

OUT OF CARE AND HOMELESS IN MANITOBA

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Outline



1. Background: CFS in Manitoba
2. CFS Youth at RaY
3. RaY's Responses and Outcomes

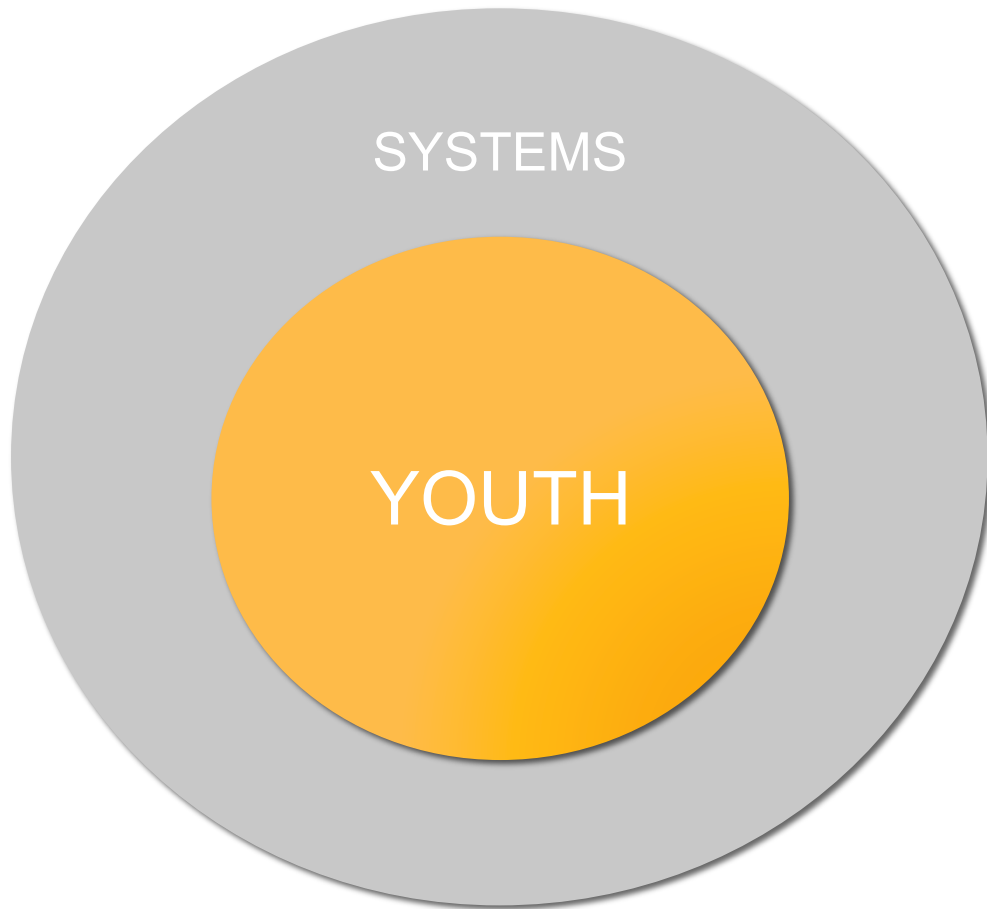
Background: Aging out in Manitoba

- **10,293** Children in Care in Manitoba (March 31st, 2014)
 - Represents 3.6% of Manitoba's children
 - **87% are Aboriginal** (Inuit, Metis, Non-Status, Treaty Status)
 - 20-60% of children in care are estimated to live with a developmental disability
 - 17% have or are suspected of having FASD
 - 542 Extensions of Care in 2013-2014
 - 25% Increase in Extensions of Care from 2012-2013

Girls in Care

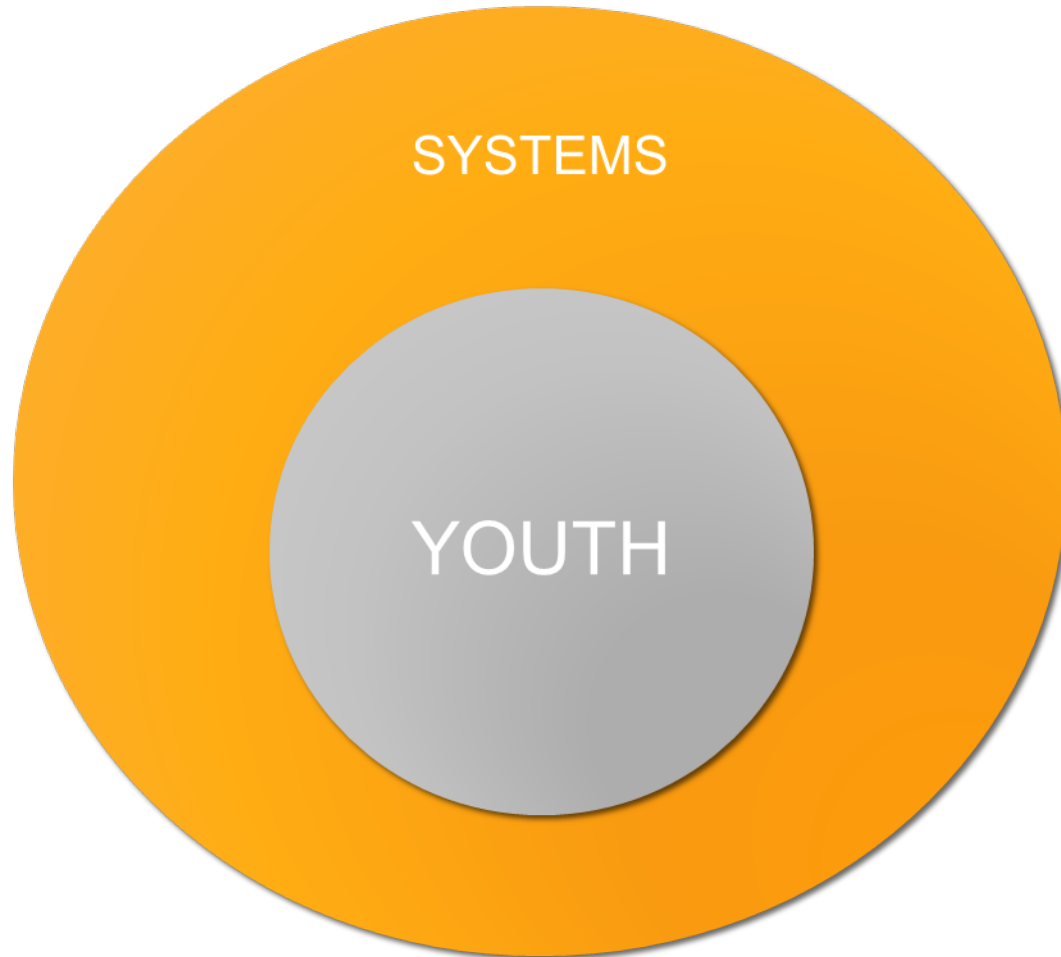
- The highest proportion of children in care are females ages 13 to 17 (2012)
- **69%** of all reported missing children and youth in Manitoba are girls (n=4487, 2014)
- Vulnerable to sexual abuse, sexual exploitation, sexual assaults, physical assaults and murder in Winnipeg
- Less visible, less likely to access RaY services (63% male), more visible on Street Outreach (66% female).

Youth Homelessness at RaY



- 62.9% Male
- 57.7% Aboriginal
- 56.7% reported having mental health conditions
- 91.8% used alcohol or other substances in the last three months (n=180)

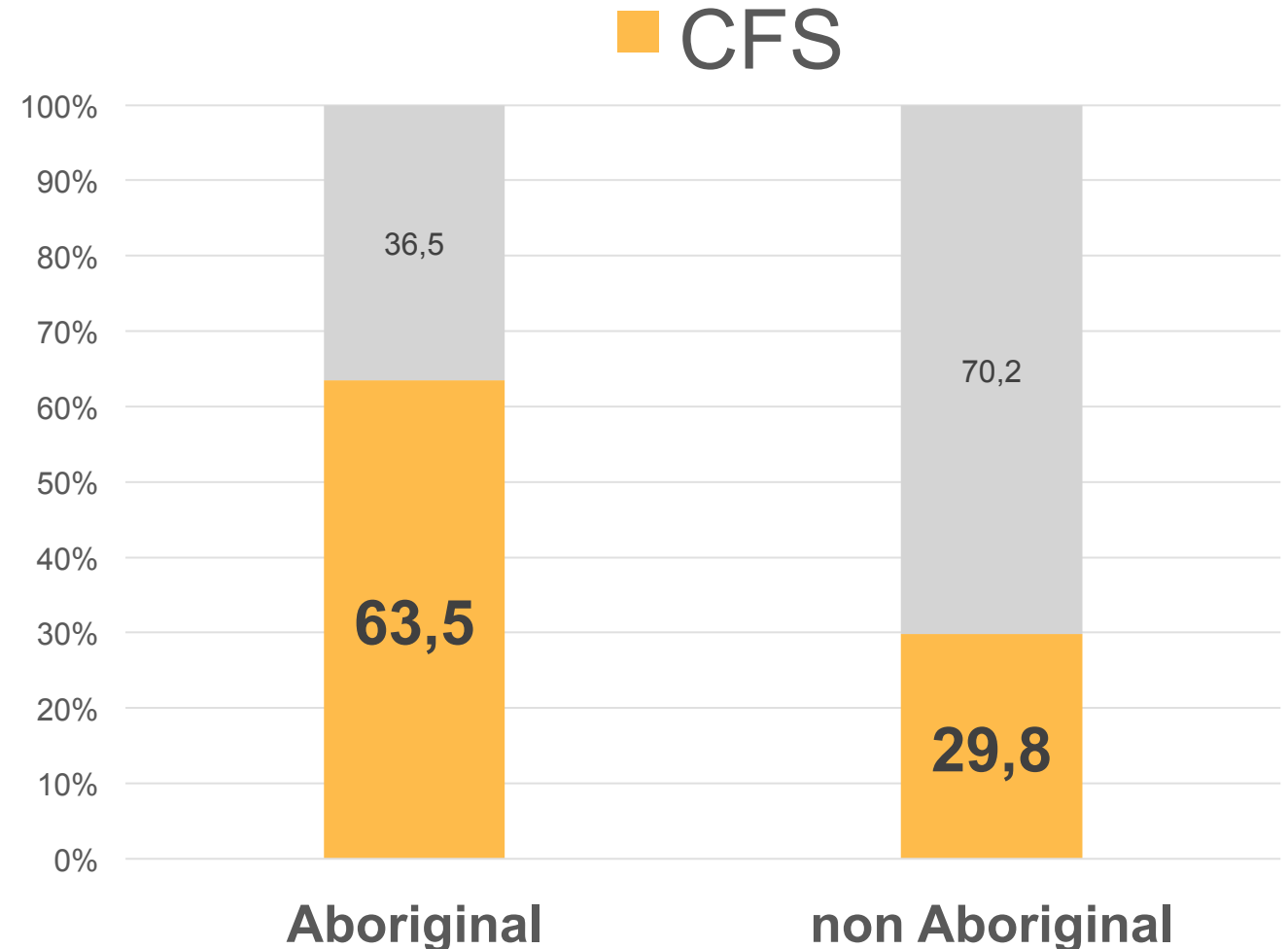
Youth Homelessness and Systems Failure



- More than **half** (51.5%) had been wards of CFS
- 12 average placements
- Max **54** placements

Aboriginal Youth Homelessness and CFS

63.5% of
Aboriginal youth at RaY
reported being wards of
CFS



Are we teaching kids how to be homeless?

- Abuse, neglect, trauma, disability, family violence
- Enter CFS Care
- Abandonment, anxiety, depression
- Multiple placements → lack of social/family supports
- Behavioral issues → school failure
- Lack of trust in systems and people
- Criminal involvement and drug use, negative attachments
- Regular running away
- Chronic placement breakdown
- Exit CFS Care
- No transitional plan

Out of Care in Manitoba

Dependent / Vulnerable



NO LIFE EXPERIENCE

- Cooking
- Navigating Systems

- Tenancy
- Financial Management
- No resume / work experience

No Mentors /
No Supports

Homeless

Lacking skills to systems
navigate or self advocate

Mental Health and
Addictions Issues

Low Literacy /
Low Self Esteem

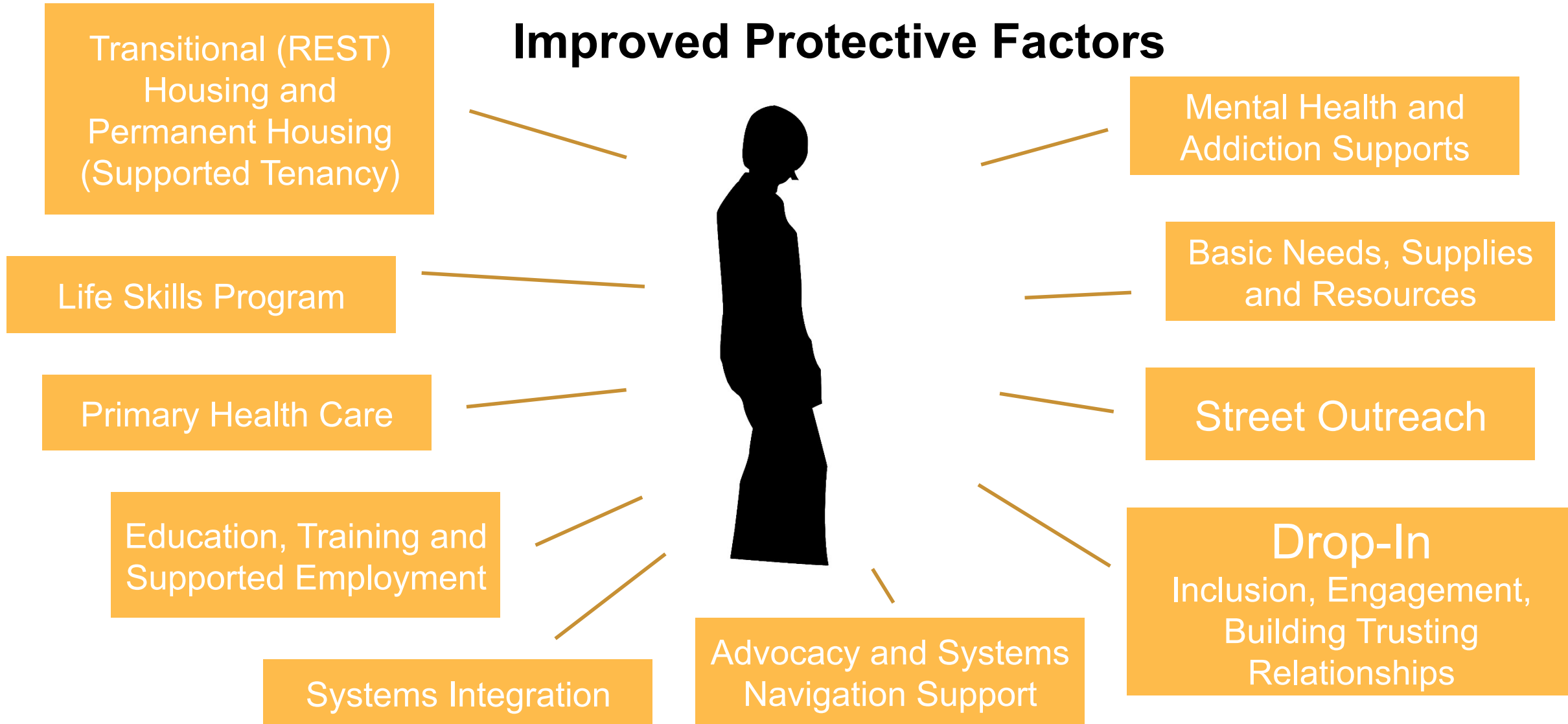
No trust in systems/
services

No Identification

NO PLAN

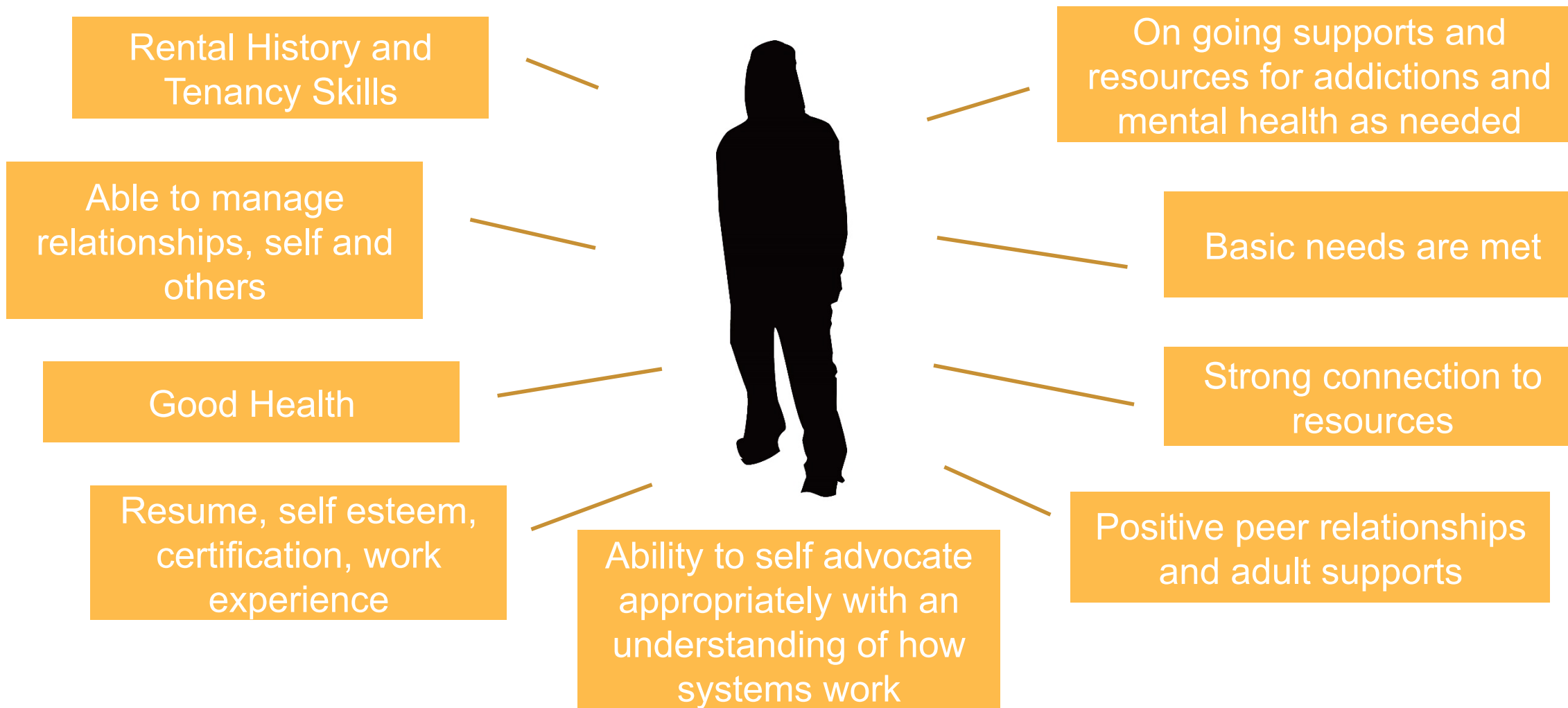
RaY's Programs Foster Independence

Improved Protective Factors



Ideal Outcomes

Interdependent and Self Sufficient



Resource Assistance for Youth:

What we do and how it works



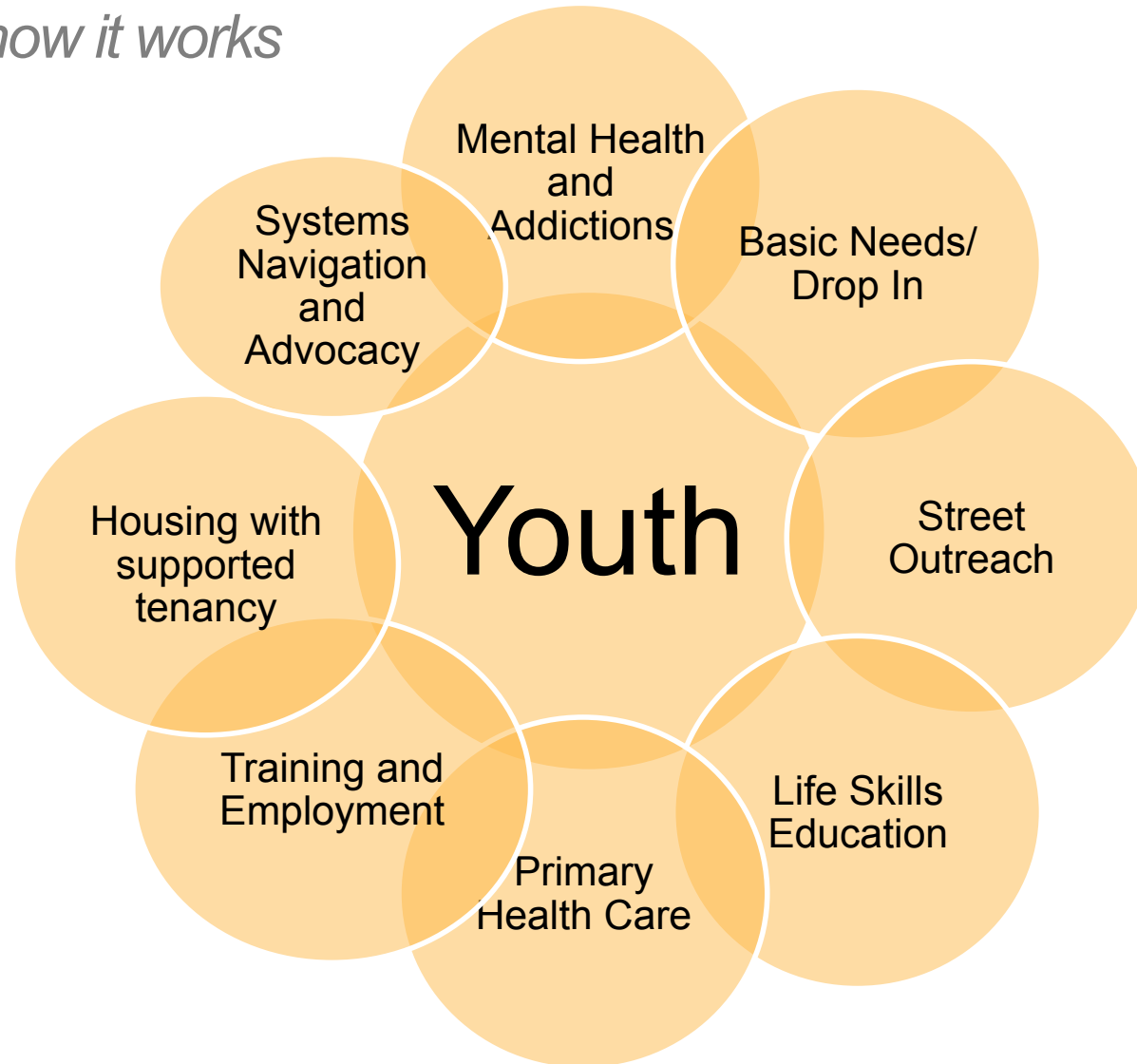
Youth centered

Strength-based

Non-judgmental

Harm-reduction

Determinants of Health



Integrated Services

Gender sensitive

Culturally Competent

Voluntary/Non Mandated

Why is RaY successful?

CORE COMPONENTS OF RAY'S MODEL

1. Low-barrier entry
2. Tailoring services according to youth's self-determined needs and goals
3. Integrated services, to meet the complexity of needs
4. Trusting relationships with youth, based on a non-judgmental, harm-reduction, trauma-informed, youth-centered approach
5. Advocating for youth when navigating governmental systems
6. One-stop-shop (accessibility)

CFS Exit Checklist

- Identification (SIN, birth certificates)
- High School Diploma
- Life map /exit plan
- Housing plan
- Healthy family connection
- Resume (work experience)
- Drivers Licence
- Able to cook a meal (or two)
- Tenant Rights and Responsibilities
- Support people
- Budgeting and financial management
- Bank account, with savings account

No DUMPING! Instead, thoughtful planning

- Coordinated system planning around the youth
- Family reconnect options
- Community resource tours
- Care is extended should a youth be in treatment or custody
- Should the youth have a mental health history – a plan with supports should follow a youth out of care
- Prescriptions,
- Eye glasses, dental work
- System navigation 101



In Closing..

Systems integration can happen on a small scale
with big impacts.

Let`s break the silos!



THANK YOU!!!

The 360° Evaluation can be found online at : www.rayinc.ca

Twitter: @RaYWinnipeg

Facebook: facebook.com/RaYWinnipeg