestry and had several mental health diagnoses (Bi-Polar Disorder, ADHD, FASD and Depression). However, all three of these adoptions fell through during late adolescence (ages 15-17) due to complex behavioural and mental health needs and adoptive parents unable or unwilling to provide further care. Of those three, two returned to foster care through MCFD until ageing out at 19 years of age while the other became homeless and stayed with friends until reaching his current age of 20.

The youth who participated in this study self-identified into three encompassing racial or ethnic groups: those of White or Caucasian ancestry (9 out of 20), Indigenous ancestry (9 out of 20), and Black Canadian ancestry (2 out of 20).¹⁸ Regarding those of White or Caucasian ancestry, 2 out of 9 (22%) provided parental addiction and abuse as the reason for their removal; 2 out of 9 (22%) cited requesting care to be provided by the government (Voluntary Care Agreement and Youth Agreement); and the remaining 5 out of 9 (56%) described parental addiction and mental health issues (substantiated and/or unsubstantiated neglect) as reason for their removal into care. Of those who were of Black Canadian ancestry, 2 out of 2 (100%) noted parental addiction and mental health issues as the perceived reason for removal (substantiated and/or unsubstantiated neglect).

Finally, for those of Indigenous ancestry (Métis, First Nations and mixed heritage), 1 out of 9 (11%) cited sexual abuse by a person living in the home (not a biological parent) and parental addiction as the reasons believed for removal; 1 out of 9 (11%) described being “homeless” and abandoned by parent(s) and came into care on a Youth Agreement; and 7 out of 9 (78%) cited parental addiction and mental health

¹⁸ Please see ‘Demographics’ section for further discussion of participant sample.

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issues (substantiated and/or unsubstantiated neglect) as the primary reason for removal into care. Blackstock et al. (2004) also found that most cases of substantiated or suspected maltreatment involving Aboriginal children involved neglect and in particular, supervision issues rather than physical or sexual abuse.

Transitions Profile

The number of transitions while in care ranged from 1 to 40 moves during a span of 1 to 19 years in care.¹⁹ There is little to no research to compare the number of moves reported in this study to other BC youth in care; however, one survey study conducted through the University of British Columbia by Jones and Kruk (2005) looked at how the number of placements correlated to family attachment and found that when there was a higher number of placements that many of the youth experienced an accompanying loss of relationships. This finding is similar to our study, as many of the youth reported loss of connection and relationships especially with loved ones as a result of coming into and moving through care.

There appeared to be a correlation between those who entered into care at a younger age having a higher total number of moves, compared to those who came in at a later age or on Youth Agreements. The average number of years in care was 7.6 and the average number of moves or placements was 12. Further, for those with complex needs such as mental health and disability issues (disclosed diagnosed disorders or physiological issues) and drug and alcohol misuse the number of moves was significantly increased.²⁰ There was also an increase in the number of total moves in care for those who described using ‘acting-out’ behaviours to break down placements, so that they would be moved. Unrau (2007) concluded that most research

¹⁹ See Demographics section and Table 1.1 for overall sample.

²⁰ Please see Turpel-Lafond (2014c) for a further discussion of complex needs of BC children and youth in care.

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into placement stability involves children's behaviours and the skills or training provided to the foster parents. Further, Unrau identified a need for further inquiry into those who have experienced many placement moves compared with those who have experienced only a few (Unrau et al., 2008). Our study found a correlation between an increased number of moves and *pain-based behaviours*; however, this in no way infers causation and cannot take into account the many other contextual influences that may have been present.

As for the issue of voice and choice in placements, such as feeling they were able to request a move when necessary, being asked by Ministry workers where they wanted to live, or being told why they were being moved, 18 out of 20 (90%) youth reported not feeling that they had a voice or choice in their moves or placements during their time in care. This finding is a higher percentage than an American study by Johnson et al. (1995), who concluded that 58% (55 out of 95 participants) of children in their study reported not having a say in their placement decisions. Only 2 out of 20 (10%) in our study felt they were able to request moves and were given the opportunity to meet foster parents prior to moving in with them.

All of the youth, 20 out of 20 (100%), reported having at least one foster parent that they felt cared for them, foster home, or placement (e.g., independent living or youth housing) where they felt that some of their needs were being met. However, 13 out of 20 (65%) of the youth reported being physically, verbally, emotionally, and or sexually abused by a foster parent in at least one of their foster placements. Further, 15 out of 20 (75%) reported having the experience of foster parents they believed were only taking in children and youth for "money," and they reported feeling used, unwanted, and at times rejected in those placements. Finally, only 2 out of 20 (10%) of the youth spoke of the notion of "permanency;" both were supportive of this process,

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and both stated that youth need to have voice and choice in how permanency plans are created and implemented.

Placement moves are complex phenomena, difficult to conceptualize and challenging to study (Unrau, 2007). Much of the research in the area of transitions is quantitative and focused on placement stability, rather than the placement move as an event (i.e., something that occurs with unique time and place characteristics) or as an experience (i.e., something that a person lives through) (Unrau, 2007). Further, the minimal amount of research on placement quality in child welfare does not conclusively identify one particular strategy or set of strategies for successful placements (Carnochan et al., 2013). The lack of in-depth research on placement moves, transitions and stability is thought-provoking when we consider that placement instability and an increased number of moves while in care have been identified as a factor that is related to negative outcomes, such as increased behavioural (emotional regulation) issues and poor academic performance (Unrau et al., 2008). Unrau (2007) examined the literature on placement moves from nine different countries and found the majority of this research sought to determine which factors were most predictive of a placement breakdown or whether such events were linked to outcomes such as, behavioural issues, academic functioning, and permanency. Only one other study on placement moves was found to be similar to the current one, Unrau et al. (2008) in which 22 interviews were conducted with former youth in care, ranging in age from 18 – 65 years. This American study produced some similar findings, such as the primary theme regarding *loss*: loss of power over personal destiny (also termed *not knowing*), loss of friends and school connections, loss of personal belongings, loss or separation from siblings, loss of self-esteem, and loss of normalcy (Unrau et al., 2008). In our BC study, we also found that loss, in particular relational loss of connection to family of origin (e.g., biological family, extended family, and siblings) or familial like relationships

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(e.g., to foster parents, carers, and workers) were described as negative and often, traumatic experiences. Similar to Unrau et al. (2008) the current study also noted resilience qualities amongst most, if not all, of the youth who participated, however, the youth in this study also described how experiencing so many moves through care has continued to impact the quality of their lives. Further, as found by Unrau (2007), and in this current study, for children in care placement moves seem to be less about the physical transitions (placement moves) and more about how the connection with people are changed by the experience.

Trauma Profile

One of the primary questions in this study was “what was difficult or traumatizing in your moves through care?” with sub-questions regarding voice, peers, community, adults or particular people who were helpful or hindering to the transition process. For 8 out of 20 (40%) participants, the most difficult aspect was a lack of continuity of the biological parent relationship (e.g., visitation, contact, and connection) while in care (i.e., in out-of-home placements), leading to an overall sense of uncertainty, lack of safety, loss of trust and loss of parental relationship(s). This finding is similar to Chapman et al. (2004) who found that most of the children in their study wished to be connected to their biological family or returned to their biological family during their stay in out-of-home care.

Their loss of connection with siblings was cited by 3 out of 20 (15%) of the youth as the most difficult and traumatizing aspect of being in care. This finding was also noted in Folman (1998) and Whiting and Lee (2003), who also found that siblings that were separated after removal into foster care, were not prepared for this loss and the experience created further feelings of abandonment. Not being able to develop relationships with carers and feeling rejected by biological family, foster placements

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and parent(s), was cited by 3 out of 20 (15%) as most difficult or traumatizing.

For 2 out of 20 (10%), ageing out of care and feeling like they were “cut off” or were “falling off a cliff” was described as most difficult. For one of these two participants it led to an emergency mental health hospitalization for what she described as having a “breakdown” the week prior to ageing out on her 19th birthday. Similarly, Turpel-Lafond (2014b) reported that many complex needs of youth ageing out of care are not met by the current policies and practices of the BC child welfare system. Our study supports such findings, in that most youth in this study reported not feeling well supported or ready to age out of care.

The loss of family of origin (e.g., parents, siblings and extended kin), culture, community, and traditions, was most difficult or traumatizing for 2 out of 20 (10%) of the participants; both were of Indigenous descent. For 1 out of 20 (5%) it was the lack of trauma counselling and mental health support for her, and her siblings and family, which were cited as most traumatizing and difficult going through care. Finally, for 1 out of 20 (5%) it was being “homeless” several times when “cut off” of his Youth Agreement, and after losing social assistance while transitioning out of care.

Support Profile

Another primary focus of the study was exploring who or what was most supportive during moves or transitions into and through care. The youth in this study reported that the sources of central support for them were those offered by community workers and their siblings, respectively. The support of community youth outreach workers and support workers (such as counsellors) were cited by 8 out of 20 (40%) of the former youth in care. Six out of 20 (30%) cited their siblings provided support to them while they were living in care. Several stated that without the relationship with their siblings, they would not have made it through care. Folman (1998) found that for

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many of the children in her study (total sample size of 90) siblings were most likely the primary attachment figures. In this study, only 4 out of 20 (20%) youth were able to stay in ongoing contact with their sibling(s), while the other 16 out of 20 (80%) had little to no contact and stated they were unable to maintain relationships with sibling(s) while in care and that this rupture affects their relationships to this day. Similar to the findings of Jones and Kruk (2005), most of the youth in this study also felt responsible, and cited having little to no external support for maintaining connections and relationships to their family, extended family, and community.

Foster parents were described by 2 out of 20 (10%) of the youth as being most supportive while living and moving through care. The relationship with a biological parent was cited by one out of 20 (5%), connection with friends or peers by one out of 20 (5%), and the help and support of a Ministry social worker by one out of 20 (5%). Tragically, one youth (5%) stated that there was no one who was helpful or supportive while she was living in care. In addition to these primary supports, many youth also cited community youth workers, foster parents, and siblings as being somewhat supportive, even when not being major supports.

Outcome Profile

Though not a direct focus of this study, the current life situations of the youth were shared during the interviews. In the interest of further understanding how living in and moving through the child welfare system affects life pathways, opportunities, and future goals (personal and professional), we will present the outcome profile for the study participants. Nine out of 20 (45%) of the youth are currently on social assistance support (welfare subsidy), are unemployed, and are hoping to find work or attend school. Five out of 20 (25%) are receiving Persons With Disability (PWD) assistance payments, and have diagnoses of Anxiety, Depression, PTSD, ADHD, FASD, Bi-Polar

PART II: PARTICIPANT PROFILES IN THE CONTEXT OF RELATED RESEARCH

Disorder, and learning disabilities. It is also important to note that all of the youth on PWD stated that they did not want to be on this specific form of assistance, as they felt it 'labelled' them and further hindered their ability to get work, obtain employment training, or go to school. There are 2 out of 20 (10%) who are currently enrolled in post-secondary institutions and receiving government financial support to attend. Another 2 out of 20 (10%) are both working part-time jobs and attending post-secondary school, however only one of them is receiving an education subsidy from the institution while the other obtained student loans. Finally, 2 out of 20 (10%) are currently working full-time jobs and hope to attend post-secondary school in the near future. The outcome profile of the youth who participated in this study was similar to those of Turpel-Lafond's (2014b) study on the needs of BC youth in care at the time of transitioning out of care; she concluded that those who leave the system prematurely or who simply age out of care are more likely to be unemployed or under-employed, more likely to come into contact with mental health and substance abuse systems, more likely to experience homelessness, and are less likely to attend post-secondary institutions.

Summary of Key Findings:

The findings of this study are consistent with the limited amount of available literature reporting on the experiences of loss, grief, and pain experienced by children and youth moving into and through the child welfare system. To summarize the key findings from the youth's retrospective reflections on removal, transitions and trauma:

- Relational loss, grief, emotional pain, and trauma were experienced frequently through removal and in transitions into and through care and were generally unaddressed, and unprocessed for the majority of the youth.
- Substance use, self-harm, and suicidality all emerged as coping mechanisms to "mask the pain" for processing feelings of isolation, depression, anger, and

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loneliness; as well as unprocessed loss, grief, emotional pain, and trauma due to the experiences of removal, and frequent moves or transitions into, through, and out of care.

- The youth's devotion to remaining connected to their family of origin and extended family continued to endure, despite the losses, dislocation, and disruption to the family relationship dynamic created by moving into and through care.
- Most of the youth reported not having a voice or choice in their removal or transitions through care and advocated for having meaningful input into these life-changing decisions.
- Most of the youth reported *not knowing* why they were removed into care at the time of the removal; some reported believing it was a form of punishment for mis-behaviour. On reflection after ageing-out of care, the youth's perspectives were that parental substance addiction and mental health issues were the most likely reason(s) for their initial removal into care.
- Youth reported their best placement experiences and best foster parents provided for their emotional, physical, and material needs as well as providing a sense of family, belonging, trust, and acceptance.
- Youth reported that community outreach workers and their biological siblings were their greatest source of support during transitions or moves into and through care.
- For the Indigenous youth in this study, re-connection to culture, community and traditional knowledge were cited as pivotal to engage in the healing of inter-generational trauma, and to develop or re-establish a sense of identity, belonging, and connection to family and community.

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- Employment, education, mental health, and well-being outcomes were less than adequate for the youth participating in this study. Several reported currently struggling with mental health and well-being issues, and with the financial affordability of necessary resources such as food and shelter.

PART III: IMPLICATIONS FOR POLICY, PRACTICE AND FURTHER RESEARCH

We begin this section on implications of the study with suggestions for change provided by some of the former youth in care, followed by implications formulated by the researchers based on the extensive experiences and comments shared by the participants and comparable findings in related research.

Implications from Former Youth in Care

The youth who participated in this study shared suggestions to support youth in care with living in and transitioning through the child welfare system. The participants hope that their suggestions and ideas will be heard, shared, and implemented in policy and practice. In descending order of most cited youth responses:

- Support for parents with mental health and addictions;
- Youth having voice and choice in their out-of-home care experiences;
- Maintaining connections to extended family, culture, and traditions;
- Honesty and transparency from Ministry workers and the child welfare system regarding reason(s) for being placed in care and for moving while in care; and
- Increasing the number of community outreach youth workers and services for support (e.g., employment services, life skills, and help with food and shelter acquisition).

Implications of Report Findings for Policy and Practice

We will discuss the policy and practice implications in relation to the findings (see summary of key findings in Part II) of this study within the three major areas of focus: removal, transitions and trauma.

PART III: IMPLICATIONS FOR POLICY, PRACTICE AND FURTHER RESEARCH

(a) Removal

Most of the youth who participated in this study told stories and shared experiences indicating that the initial removal from home and subsequent transitions through care were difficult, traumatizing and had long-lasting harmful effects. Further, many of the youth in this study were not aware at the time as to why they were being removed into care, and for some this meant blaming themselves, or seeing it as a form of punishment. When removal of children and youth into care is necessary, it needs to be done with an understanding and appreciation that this event will precipitate, and likely compound experiences of loss, grief, and trauma (Folman, 1998; Manitoba Office of the Children's Advocate, 2016). Mitigating and supportive measures need to be made available immediately and for a period of time in order to assist young people with this very difficult and troubling process, and should not require the children or youth to request help (Manitoba Office of the Children's Advocate, 2016). As demonstrated by what the youth in this study shared of their experiences, they are likely to be experiencing deep psychological, social, and emotional impacts on their sense of identity, belonging, and relational connections. As indicated in other research studies, these are difficult to re-establish once disrupted, dislocated, or removed (Folman, 1998; Heineman & Ehrensaft, 2006; Manitoba Office of the Children's Advocate, 2016; Whiting & Lee, 2003).

Implications for Reducing Trauma or Harm at Removal

As suggested in the literature (Folman, 1998; Heineman & Ehrensaft, 2006; Mitchell et al., 2010; Whiting & Lee, 2003) and supported by the findings of this study, the following practices may transform, mitigate, or support how removals are currently conducted:

- It is important to clearly inform children and youth prior to, during or immediately following their removal that they will be moved away from their parent(s) and family to live temporarily with another family.
- If deemed appropriate, allow children and youth contact with their family members (e.g., parent(s), siblings, and extended kin) immediately following the removal; as well as establishing and maintaining regular contact with extended family during their stay in out-of-home care.
- Involvement of a counsellor to support children, youth and families during the event of removal, and for a period following the removal.
- Consistent and regular counselling available prior to, or at the time of removal, as well as in the years following may also support the recognition, acknowledgment, and processing of loss, grief, pain and trauma, that is needed by children and youth coming into and moving through care.

(b) Transitions in Care

Physical moves can have internal and external effects (Smart, 2006). Internal effects of changes may not necessarily be seen. For example, in this study young people often experienced the *loss or absence of belonging* when moving to different placements. External changes, on the other hand, are visible and observable, such as the particular event of moving to another home or family situation. Many of the youth in this study reported experiencing moves and transitions as difficult and traumatic. This

PART III: IMPLICATIONS FOR POLICY, PRACTICE AND FURTHER RESEARCH

emerged in several ways, from: *not knowing* about foster care; about moves, or what/where/when the placement change would occur; not having time to develop a relationship with their new carers (e.g., foster parents); not being able to “settle” or feel “cared for” in the placement due to different ways of living (e.g., new community, different house rules, different food, different routines); and in the use of maladaptive coping strategies to “mask the pain,” such as drug and alcohol use and misuse. Tragically some of the youth experienced suicidal ideation, attempted suicide, or used self-harming behaviours to cope with the emotional pain inflicted by instability. Further, many of the youth reported that “ageing out” of care was one of the most traumatizing transitions in the care experience. Transitions (or moves) can trigger difficult or traumatizing memories for those in care (Manitoba Office of the Children’s Advocate, 2016).

There is some evidence that preparation for moving can make a significant difference to the amount of stress experienced and the success of the transition (Folman, 1998; Palmer, 1996; Unrau, 2007). When youth reported having been told about a placement, meeting foster parents, and seeing the new home prior to the move, they told us they were happier overall with that experience. Conversely, when youth were picked up one day by a Ministry worker and dropped off at a new home, they stated this was traumatizing for them, and they had greater difficulty in adapting to that placement. Further study of how existing removal and transition policies facilitate or hinder youth involvement in placement decisions, and how policies are translated into practice may provide insight into how these processes may be made less traumatic for young people in care. One of the Indigenous youth told us about her “ageing out” ceremony at a Big House on the Lower Mainland of BC. She reported that this transformed her view of leaving care; she felt this event allowed her to view leaving care as a positive experience. Conversely, many of the youth in this study reported

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negative experiences during the leaving care transition, including being hospitalized for a “breakdown,” feeling like they were “jumping off a cliff” and believing that there was no longer anyone to go to when needing help and support. On the other hand, several of the youth reported wanting to leave care before the age of 19, and chose to do so on their own at the ages of 17 and 18 years. Overall, the experiences and struggles of youth in this study would suggest increasing the age range that youth are supported to live in care. There are currently some support resources for youth in and from government care aged 19-24 years, for example the Agreements with Young Adults (AYA) program that provides financial support to finish high school, attend post-secondary institutions, or take a rehabilitation program (Adoptive Families Association of BC & Province of British Columbia, n.d.). However, as recommended by Turpel-Lafond (2014b) and in consideration of the findings of this study, amendment to the *Child, Family and Community Services Act* (Revised Statutes of British Columbia, 1996) to permit on a case-by-case basis the extension of foster care up to the age of 25 years, would allow for many youth to have their unique, complex and diverse needs better addressed by the BC child welfare system.

Implications to Minimize Further Trauma and Harm During Care Transitions

As suggested in the literature (Folman, 1998; Manitoba Office of the Children’s Advocate, 2016; Palmer, 1996; Smart, 2006; Turpel-Lafond, 2014b; Unrau, 2007) and supported by the findings of this study, the following transition practices need to be considered where not already in place:

- We need to shift in how we think about “ageing out” of care, as well as change the terminology to “ageing into adulthood” or “ageing into community and interdependence.”
- Moving from the current fixed age of leaving care (i.e., 19 years) to a fluid and flexible process, perhaps occurring between 18-24 years, would recognize the individual circumstances of youth.
- A fluid and flexible age range for *ageing into adulthood and community* would likely require *transition support workers* who would help assess, support, and prepare youth for leaving care. The role of a transition support worker could offer several important benefits, including assistance with educational transitions, preparation for employment, obtaining appropriate financial benefits and, perhaps most important of all, providing a stable and supportive relationship throughout this complex and challenging process.
- Increasing substance use and misuse support services for BC youth in care; could increase available relational supports and offer stable and caring connections to address maladaptive coping skills.
- Frequent moves and transitions through care compound the relational losses already incurred before and during removal into care; as found in this study, suicidal ideation, suicide attempts, and self-harm were a means to cope with isolation, emotional pain, and mental health struggles. Therefore, there is a need for comprehensive practices, such as trauma-informed care modalities, across the child welfare system.
- Various forms of “acting out” behaviours are now understood in the literature as *pain-based behaviours* (Anglin, 2002; Brendtro & Mitchell, 2015; Fulcher & Moran, 2013). These negative behaviours need to be understood as ways of communicating important and unmet needs.

(c) Trauma

The experiences of abuse, loss, grief and psycho-emotional pain shared by the youth who participated in this study are characteristic of complex and inter-generational trauma (Brom, Pat-Horenczyk, & Ford, 2009; Cook et al., 2005; Tufnell, 2009). Some of the traumas presented in the interviews were experienced at the time of removal and throughout the time of living in care; however, it was evident that many of the youth had also experienced traumas prior to entering care. As noted in a Manitoba Office of the Children's Advocate (2016) report, children and youth are likely to experience loss and grief before, coming into, transitioning through, and leaving care. Therefore, it is vital to address these traumas and their effects prior to youth exiting the care system, and to prevent adding to these wherever possible (Manitoba Office of the Children's Advocate, 2016).

The existing literature specifically addressing trauma related to removal, transitions, and living in care is surprisingly limited. Further, care and consideration must be taken to be critically aware of how diagnoses, assessments and therapeutic modalities may pathologize children, youth and families by reducing their experiences of relational loss to a mental health condition. There are many ways to support people in healing, and practitioners need to keep in mind influences such as colonization, poverty, and other socio-political factors. For example, though there was one comprehensive report on trauma-informed practices in child welfare found in the literature review (i.e., Conradi et al., 2013), which provided suggestions for instituting best practices in this area, there was no consideration for the impacts of colonization experienced by Indigenous families. There are models and processes such as Islands of Safety (Richardson & Wade, 2010) that look to restore dignity and create safety in families impacted by colonial violence.

Implications for Reducing the Effects of Trauma

As suggested in the literature (Brom et al., 2009; Conradi et al., 2013; Cook et al., 2005; Manitoba Office of the Children's Advocate, 2016; Perry & Szalavitz, 2006; Richardson & Wade, 2010) and as supported by the findings of this report, the following considerations may help address unrecognized and unaddressed trauma for children and youth in care:

- Consultation with skilled and culturally appropriate counselling practitioners prior to removal of a child or youth may produce more effective strategies for approaching this event that create less stress, harm, or further traumatization.
- Regular, consistent and individualized mental health and well-being assessments, supports and services need to be provided immediately following removal and during care.
- In consideration of the inter-generational trauma expressed by many of the youth in this study, particularly those of Indigenous heritage, trauma work and therapy may need to be cross-generational (and family focused), communal, and on-going, if healing is to be adequately supported.
- In order to maintain connections of love and care, appropriate contact between children/youth and their extended family should be regularly and actively maintained.
- When contact is not possible, and as suggested by one of the youth in this study, the creation of a family genealogy report for the child may help them understand where they came from and their family history.
- Siblings should remain together when possible, but when not possible it is important that regular contact and visitation be maintained.

Implications of Report Findings for Indigenous Policy and Practice

There have been calls to decolonize²¹ child welfare practice in Canada (Manitoba Office of the Children's Advocate, 2016; Truth and Reconciliation Commission of Canada, 2015). The removal of culture and traditional knowledge from

²¹ For a comprehensive definition and understanding of 'decolonization' please see Tuck and Yang (2012).

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Indigenous children and youth in care, whether intended or unintended, carries on longstanding colonizing practices (Truth and Reconciliation Commission of Canada, 2015), and participants in this study experienced the removal or dislocation of their culture while living in care. Further, the Indigenous youth also articulated their concerns regarding inter-generational trauma and the need to re-connect to their heritage, culture, traditional knowledge, and homeland.

However, there were also divergent and diverse responses from the Indigenous youth regarding appropriate placements. Some wanted to be with other First Nations families, some wanted to be with their own Nation, and a few remarked that 'race' did not matter. This feedback suggests that permanency plans would be more effective if they were managed on a case-by-case, individualized basis, with active input from each youth in order to address their complex, diverse, and particular needs.

Implications for Supporting Indigenous Youth in Care

As suggested in the literature (de Finney & di Tomasso, 2015; Manitoba Office of the Children's Advocate, 2016; Truth and Reconciliation Commission of Canada, 2015) and by the findings of this study, implications specific to Indigenous youth include:

- For Indigenous youth who express the desire to be connected to their specific culture, traditional knowledge, and community, all reasonable supports and measures necessary should be taken to address this need. For example, connecting them to a delegated First Nation, Métis, or Inuit agency; comprehensive cultural plans as the child develops; and visits to their home community.
- Some Indigenous youth may find healing through re-connection to their cultural roots; however, some youth in care may not want to pursue this connection. Therefore, the provision of emotionally safe opportunities for them to explore their life goals, aspirations, and healing needs should be offered periodically over time as their perceptions and desires may change.
- As with all youth who participated in this study, Indigenous youth have complex, unique, and diverse needs; therefore, they need to be provided with a voice and choice in their care plans and permanency plans. For example, some may want to live only with First Nations or Indigenous families, while for others this may not be considered necessary.

Implications of Report Findings for Further Research

The findings of this exploratory study point to several areas needing attention in research on removal, transitions and trauma. First, as the experience of trauma in relation to being removed from home and moving through care is under-researched, further studies could shed more light on these important issues. For example, studies by the Ministry of Children and Family Development, non-profit community agencies, and Indigenous delegated agencies could address different aspects of this large area, drawing upon various research methodologies.

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Second, more attention needs to be given to policies and policy issues related to removal and transitions, and especially to how they are translated into practice. We need to understand better how front-line workers implement these policies in practice, and what supports they may need to do so in the most effective and congruent manner.

Third, research and policy studies can continue to benefit from the perspectives of the children and youth affected, as they have important experiential expertise, first-hand knowledge, and personal insights to contribute.

Fourth, there are success stories of those who have lived in care, who have felt loved, supported, and connected with foster families, biological parents and other members of their family of origin. Further research into how these young people and their families create such conditions for love, acceptance, validation, and belonging could be of great benefit for all those involved in this complex area of work.

Finally, as relational connections were pivotal to the experiences of removal, transitions and trauma for the youth who participated in this study, it would seem appropriate to prioritize research studies with a focus on how relationships and connections are developed, maintained, and rebuilt while moving into and through care.

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SUGGESTED LITERATURE

The following list of literature is suggested for review, as these sources may add to the translation of this research study, as well as support practice and policy creation and implementation. The list of literature has been sorted into themes for ease of selection.

Experiences of Living in Care: From the Voices of Foster, Secure, and Residential Care:

Brown, W., & Seita, J. (Eds.). (2009). *Growing up in the care of strangers: The experiences, insights and recommendations of eleven former foster kids*. Tallahassee, FL: William Gladden Foundation Press.

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Programs for Consideration:

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APPENDIX A: STUDY INTERVIEW QUESTIONS

Focus Group Interview Questions

Introductions – take about 10 minutes to have interviewers and group introduce themselves.

Review the purpose of the study and go over the consent form, clarify and respond to questions.

1. How would you define a successful transition?
 - a. What makes it successful?
 - i. Particular people?
 - ii. Having a voice?
 - iii. Retaining school or community ties?
 - iv. Peers?
2. If you could construct or plan the ideal transition, what would that look like?
 - a. Is there a way for adults involved to be supportive or helpful?
 - b. Or, what role do adults play in your ideal transition?
3. What could have improved your experience of coming into Ministry care? What could have been done differently?
4. What could have improved your transition experience(s) while in care? What could have been done differently?

If the group feels/seems safe and comfortable...

5. Do you have a memory of a transition that was negative or painful that you would be able to share? What happened? What made that transition negative or painful?

Individual Interview Questions

1. Can you share with me your story of moving into and through foster care?
 - a. Do you remember when you first came into Ministry care? (Was it from your biological family? Or?
 - i. What age were you then?
 - ii. How would you describe that experience?
 - b. Moving through care,
 - i. How many moves have you experienced?
 - ii. Did any moves go particularly well? What made them go well?

iii. Any that went poorly? What made them go poorly?

2. What was helpful or supportive in your moves through care? What was difficult or traumatizing in your moves through care?
 - a. Particular people?
 - b. Adults?
 - c. Peers? New community?
 - d. Having voice?

3. Think of a move or transition while in care that you remember well. What was the placement like that you were removed from?
 - a. What about the placement that you went to?
 - b. How did you transition or adjust to your new placement?

4. Did you talk about your experiences with moves or transitions with anyone?
 - a. When?
 - b. With whom?

5. How did you at the time, or do you now, make sense of your moves and transitions through care?

APPENDIX B: PARTICIPANT CONSENT FORM

Removal and Transitions of Youth in Care Study

This study is being conducted by **Dr. Jim Anglin** from the School of Child and Youth Care, University of Victoria, with the research assistance of **Stephanie Brockett** (PhD candidate) and **Angela Scott** (MA student). If at any time you have questions or comments, Dr. Anglin can be contacted janglin@uvic.ca or by calling 250-721-8550.

Purpose of research

The purpose of this research is to listen to and report on the voices of former youth in care such as yourself, about how the experiences of placement into Ministry care and transitions, or moves, between placements in care affected you, especially your feelings and state of mind at the time. It is anticipated that the findings from these interviews will assist the Ministry of Children and Family Development to improve policies and practices related to child removals and placement transitions while in care. Such changes could decrease the negative and painful aspects of such changes and enhance the quality of the experiences for young people in care.

What is informed consent?

You have received this Participant Informed Consent Form because you have expressed interest in participating in this study through involvement in a group and/or individual interview. By signing this form, you are indicating your understanding of the purpose of the research, the nature of the interview process, and the procedures for protecting the confidentiality of what you share with the interviewers.

If you are part of a focus group interview, what you share in the group will be known to other participants. Therefore, please only share what you are comfortable having others in the group know about you.

Eligibility Criteria

To avoid a potential or perceived conflict of interest, former youth in care who are currently enrolled as students in the School of Child and Youth Care, or who have been clients of Angela Scott (research assistant) in the past will not be eligible to be interviewed as part of this study. By giving your consent, you are acknowledging that you do not meet these exclusion criteria.

What is Involved?

If you volunteer to participate in this research, you will be asked to respond to some questions about your experiences of coming into Ministry of Children and Family Development (MCFD) care, and about the moves and transitions between placements while in care. We are aware that discussing these experiences may bring up negative or painful feelings. You do not need to share

anything you do not want to talk about. If you feel the need to discuss your feelings outside of the interview, we will connect you with a representative of the Federation of BC Youth in Care Networks or provide contact information for another agency service or counselor who can talk with you and offer personal support.

Voluntary Participation

Your participation in this research is completely voluntary and you may withdraw from the research interview(s) at any time without explanation. Your decision to participate, or to decline to participate will not have any negative implications for you. If you do participate in the interview(s), in recognition of your time and effort we will provide you with a \$25 VISA gift card for one session, and an additional \$25 VISA gift card for participating in both an individual and group interview session.

Recording of Interviews

The researchers are requesting your permission to audio record the interviews for ease of transcription and analysis. No one other than the three project researchers will review the audio recordings, and the recordings will be stored in a secure and locked location. The recordings will be deleted once the final report is completed. Please indicate your approval for recording by initialing the “consent to audio-record” statement at the bottom of this form.

Anonymity and confidentiality

Though we will not disclose to others that you are participating in this research study, if you are part of a focus group, the other group members will be aware of your participation. By signing this consent form, you are agreeing not to share personal information shared by group members to others outside the group.

The researchers depend upon the assurances of participants to keep information shared in the group interview confidential, however we are not in a position to control what is shared outside the group session. We will use a coding process that protects your anonymity on all information we collect, and you will not be personally identified in any reports or presentations that are generated from the information collected.

Withdrawal from the Study

If at any point you wish to withdraw from the study, you will be asked to indicate on a signed “Consent to Use Data on Withdrawal from Study” form whether or not the researchers may use the personal data you provide in their analysis and reports. Please be aware that in some group discussions, it may not be possible to remove all personal data you have provided, but we will do our best to edit such data out of our analysis and reports.

Dissemination of Results

It is anticipated that the results of this study will be shared (in anonymous form) with others in a variety of formats: an academic thesis, project reports, journal articles, at professional meetings and in conference presentations. All original audio and written materials (“raw data”) from this

study will be disposed of once the final report has been accepted by the funder (MCFD).
Electronic data will be erased and paper copies will be shredded.

Contacts

The individual to contact regarding this study is the principal investigator, Dr. Jim Anglin (email address is janglin@uvic.ca and cell phone number is 250-721-8550).

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

My signature below indicates that this consent form has been explained to me and that I have had the opportunity to have all my questions answered. Further, I understand the conditions of participation in this study as outlined on this form.

I agree to participate in this research study entitled “**Removal and Transitions of Youth in Care.**”

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
 <i>_____ I give my consent for my interview to be audio-recorded.</i>		
_____	_____	_____
<i>Name of Interviewer</i>	<i>Signature</i>	<i>Date</i>

A copy of this consent will be left with you, and a copy will be taken by the researcher

