

Final Report

Based on a Three Year Longitudinal Study



When Youth Age Out of Care — Where to from There?

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with assistance from Erinn Brown

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Research Initiatives for Social Change unit

School of Social Work
University of Victoria

In partnership with

BC Ministry of Children and Family Development,
Greater Victoria Child and Youth Advocacy Society
National Youth in Care Network



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Table of Contents

Acknowledgements	v
Abstract	vi
1 Introduction	1
Project Overview, Goal and Objectives.....	1
2 Background and Literature	3
3 Research Process	6
Research Design.....	6
Participants	6
Criteria for Participation and Recruitment	7
Data Instrument	7
Data Collection Processes	8
Retention Efforts	8
Attrition Findings: Comparison of Participants Lost With Those Who Remained	8
4 Findings	11
Participants’ Stories	11
Living Arrangements and Homelessness	17
Education	18
Income	20
Parenting and Pregnancy.....	21
Physical and Mental Health	23
Substance Use	26
Involvement in the Criminal Legal System	29
Experience of Victimization.....	30
Family Relations.....	31
Social Support	33
Post-care Experiences.....	37
5 Discussion and Conclusions	41
Housing Stability and Transience.....	41
Education	42
Employment and Income.....	42
Pregnancy and Parenting.....	43
Physical and Mental Health	43
Substance Use, Criminal Activity and Victimization.....	44
Family Relations, Community Involvement and Social Support.....	44
Reflections on the Research Process and Lessons Learned	45
Conclusions	46
References	48

Charts

Chart 1. Income Level at Time 1	21
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Tables

Table 1. Age at First Interview, by Gender.....	6
Table 2. Number of Male and Female Participants.....	7
Table 3. Comparison of “Completer” and “Attrition” Participants.....	9
Table 4. Income Level	21
Table 5. Number and Percent Age of Youths Who Were Pregnant/Parenting	22
Table 6. Age of Participants’ Children at Time 4	22
Table 7. Youth Rating Their Health as “Excellent” or “Good”	24
Table 8. Presence of Mental Health Condition/Symptoms	24
Table 9. Current Physical Health Concerns	25
Table 10. Current Mental Health Concerns.....	25
Table 11. Last Appointment With a Dentist	26
Table 12. Frequency with Which Youth Used Food Hampers	26
Table 13. Alcohol Use	27
Table 14. Drinking “To Get Drunk”	28
Table 15. Marijuana Use	28
Table 16. Involvement in Criminal Activity	30
Table 17. Victimization Experiences of Youth	31
Table 18. Feeling of Connection with Mother, Father, Sibling(s), and Extended Family	32
Table 19. Frequency of Contact with Mother, Father, Sibling(s), and Extended Family	32
Table 20. Youth Reporting Close and Trustworthy Friends	34
Table 21. Involvement in Community Activities, Including in Support Groups	34
Table 22. Presence of Someone Providing Practical Support.....	36
Table 23. Presence of Someone Providing Emotional Support.....	36

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Abstract

The Promoting Positive Outcomes for Youth From Care project was a prospective, British Columbia study designed to examine what happened to youth following their exit from government care. The project followed 37 youth over a 2.5 year period between 2003 and 2006; data were collected through a series of four face to face interviews, scheduled 6-9 months apart, using both an open-ended and fixed choice interview format. As another aspect of the research, the project provided “peer support” to the youth.

This paper reports on the life circumstances of the youth participants from Time 1 to Time 4. As with the two previous reports (Baseline Report on Findings; Bulletin of Time 2 Findings), findings presented in this Final Report continue to present a disquieting picture of youths’ life circumstances. Not unlike existing North American literature on youth from care, youth from this study were found to: have a lower level of education; be more likely to rely on income assistance as their main source of income; have a more fragile social support network; experience considerable transience and housing instability; and be parenting. In relation to criminal activities, youths’ involvement with the criminal justice system declined over time. However, subsequent to leaving care, they continued to be victimized in various ways.

A striking finding was the relationship between mental health issues and parenting — the majority of participants who were parents also reported mental health concerns such as depression and anxiety; similarly, the majority of participants who had mental health issues were parents.

As well, in stark contrast to recently released census data highlighting the growing trend for young people to reside in the parental home well into their 20s, the majority of youth in this study did not live with their parents or other family members. Moreover, once these youth turned 19 they no longer had their “state parent” for support.

In sum, study findings led to the conclusion that what is needed is a rethinking of existing government policies, programs, and priorities, along with the role of communities and families in supporting youth from care. Central to this rethinking is our key message and primary recommendation:

—that youth from care need to have as gradual and extended a transition process to adulthood as youth in the general population.

1 Introduction

Child protection in Canada is the jurisdiction of provincial and territorial governments. In British Columbia, the Ministry of Children and Family Development (MCFD) has legislative responsibility for the investigation of child protection concerns and for children removed from the home as a result of an investigation. Children or youth living “in care”¹ may be placed in one of the following options or living arrangements:

- foster home;
- group home;
- receiving homes (temporarily);
- relative’s home; or
- independent living program².

Children can be in care with MCFD as Continuing Custody Order (CCO) wards³, Temporary Custody Order wards⁴, or through voluntary care agreements⁵.

Over the course of this study’s approximate time span, the number of children reported to be living in care in BC went from 10,450 in 2002, to 9,080 in 2005 (Farris-Manning & Zandstra, 2003; Child and Youth Officer for BC, 2006). Nevertheless, the number of children/youth in care per 1,000 children/youth in the general population in BC did not change over this time period: for each 1,000 children up to age 18 living in BC, roughly 10 were in care (Ministry of Children and

Family Development, 2004; Child and Youth Officer for BC, 2006). In 2005, 60% of BC children in care were Continuing Custody Order wards, and 40% were in temporary care (Child and Youth Officer for BC, 2006).

Based on our analyses of data published in the Child and Youth Officer’s and the BC Provincial Health Officer’s Joint Report (2006) on the health and well-being of children in care, in 2005 approximately 680 children in care in BC were age 18 and thus “aged out” of care in 2006, and approximately 700 were age 17, and would “age out” by 2007. In 2005, 17 and 18 year olds represented 15% of the total number of children in care in BC.

Project Overview, Goal and Objectives

The *Promoting Positive Outcomes for Youth From Care* project is a British Columbia study that was designed to examine what happens to youth following their exit from government care. The project was sponsored by the School of Social Work, University of Victoria, and received funding from the Crime Prevention Partnership Program of the National Crime Prevention Centre (NCPC), from 2003–2006.

The *Promoting Positive Outcomes for Youth From Care* project was conceived to address a gap in our knowledge and understanding of what happens for

1 A number of terms are used in the literature to refer to being in the care of the child welfare system, including being “in foster care”, “in substitute care”, “in government care” and simply “in care”. In this report we use these terms interchangeably, and most often use the latter (“in care”), since that is the term most often used by youth themselves.

2 Independent Living is a program to help youth in care, aged 16 or older, to become more independent.

3 Child may be adopted if legally s/he is in the care of the Director, who is sole guardian. Parents may apply for access.

4 Child is legally in the care of the Director, but may not be adopted and parents have right to access and to be consulted on most decisions

5 Parents or guardians retain custody; parents have access to the child and generally retain decision-making rights over various aspects of the child’s life, such as education, religion, and medical care (except emergency).

youth once they leave government care. The overall goal of the project was to better understand the processes, supports, and resources that make a positive difference to youth and that help to lead to a successful transition from care.

The study's primary objectives were to:

- Examine the developmental trajectories of a sample of youth from care, following their exit from foster/government care, particularly in relation to social relationships, involvement with the criminal justice system, education and employment.
- Provide opportunities for youth to voice their experiences of aging out of care and their perspective on how successful transitions are defined.
- Examine how policies and programs can affect (i.e. help or hinder) successful transitions from care.
- Examine strategies to provide youth with peer support during the process of transitioning out of care.

The project followed 37 youth over a 2.5 year period. In addition, the project built in a peer support component whereby young adults who had lived in care were available to offer support to the youth participants over the course of the project. As an aspect of the research, the project explored whether and how the provision of "peer support" made a difference to youth following their exit from care. The project team was comprised of two researchers with experience undertaking academic

and community-based research, and two former "youth in care" experienced in providing peer support.

This report provides findings based on four waves of interviews that took place with youth participants during the course of the study. It addressed the a number of research questions, including:

- What are young people's experiences and status over time in relation to various life domains including social relationships and support, physical and mental health, criminal justice system, education and employment, during the period of their imminent or recent "aging out" of care?
- What are young people's perspectives on aging out of care, their sense of preparedness for living on their own, and their experiences post-care?

Following this introduction, Section 2 provides background information on the project and a very brief summary of relevant literature. Section 3 describes the research process including the design of the project and an overview of study participants. Data collection tools are also described. Section 4 provides the findings; data are reported in relation to 11 life domains as well as several topic areas relating to participants experiences leaving care. Section 5 provides a summary and discussion of the findings.

This report primarily addresses findings in relation to the first two project objectives; findings in relation to the other project objectives will be addressed through upcoming publications.

2 Background and Literature

Late adolescence is a time of multiple transitions, as youth prepare to take on the ever increasing responsibilities associated with emerging adulthood such as work, relationships, community involvement, and managing their own health and well being (Fisher et al, 1986). For most youth, these transitions represent processes that take place over a period of time and with the support of family, friends, and community. Indeed, the norm over the past two decades has been for young people to delay many aspects of their transition to adulthood by remaining in the parental home well past high school completion and the age of majority. This trend has increasingly pushed “juvenile dependency” well into young adulthood (Myles, n.d.). According to 2001 census information, 57% of Canadian youths age 20-24 were living with their family (Service Canada, n.d.; Canadian Council on Social Development, 1996), a percentage that has been steadily increasing since the 1970’s (Myles, n.d.). Moreover, recently released census data for 2006 showed that the trend of young people in their 20s living with family was continuing: 44% of BC young adults age 20-29 were living at home with family (<http://www12.statcan.ca/english/census06/data/index.cfmcite>). Thus, for the majority of Canadian youth, the transition from late adolescence is not completed until youth enter their mid-20s (Service Canada, n.d.).

Research has further shown that growing numbers of young adults are living at home into their 30s: for example, between 1981 and 1996, the percentage of young women aged 20 to 34 living at home increased from 16% to 23%; during the same timeframe, the percentage of young men aged 20 to 34 living at home rose from 26% to 33% (Boyd & Norris, 1999). This shift in social patterns was the result of changes that occurred within community and family structures (Boyd & Norris, 1999; Ravanera et al., 2003). Fluctuations in the economy, including loss of

well paying manufacturing jobs and rising education and training expectations for remaining jobs, meant that young people increasingly made the choice to postpone adulthood. With some exceptions, notably youth from disrupted families who may not have the option to delay “growing up”, the trajectory for the current generation of young adults has become more prolonged and now includes completion of education (including several years of post-secondary education), followed by entry into a career path, and finally, by establishment of their own home and family (Ravanera et al., 2003).

Notwithstanding and in stark contrast to this broader social trend, the child welfare system severs its formal role as “parent” as soon as a young person reaches the age of majority, which in BC is age 19. As such, these young people face an additional transition — from being in the care of the child welfare system to “aging out” of care. Moreover, government’s role as parent comes to an end with sharp finality, regardless of the youth’s readiness, experiences and financial, emotional, and practical support needs. It may be argued that youth leaving foster care at the age of majority do so in a more “depersonalized and irreversible way” (Leslie & Hare, 2000, p. 20) than do most mainstream youth leaving home. For youth leaving care, entry into adulthood is more akin to an “expulsion” than a transition.

Yet, in terms of youths’ experiences and needs, the literature has revealed that young people living in care have commonly experienced significant trauma, abuse and neglect, including the sometimes neglectful parenting of the government care system (Raychaba, 1988; Courtney et. al, 1998). These experiences leave many youth attempting to cope with unresolved internal conflicts when they age out of care. As well, youth who enter care as permanent wards are less likely to have a connection with family members than are those who enter care as temporary wards

or through voluntary care agreements (Schibler & MacEwan-Morris, 2006). Thus, when they leave the child welfare system, many cannot count on the ongoing parental and familial support enjoyed by most adolescents in the general population. According to Flynn (2003), a significant proportion of care-leavers need emotional support along with practical assistance to locate suitable housing, educational programs, and employment, and to establish rewarding personal relationships.

In sum, youth leaving care are under pressure to do more, sooner, and with fewer internal and external resources than their peers. In view of the magnitude and degree of these issues, there is good reason to suspect that when the transition from foster care is not well supported, youth are at greater risk for homelessness, sexual exploitation, victimization, and involvement in the criminal justice and child welfare systems when they “age out” of care.

Although Canadian research focusing on transitions of and outcomes for youth leaving care is limited, the existing Canadian literature suggests that youth experience numerous challenges upon aging out of care. For example, a study by the Ontario Association of Children’s Aid Societies of youth living on the Extended Care and Maintenance program⁶ or recently graduated from care found that youths’ principal concern was lack of reliable emotional support, described as “loneliness, having no one to talk to, and having no one to turn to when uncertain or confused”, followed by lack of financial support (OACAS, 2006, pg 6). Similarly, Tweddle (2005) noted that the findings regarding outcomes for youth from care “painted a disturbing picture”, based on her review of the Canadian and international literature. Tweddle’s synthesis is congruent with our own analysis of research undertaken in Canada, the UK, US and Australia, revealing that relative to their “mainstream” counterparts, many youth from care:

- have not completed their high school education, (Courtney et al, 2005; Schibler & MacEwan-Morris, 2006, Tweddle, 2005);

- lack personal stability and support in the form of someone who cares about how they are doing (Collins, 2001, Courtney et al, 2005; OACAS, 2006; Rutman et al, 2003);
- become parents at a young age (Mendes, 2003; Mendes, 2003; Tweddle, 2005);
- experience health and mental health problems (Courtney et al, 2005);
- struggle with issues of poverty, homelessness, and underemployment (Leslie & Hare, 2000; Mendes, 2003; OACAS, 2006; McCreary Centre Society, 2007; Tweddle, 2005); and
- often lack practical skills such as grocery shopping, meal planning, budgeting, decision-making and self advocacy (Rutman et al, 2001).

While there is a paucity of Canadian research in this area, *longitudinal* research on outcomes for Canadian youth from care is essentially non-existent and has been recognized as a major knowledge gap by researchers, practitioners, and policy makers alike (Craig, 2001). The near absence of longitudinal literature in this area is understandable given the methodological challenges and systems-related barriers associated with undertaking the research. For example, administrative systems have not traditionally been set up to track youth once they cease to be the government’s responsibility. As such, it can be difficult to know how or where to contact youth after they leave their foster family, group home, or other caregiving environment. As well, youth are a transient population, often moving multiple times in search of employment, education, affordable housing, relationships, and so forth. These factors compound the difficulties in tracking youth over time.

Nevertheless, in order to begin addressing this knowledge gap, the current project has been examining how young people fare in the first few critical years following their exit from foster care. In our report based on Time 1 data (Rutman et al, 2005), we presented findings indicating that, relative to youth who have not lived in care, youth from care:

⁶ A program in Ontario that allows youth to receive some supports until age 21.

- had a lower level of education;
- were more likely to be on income assistance at age 19;
- engaged in higher levels of alcohol and drug use;
- had a more fragile social support network, as well as tenuous ties to family; and
- reported that their single biggest health condition was depression.

Based on our Time 2 interviews, the picture that emerged of these young people's experiences continued to be disquieting (Rutman et al, 2006). Key Time 2 findings included:

- Transience was considerable – 30% of participants had moved four or more times in the first year and a half after leaving care.
- Homelessness had been experienced by 45% of participants.
- More participants were on income assistance at Time 2 than Time 1.
- Nearly a third of participants (30%) were now young parents, and of those, 60% had had some

type of Ministry of Children and Family Development involvement.

- Youth reported financial hardship as the worst or most challenging aspect of leaving care, along with the loss of supportive relationships.
- Depression continued to be the most frequently reported health issue. Depression and/or depressive symptoms/treatment was experienced by 48% of participants, a jump from 38% at Time 1.

Findings at Time 1 and Time 2 also suggested fragility in the social support networks of many youth; a tenuous social support system is particularly worrisome for youth who experience mental health problems. While many youth continued to remain in contact with and receive support from former foster parents and social workers, in other cases, these relationships ended upon the youth's reaching the age of majority and exiting care. Youth noted the unnaturalness, arbitrariness and finality of the severing of these relationships and experienced them as a loss that challenged their successful transition from care. Clearly, these findings are fully in keeping with the literature discussed above.



3 Research Process

Research Design

The project was a prospective, longitudinal (3-year) study that followed a cohort of 37 youth in transition from care over a 2.5-year period. Two BC communities were involved: a metropolitan centre and a small city. Youth were invited to participate in a series of four in-depth face-to-face interviews, scheduled at approximately 6 to 9 month intervals. The study was also a qualitative exploration of how “peer support” was experienced and used by youth in their transition from care. Youth participants self-selected whether they wanted to receive peer support, which was offered by two young adults who themselves had lived in care to address issues identified by the youth on an as-needed basis.⁷

Participants

The study began with 37 participants. Over three-quarters of the study cohort were female (78%; n=29), and slightly under one-quarter (22%; n=8) were male. In total, at Time 1, 46% were under the age of majority (i.e. under 19) and 54% were past the age of majority and therefore had already aged out of care. Table 1 provides a breakdown of participants by age and by gender at Time 1.

We anticipated at the outset of this study that participant attrition would likely be an issue given that

Table 1. Age at First Interview by Gender

	Gender		Total
	Female	Male	
Age 17	0	1	1
18	15	1	16
19	9	4	13
20	5	2	7
Total	29	8	37

this was a prospective study. Indeed, as youth “aged out” of care, a number of participants were lost to attrition. At Time 2, four youth were lost, bringing the total number of participants to 33. At Time 3, seven more youth were lost, bringing the number remaining in the study to 26; at Time 4 an additional 5 youth were lost or dropped out, bringing the total number of participants to 21. Table 2 shows participation in the study over time and by gender.

In terms of the reasons for participant attrition, all were lost because they could not be located by the research team; none of the participants refused to participate. Additional discussion regarding the characteristics of participants lost to attrition is provided at the end of this section.

⁷ Our original project design was quasi-experimental: one (self-selected) sub-group of youth was to receive one-to-one peer-based support, a second (self-selected) group of youth was to take part in small group workshops focusing on different aspects of transitioning out of care, and the third (self-selected) sub-group was to serve as a Comparison group for the duration of the project. However, early on in the project it became apparent that the youth participants were not interested in participating in workshops; their needs for support often were immediate and crisis-driven. Moreover, it also quickly emerged that there were few if any other people available to assist or support a number of the youth in our study; as well, we were struck by the range and fluctuating nature of youths’ support needs (i.e., some youth wanted discrete and intermittent practical support while others needed ongoing practical and emotional support). Thus, we modified the study’s design such that all youth were eligible to receive support at any time. This design was best suited for a qualitative examination of the impacts and processes involved in supporting youth following their exit from care.

Table 2. Number of Male and Female Participants

	Gender		Total
	Female	Male	
Time 1	29	8	37
Time 2	27	6	33
Time 3	20	6	26
Time 4	17	4	21

Participants were also asked their cultural/ethnic background. Unfortunately, participants' responses were often difficult to categorize — a possible consequence of the interview guide's open-ended response format for this question. For example, 37% of participants said they were of mixed ancestry, but "mixed ancestry" was not always defined. Nine percent of the sample identified themselves as being Aboriginal; in addition, a number of other participants reported being of "mixed" Aboriginal and non-Aboriginal ancestry. Still other participants who later told us they were Aboriginal did not identify themselves as such at the time of the first interview. In addition, 34% of the sample identified themselves as Canadian, but did not elaborate on their cultural heritage.

Criteria for Participation and Recruitment

Initially the criteria for participation in the project were: (a) youth in care of the Ministry; who either (b) turned 19 in 2003 *or* would be turning 19 by March 2004. The latter criterion was expanded by nine months to December 2004, to allow for inclusion of more youth⁸.

The BC Ministry of Children and Family Development was the primary source of participant referral/recruitment, particularly in the smaller community.

The research team met with the relevant child welfare or youth teams in each community to discuss the project and to request Ministry staff's involvement in identifying eligible youth and recruiting them to take part in the study. A variety of other recruitment strategies were employed as well, including putting up posters in youth friendly organizations and alternative schools, talking with foster parents and school counsellors, and speaking with youth participants from a previous youth-based project that we had undertaken.

Over the course of the extended participant recruitment stage, we received the names of 57 youth; the project team then followed up each referral. Nine of the 57 youth (16%) were ineligible due to their age, eight others (14%) could not be reached via the available contact information, and three youth did not show up for the interview that had been arranged, and then could not be reached subsequently. In the end, 37 youth (65%) were eligible and agreed to participate in the project. Our sample of 37 youth represented 27% of the total population of youth (N=135) who would be aging out in 2003 or 2004 and who lived in the study's catchments area (Russell, 2004).

Data Instrument

An interview guide was developed based on a review of the literature and consultations with national colleagues. The core topic areas of the Time 1 Interview Guide were as follows:

- Contact information and demographics
- In-care experiences and current living arrangements.
- Pregnancy and parenting
- Health
- Substance use

⁸ Our original aim was to interview approximately 45 youth, which would have represented approximately 50% of the youth aging out of care between January 1, 2003 – March 31, 2004 in the two study sites (Russell, 2004). However, we received contact information for fewer youth than anticipated, and thus extended our age criterion. Participant recruitment challenges included changes within the provincial child welfare system that led to the amalgamation of child welfare offices and teams, and difficulties contacting the youth who identified themselves to us.

- Educational experience
- Training and Employment experience
- Financial/source of income
- Family relations; connections to family and frequency of contact
- Social supports and community involvement
- Involvement in the criminal legal system and victimization experience
- Self-care skills
- Defining a successful transition from care
- Preparedness, support for leaving care and future plans

The interview guide and accompanying informed consent forms were pilot tested with two youth from care. Minor revisions were made to both instruments in response to their feedback.

Data Collection Processes

Youth were invited to participate in a series of interviews, scheduled at approximately 6 to 9 month intervals; the Time 1 interview was used to establish baseline information for each youth.

An informed consent process was adhered to prior to commencing interviews. All participants read or were read a consent form, and there was opportunity for discussion and questions regarding informed consent issues. Participants recognized that their involvement in the study was completely voluntary, and, since the research was multi-year, that the consent process would be reintroduced at each point of data gathering.

The Time 1 interview took about 90 minutes to complete, and the Time 2, 3 and 4 interviews took approximately 60 minutes to complete; all interviews were conducted face to face. The interviews were not audio-taped; however, detailed notes were made by interviewers at the time of the interview, with every effort made to record participants' comments in their own words and terminology. To ensure that everyone on the project team had knowledge of the participants, each youth was interviewed by two members of the research team.

Retention Efforts

The project adopted several strategies designed to promote retention of youth participants. These were:

- Consistent pairing of interviewer and youth (i.e. the same person interviewed the youth each time).
- Providing an honorarium of \$25.00 for each completed interview.
- Holding the interview in a location and at a time of the youth's choice.
- Including additional contact information and/or people such as email, parent, grandparent, boyfriend, girlfriend, etc.
- Having regular telephone contact with participants to update contact information.
- Conducting interviews every six to nine months, rather than annually.

Attrition Findings: Comparison of Participants Lost With Those Who Remained

As part of our analyses, we compared participants who remained in the study with participants who were lost due to attrition. It was important to explore whether and how these two sub-groups of participants may have differed at Time 1, in order to potentially inform the interpretation of our longitudinal findings (see Ahern, 2005, for a discussion of the importance of examining attrition effects in longitudinal research).

Tests for differences between these groups were performed on all Time 1 demographic and life domain variables including age, education, employment, parenting status, physical and mental health, substance use, involvement with the criminal system, family relations, and social support.

The results of our analyses showed that the two groups differed on a few characteristics at Time 1: our Attrition group was younger (independent group t-test, $t=2.09$, 35 df, $p=.04$); they had less frequent contact with their mother (independent group t-test, $t=2.26$, 29 df,

p=.04); and fewer were pregnant or parenting. As well, there were trends indicating that the Attrition group had better self-reported health and fewer participants in this group reported symptoms of depression, though these group differences were not statistically significant. These group differences are shown in Table 3.

Although it is not readily apparent why more participants from the “Attrition group” were under age 19, we suggest that, because they were younger and thus on the cusp of exiting care, these participants’ living situations were on the brink of becoming more unstable (i.e. post-care) than the “Completer group”, the majority of whom had already been on their own for several months.

Similarly, we suggest that between-group differences in terms of parenting status may be linked to the relatively greater degree of stability amongst the pregnant and parenting participants, such that it was comparatively easy for the researchers to maintain contact with these participants. This hypothesis is strengthened by the fact that participants reported “settling down” when they became parents; they

also reported connecting with various community services or organizations, which is how they may have perceived our longitudinal study and peer support opportunities.

We can offer no hypothesis regarding the between-group differences in relation to self-reported health and mental health, other than to suggest that healthier youth may have felt less in need of support and/or in need for the contact that the study provided; we also note that a very high percentage of the parenting youth in our study also reported depression or other serious mental health problems. Nevertheless, these between-group trends need to be considered when examining the study’s health and mental health findings over time.

While the above between-group differences existed, there were no between-group differences at Time 1 on the majority of interview variables, including participants’ status while in care (e.g. being in Continuing care, Voluntary care, etc.); their age when they first entered care; and their number of placements and length of time in care. There also were no differences in terms of family relations with the

Table 3. Comparison of “Completer” and “Attrition” Participants

Variable/Life Domain	Attrition group (n=16)		Completer group (n=21)	
Age and living situation at Time 1				
Mean age; standard deviation	18.25	.58	18.67	.62
<19 years old	11	70%	9	43%
19+ years old	5	31%	12	57%
Living with foster parent	5	31%	0	0%
Frequency of contact with mother at Time 1				
Once a week or more	6	38%	12	58%
Pregnant or parenting at Time 1				
	0	0%	5	24%
Self-reported health at Time 1				
“excellent” or “good”	12	75%	12	58%
Self-reported depression at Time 1				
	4	25%	10	48%

exception of frequency of contact with mother (i.e., no differences in terms of connectedness and frequency of contact with father, siblings or extended family, and feelings of connectedness with mother). Further, there were no group differences in terms of substance use, criminal involvement, and social supports at Time 1.

4 Findings

Participants' Stories

We begin by sharing the stories of two participants, Margo and Cassie (both are pseudonyms). Their stories speak to some of the experiences of the study participants as well as the kinds of issues they faced upon leaving care.



Margo At Time 1 – Prior to Leaving Care

Margo was born in Africa but identified herself as Canadian. She had “aged out” of care six months prior to the time of the first interview.

Margo was a permanent ward and had lived in care since she was 15, just shortly after coming to Canada. Margo still had a strong relationship with her former foster parent, whom she referred to as “Mom”. Her birth mother was deceased. Margo was somewhat connected with her birth father and siblings, who lived in another city. When asked about the people who supported her in various areas of her life, the only people mentioned were her former foster parent and her former social worker.

Margo graduated from high school and at the Time 1 interview was working part time as a cashier in a grocery store. She struggled to earn adequate income and to find full-time work. One of Margo’s long-term goals was to attend hairdressing school. However, she was unaware that she might be eligible for financial assistance in the form of scholarships that would help her achieve this goal.

At Time 1, Margo reported that she had quit smoking cigarettes and that she didn’t use any form of recreational/street drugs. At the same time, she reported drinking at least 3-9 alcoholic drinks a week, usually as binge drinking on weekends with friends. Margo reported that she never had been in trouble with the law and never had an experience of victimization.

Upon turning 19 years old, Margo moved out of her foster home and into an apartment of her own. Margo said she felt prepared for leaving care. At the same time, Margo noted that now that she was on her own, she felt “worried about things”: She believed she needed support and information.

Margo At Time 2 – Early Days of Being On Her Own

At Time 2, Margo reported that she continued to struggle with finding adequate employment, and she had moved in with a roommate in order to make ends meet. She expressed dissatisfaction with both her housing and employment situations.

Other facets of Margo’s life remained unchanged: Margo continued to binge-drink on a regular basis with friends but she did not smoke or use recreational drugs. She also did not have any involvement with the criminal justice system or experience of victimization.

A major event during this time was a trip to Africa that Margo and her former foster mother took so that Margo could visit the country of her birth.

Following the Time 1 interview, Margo indicated that she wanted peer support through our project as well as assistance in accessing information relating to educational programs and scholarships, employment opportunities, and housing. Due to her trip to Africa, however, Margo and her support worker met only a few times between Time 1 and Time 2. Nevertheless, during this period Margo also was ending a relationship with a boyfriend, and was in frequent phone contact with the project staff for emotional support. Margo expressed that the peer support worker was one of the primary people to whom she turned for support, and she appreciated having someone with whom she could share her feelings and talk about relationship-related issues.

When asked what had been the most challenging aspects of leaving care, Margo's reply was: "Finances and social relationships". Her main supportive relationships continued to be her former social worker and foster mother, as well as her new boyfriend. Margo was still somewhat connected with her father and brothers, but they were geographically distant and they were not a source of day-to-day or emotional support.

Margo at Time 3 – Working Hard, But No Place to Call Home

In the 18 months between our first and third interviews with Margo, she had moved several times. At the time of our first interview, Margo was living on her own, in her own apartment. She then moved to an apartment with a roommate, then into her boyfriend's sister's house, then into a rented room, and finally into a different boyfriend's apartment.

Margo had a string of bad luck with roommates and landlords that contributed to the number of moves in this short timeframe. Her most recent move was not by choice, but because she found the landlord of her rental room to be using her phone illegally. Plans to move to another apartment then unraveled at the last minute when her potential roommates changed their minds about renting.

Margo considered herself to be homeless. Indeed, she viewed her move to her boyfriend's apartment to be temporary and was looking for somewhere else to live on her own again. Her main obstacle continued to be money.

Margo had been employed full-time at a low/minimum wage job since leaving care, although this had not been stable either. In addition to maintaining one primary job, she held several part-time minimum wage jobs over the past 18 months in order to pay for living expenses. Margo worked hard to make sure she was able to pay her bills, but she never seemed to have much left over at the end of the month. As a result, she lived pay cheque to pay cheque. She was trying to save up for the damage deposit required to obtain an apartment of her own, but was not sure when that would happen.

Because of her financial worries and uncertainties, at Time 3 Margo's goals of hairdressing school were on hold. She reported that her living situation and homelessness got in the way of attending a training program. Thus, what she once saw as an achievable plan — to enter a hairdressing course — had become a long-term goal as she struggled to meet her day-to-day needs.

At the time of third interview, Margo had taken up smoking cigarettes again, though she reported that she had quit drinking alcohol; she continued not to use drugs.

Margo also continued to stay clear of crime. However, as noted above, she had been financially victimized by her former landlord in that he had illegally used her phone and accrued hefty long distance charges. Though the legal outcome of that situation was pending, the lived experience for Margo was homelessness and instability.

Margo at Time 4 – Moved, No Contact Info Known

We attempted to contact Margo numerous times in order to set up the Time 4 interview. Although her cell phone initially was still in service, our phone calls were always answered by a friend or boyfriend and our messages were never returned. Then Margo's cell phone went out of service. When we contacted Margo's former foster parent (her contact person), we were told that she had possibly moved to Alberta; the former foster parent had no current information for Margo, and had not heard from her recently. A month later we called the foster parent again and learned that she had received calls from Margo from time to time but had no way to contact her. We passed our contact information to the foster parent to give to Margo, but we never heard from Margo. We believe that she moved out of province, with few if any social connections or support people to assist her in her new community.

Reflections on Margo's Aging Out Transitions

In reflecting on Margo's life, we were struck that when we first met her, she seemed to be in a safe and stable living situation with a job and concrete educational goals. Moreover, while her support network was small, she did have notable emotional and practical support from a former foster parent. She also had had no involvement with the criminal legal system and did not have substance use problems.

However, in the two years following Margo's exit from care, her stability deteriorated over time, to a point where at Time 3 she considered herself homeless. Financial insecurity and difficulties in maintaining safe and affordable housing created ongoing obstacles that stymied her ability to achieve her goals and left her with little hope of changing her personal circumstances in the short term.

Cassie At Time 1 – Preparing To Leave Care

At the time of the first interview, Cassie was within four weeks of turning 19 years old and aging out of care. She had been recently admitted into hospital for anxiety and panic attacks related to using cocaine. Cassie admitted using cocaine, but explained that her feelings of panic and anxiety were more a result of feeling stressed and overwhelmed from living on her own. She said she was worried about losing the financial support of the Ministry of Children and Family Development's Independent Living program when she turned 19 and having to resort to income assistance, which would mean a drop in income of about \$200 per month.

Cassie defined a successful transition from care as: Not ending up on welfare. Not being on the streets. Having some kind of education. Having a big screen TV.

Cassie did not feel prepared or ready to be totally on her own. She said:

No, I don't want this yet. I have nothing to fall back on. There's more stuff I feel I need to know.

When Cassie was released from hospital, she started staying with a former foster sister and the foster sister's three-year-old son. The three-year-old had behavioral issues and needed constant supervision, and Cassie's foster sister also struggled with mental health issues. Cassie stated that even though the household was less than an ideal place for someone dealing with anxiety, she would rather be there than on her own at her apartment which was reportedly unsafe due to the easy accessibility of drugs.

Cassie's long-term goals were to be in a nursing program or to be working in graphic design. She also wanted a steady boyfriend who would take care of her.

Cassie At Time 2 And 3 – Pregnant And Living In A Tent

We lost contact with Cassie shortly after the Time 1 interview and her 19th birthday; her Time 1 phone number and that for her foster sister's home were no longer in service. As well, both of the contact people she named (her boyfriend and her mother) could not be reached by phone or had moved away. Consequently, with consent we contacted Cassie's grandmother who gave us Cassie's older sister's phone number. This number turned out to be the sister's ex-boyfriend's number, and we left several messages before getting hold of him. He gave us the cell phone number of a friend of Cassie's sister. We finally tracked down Cassie's sister, who gave us a cell phone number for Cassie.

Quite a lot happened in Cassie's life between the Time 1 and Time 2 interviews. Soon after our first interview, Cassie found part time work and a new boyfriend. She changed jobs several times in the next few months and moved to several different places in and around BC. Eventually she moved — with a different boyfriend — back to the community in which she had been living when we first met her; the two got an apartment together, and Cassie again looked for work. However, Cassie's boyfriend had a drug and alcohol problem which made living together and continuing their relationship very difficult.

When Cassie discovered she was pregnant she told her boyfriend and he kicked her out. Cassie moved into the neighbouring small city and looked for work there. She had nobody with whom she could stay, and she found it difficult to look for work without a way for potential employers to contact her. Cassie had never accessed Income Assistance and was unsure of the adult services available to her.

A young woman whom Cassie had met during this period had a tent and was living by the river. Cassie moved in with her and lived there for the next month and a half. Following this, Cassie moved into a transition house for women, which was where she was living when interviewed at Time 2.

At the transition house she became connected with various services and applied to receive income assistance. She began attending a group for young pregnant and parenting mothers and began the Healthiest Babies program. Cassie was also planning to share an apartment with another young mother whom she met through the transition house. In addition, during this period Cassie began to reconnect with her extended family and see them more frequently than she had previously.

Cassie at Time 4 – Final Update

As of the final interview Cassie's life had changed again. In the previous months she had given birth to a daughter who, shortly after she was born, was apprehended by child protection authorities and kept in care for approximately one week. Ultimately the baby was returned to Cassie, and at the Time 4 interview, she continued to have custody. According to Cassie, the apprehension took place because:

I didn't do the required things, like drug and alcohol counselling, and finding a regular doctor. And I had a fight with my boyfriend, and the police came when I was drunk and took the baby away.

Cassie had also moved a couple of times between interviews and was now living in a larger city with her daughter and her fiancée (who was not the father of her baby).

Cassie also reported that she had found a sense of purpose, which was to create a stable life for herself and her daughter. To her this also meant that in some ways her life was better relative to when she was in care or first out of care. For example, Cassie noted that when she first left care she used a lot of drugs and alcohol. Then she got pregnant and according to Cassie, "stopped using altogether". She even quit smoking cigarettes. When asked what helped her to cut down on her substance use, Cassie said, "not hanging around with friends who use, having a baby, and dealing with (my) anxiety".

With respect to parenting, Cassie reported attending parent groups at the local Neighbourhood House where she got parenting advice and help with solving parenting issues. In addition she had received support from the public health nurse and Best Babies program.

Nevertheless, Cassie continued to experience anxiety. At the same time, Cassie was now being treated with anti-anxiety medication. Not having as much anxiety was a future goal for Cassie.

Despite reporting a strong connection with some family members, particularly her aunt, grandmother, and oldest sister, Cassie only identified one person as her main source of practical and/or emotional support: her fiancée. She also noted that her baby and her fiancée were the two people who cared about her, accepted her “totally” and formed the most important relationships in her life. In fact, she noted that before meeting her fiancée, she had no other sources of support. Her fiancée and her baby, along with her alcohol and drug counsellors and her baby’s social worker, were the mainstays of her social support network. Furthermore, Cassie said that she did not feel that she had close and trustworthy friends. That was largely because she had a different lifestyle now in that she did not do drugs or go drinking and partying, whereas her friends still engaged in these activities. One of Cassie’s goals was to meet more “family-oriented friends”.

Finances were another source of concern for Cassie. She reported that her source of income was the child tax benefit, Income Assistance, and her fiancée. She also said that she did not always have enough money to eat three meals a day.

Cassie had not completed Grade 12 and had no other training to fall back on. She reported having had 10 or more jobs since aging out of care, all minimum wage. With being a full time mom Cassie reported that she was not in a position to continue her education or to attend a training program.

When asked to reflect on her leaving care experiences, Cassie said:

I felt somewhat supported when I left care, by my social worker and sister. It was a struggle though; I had nothing to fall back on.

When asked what she would like to see provided by the Ministry of Children and Family Development in relation to support for youth aging out of care, she said:

More support, more setup financial help or stuff like furniture. Also, one to one help, someone to be there after youth leave care, and counselling.

Reflections on Cassie’s Aging Out Transitions

In our reflections of Cassie’s life as we got to know it through the interview process, we were struck that Cassie had initially defined a successful transition from care as not being on welfare and having some kind of education, and yet in terms of both of these measures she had not yet achieved that “success”. The fragility of Cassie’s life post-care was reflected by her social isolation and complete reliance on her partner and income supports for her and her daughter’s financial well-being.

On the other hand, Cassie had achieved one of her long term goals: to find a “steady boyfriend who would take care of me”. Moreover, the relationship with her new partner appeared to be positive, and Cassie reported that he did not have any of the substance use problems that she had struggled with in the past or that she had encountered in her previous relationships. In addition, Cassie was no longer partying as she had done before, and by reducing her drug and alcohol use Cassie was working hard to ensure that her daughter was not apprehended again.

Living Arrangements and Homelessness

Living Arrangements and Homelessness Highlights

- Unlike their counterparts in the general population, the majority of youth in this study did not live with their parent(s) or other family members, nor did they move back in with their parents after aging out of care.
- Youths' transience and housing instability was considerable — the majority had moved several times since leaving care.
- The large number of study participants lost to attrition is another measure of the degree of transience and housing instability amongst our study's youth.
- Nearly half of participants had experienced homelessness at some point during their youth, and homelessness continued for some participants after aging out of care.

Current Living Arrangements

At all waves of interviews, the vast majority of youth participants (i.e., almost 90%) did not live with their parent(s) or other family members. This presents a very different picture from the general population of young adults, two-thirds of whom, according to the *Progress of Canada's Children Report* (Canadian Council on Social Development, 1996), live with at least one parent.

In addition, over the course of the four interviews, there was little change in terms of which participants lived with their parents or other family; the participants who were living with family at Time 2 and 3 were those living with family at Time 4. Moreover, none of the youth moved back in with parents upon aging out of care, although a few participants moved in with family members following other major life events. For example, at Time 3, one participant reported that she had moved to her mother's home following the birth of her baby, while at Time 4, another participant had moved in temporarily — along with her partner and

their baby — with her in-laws following a brief period of living in another BC community.

In terms of with whom participants lived, by Time 4, 44% of participants (n=8) lived with their boyfriend/girlfriend/partner. This represents an increase in the percentage, though not in the number of youths who lived together over the four waves of interviews; at Time 1, 33% of participants (n=11) were living with their boyfriend/girlfriend. As noted below in the section on homelessness, however, a number of these situations were viewed by the youth as being of necessity or last resort, rather than as a reflection of a committed long-term relationship. Nevertheless, the percentage of project participants living with a partner was substantially higher than that amongst the general population of young adults.

The only other notable shift in living arrangements over time was that at Time 4 there was a higher percentage of participants living in low income housing relative to other waves of interviews. At Time 4, 20% (n=4) were in low income housing whereas at Time 2, 6% (n=2) were in low income housing.

Change in Residence/Transience

At Time 2, participants were asked how many times they had moved since leaving care. Twenty-nine percent of the sample (n=9) stated that they had moved four or more times since aging out of care. Since all participants were 20.5 years or younger at Time 2, this means that nearly 30% had moved four times or more times within the first 18 months of aging out of care.

At Time 3 and Time 4, participants were asked how many times they had moved in the preceding 6-9 months. At Time 3, 30% of participants (n=8) had moved two or more times since the Time 2 interview. At Time 4, only 25% (n=5) had not moved since Time 3, and 20% (n=4) had moved three or more times since the Time 3 interview. These findings suggest that there was considerable transience and instability in housing amongst youth from care.

Moreover, this point is underscored by recalling that all study participants lost to attrition had moved at least

once (and generally more than once) and no longer maintained any of their previous contact information. Thus our attrition findings are further evidence of the significant degree of housing instability amongst youth who age out of care.

At Time 2, participants were asked whether they had ever been homeless, and at Times 3 and 4, participants were asked whether they had been homeless since the preceding interview; participants were also asked to describe the incidents that led them to become homeless.

At Time 2, 45% (n=15) of youth participants reported that they had experienced homelessness at some point in their life. In terms of when and for how long youth had been homeless, the data revealed that:

- Of all “homeless” youth, 73% (n=11/15) were homeless from ages 13-16.
- 53% (n=8/15) of homeless youth were homeless for more than 3 months.

As noted in our *Time 2 Bulletin*, the circumstances under which youth became homeless varied considerably. For some, homelessness occurred in the teenage years after the young person got into conflict with a parent or caregiver or when a parent was no longer physically able to care for the youth. For others, involvement with drugs or alcohol led to homelessness (either when they were teenagers and/or post-care). For still others, homelessness resulted following a break-up with a boyfriend.

When I found out I was pregnant, my boyfriend kicked me out of his house. I ended up living in a tent on the river.

Further inspection of the data at Time 2 revealed that 80% (n=12) of the youth who reported experiencing homelessness also reported depression, depression-related symptoms or treatment, and/or another major mental health issue.

At Time 3, 23% of participants (n=6) reported having been homeless in the previous 6-9 months, and at Time 4, one additional person reported homelessness in the preceding 6-9 months. Three of these seven youths reported having experienced homelessness previously.

At Times 3 and 4, the circumstances under which participants become homeless were similar to those reported above, i.e., due to conflicts with a boyfriend or parent. In addition, at Time 3, two youth reported being homeless after conflicts with their landlord caused them to leave their apartment; a third youth reported being evicted. Most participants who reported being homeless said that they were currently “couch-surfing”. However, two spoke of having safety concerns about this arrangement, including one young woman who was staying at her boyfriend’s apartment. Another participant reported going to a safehouse after having safety concerns while staying with her boyfriend.

Education

Education Highlights

- While the majority of youth in BC complete high school, less than half of the youth in this study had finished high school by age 20 or 21.
- If youth had not completed high school by the time they left care, they were unlikely to do so in the first few years after they left care.

Level of Education

At Time 1, 32% of the total sample (n=12) had finished high school or were in post-secondary programs. By Time 4 (approximately 2 years later), another three had finished high school, and three other participants were still working on getting their GED. Similarly, when asked at Time 4 about high school completion, 52% (n=11) of participants reported that they had not completed Grade 12. These findings suggested that less than half of our participants had finished high school by age 20 or 21.

By comparison, in 2003 the high school completion rate for youth living in the two BC regions involved in the study was substantially higher: 71% for the large urban centre and 72% for the small urban centre (BC Stats, 2003). Moreover, according to BC Ministry of Education statistics, from 2001 to 2005, approximately 76-80% of BC young people finish high school, with females having a higher completion rate than males.

Some of the reasons provided by participants in our study for not completing school included: getting kicked out, being pregnant, not able to handle the work, drug use, feeling out of place with other students, and not able to work and go to school.

I have some Grade 12, but I didn't graduate. I have ADD/ADHD but I don't feel like I was helped very much with this and that they just pushed me through the grades. I'd like to graduate someday though.

I quit in Grade 10 because I was pregnant.

I was kicked out; had learning difficulties, difficulties focusing. Reading is very hard for me.

I did not like learning — had difficulty with learning. I was told throughout the whole time that I was in school that I was stupid, which did not help.

At Time 1, half of the youth who were attending school believed they (possibly) had a learning disability. Nevertheless, only 29% had received help for this.

As suggested by the findings above, if the youth in our study had not finished high school by the time they aged out of care, relatively few had managed to complete high school in their first two years post-care. For example, of the 11 participants who had not completed high school at Time 4, four were working, six were parenting and/or pregnant, and one was doing neither. This group also was not attending school at Time 1. That is, they had dropped out of school before completing Grade 12 and they did not return to and complete high school during the course of the study.

At Times 3 and 4, some of the reasons provided for not returning to school included: working full time, not having the funds, being pregnant or parenting, finding

learning difficult and not having educational goals. In participants' words:

[There has to be a way to] make it easier for me to go back to school; it costs money to upgrade to get into university.

I wanted to do my GED but parenting got in the way.

I would like to get my GED and take a chef's training course. I've been wanting to do that for a long time, but it is expensive.

Not sure, but I would like to take a trade. I have no [educational] goals right now.

Indeed, both the number and the percentage of youth who stated that they were planning to go back to school decreased over time, from 52% (n=12) at Time 2 to 35% (n=7) at Time 4.

Nevertheless, although most participants were not in school or engaged in post-secondary education at Time 4, it is important to point out that some were enrolled in college or university programs. Five participants (25% of participants at Time 4) were engaged in post-secondary education; their areas of studies included: child care/development; home care support; anthropology; and professional writing.

As well, at Time 4 three participants were receiving bursaries, generally through the Youth Education and Assistance Fund (YEAF) of the BC government⁹. Indeed, several participants had learned about and/or received assistance in applying for the YEAF from the members of our project team who provided peer support on an as-needed basis. At Time 4, 50% (n=10) of participants were aware of the existence of the YEAF, while 50% were not. Participants' and other key informants' comments indicated that not all social workers or youth-serving service providers knew about this potential financial resource for youth in/from care.

⁹ The Youth Education and Assistance Fund (YEAF), also referred to as the Public Guardian and Trustee Education and Assistance Fund, was created in order to provide former youth in care (continuing care or permanent care wards only) with bursaries of up to \$3,300 per year in order to help the young person "further his or her educational goals". To be eligible for the YEAF, the person must be a high school graduate or equivalent seeking enrollment a post-secondary academic, technical or vocational program; moreover, the person must have other sources of funding for the educational year.

Income

Income Highlights

- A growing number of study participants reported Income Assistance as their primary source of income.
- By Time 4, more youth reported Income Assistance as their main source of income than reported employment as their main source of income.
- Among youth who were employed, most worked in low paying service industry jobs.
- By Statistics Canada measures, all participants were living in poverty.

Main Sources of Income

At Time 1 we reported that the main source of income for over one third of the youth participants (38%; n=14) was employment. Of these, four were working full-time. In other words, 10 of the 14 youth who relied upon employment as their main source of income were only working part-time.

Seven of the 21 participants under 19 reported that the Independent Living Program¹⁰ was their main source of income; another seven participants under age 19 reported employment as their source of income. Two of the other youth under age 19 were on Income Assistance. Of the 6 participants over age 19, just under half (44% or n=7) reported employment as their main source of income while an equal number (44% or n=7) reported being on Income Assistance. The rest relied upon others, such as their family or partner for income.

At Time 2, 26% of participants (n=8) said they were working full time and another 19% (n=6) were working part time. Thus 45% of participants were working. At the same time 35% (n=11) of participants reported Income Assistance as their main source of income.

Time 3 saw an increase in the percentage of youth on Income Assistance — to 38% (n=10) — and a decrease in the percentage working full time — to 23% (n=6). The percentage of youth working part time stayed the same, at 19% (n=5).

At Time 4, the main source of income became Income Assistance, with 40% (n=8) naming this for their income, followed by working full time (30% or n=6); as well, five youth reported their boyfriend/partner as their main source of income. Unlike previous times, no one reported working part time.

By contrast, in the general population, 2.5% of BC youth age 19-24 were on Income Assistance as of September 2003 (BC Stats, 2003).

Participants were also asked at Time 4 if they had a job when they aged out of care. Twenty-five percent (n=5) responded that they were working full time when they left care, and 10% (n=2) indicated that they were working part time. However, the majority (65% or n=13) reported that they were not working. Some of the barriers to employment cited by the youth included:

- Having children or being pregnant.
- Anxiety/depression.
- Having a disability.
- Not having any work experience.
- Not having time to work due to attending school/college.

For some participants, the barriers or reasons for not working were inter-related, for example:

I'm going to school, have a child and have no work experience.

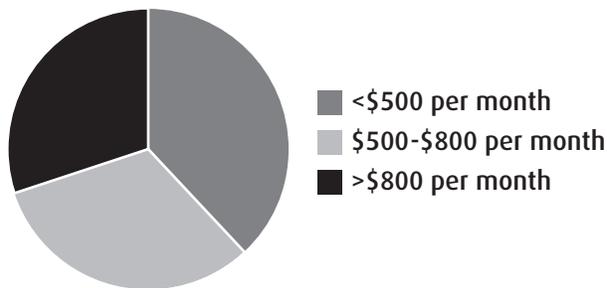
Anxiety and panic attacks, and parenting.

10 The Independent Living Program is a program that provides financial and emotional support to a temporary or continuing custody child in care 17 years of age and over. Youth under 17 may be approved with additional supports when all other options have been explored. Youth are no longer able to access this program once they've turned 19 years old. Source: Guidelines for Provision of Youth Services: Oct, 2002.

Income Level

When asked at Time 1 about income level, about a quarter of the total sample declined to answer this question. However, of those who did report their income, 39% (n=11) were receiving less than \$500 per month, 32% (n=9) were receiving between \$500-800 per month and another 30% (n=8) reported earning more than \$800 per month but did not elaborate as to the source of that income, although in some this represented a combined income with their partner. Thus, of the youth who answered this question, one third had an income of more than \$9,600 per year while two thirds were living on less.

Chart 1. Income level at Time 1



Over time the number and percentage of youth living on less than \$500 per month declined. As seen in Table 4 below, by Time 2 the majority of youth were earning more than \$800 per month. This did not change for the remainder of the study. In other words, most participants continued to earn \$9,600 to \$18,000 per year. A small number earned more than that amount. (See Table 4).

Table 4. Income Level

Income Level	Time 2	Time 3	Time 4
Less than \$500	16% (n=6)	19% (n=5)	5% (n=1)
\$500-\$800	19% (n=7)	11% (n=3)	10% (n=2)
\$800-\$1500	50% (n=15)	53% (n=14)	75% (n=15)
\$1500+	7% (2)	15% (n=4)	10% (n=2)

By Statistics Canada’s income measures (2004), all of the youth/young adults were living below the poverty level, even those reporting income of approximately \$1,500 per month. As well, research on recent trends in poverty in Canada (Kerr & Michalski, 2005) indicates that lone parent families — most of whom are headed by females — are overrepresented amongst the poor. Compounding this trend, while the majority of women who have children return to the work force, Kerr and Michalski reported that one in five female lone parents had no involvement with the labour force prior to being pregnant, a fact that they note was a “virtual guarantee of economic hardship” (p 7).

This trend was seen in the current study wherein the combination of low income levels and high rate of educational non-completion pointed to the possibility of continuing difficulties, particularly for the parenting females with little or no job history to speak of. For example, of the eight participants at Time 4 who said they had not completed high school and were parenting full time, five had never worked.

Parenting and Pregnancy

Parenting and Pregnancy Highlights

- By the end of the study, 61% (n=13) of participants were parenting and four were expecting their second child.
- Most had been investigated at least once by the Ministry of Children and Family Development, though all had legal custody of their children.
 - Being pregnant and/or parenting provided the impetus for many youth to avoid or quit using substances and gave them a connection to community through various pregnancy or parenting programs.

In one of the only known Canadian studies of parenting while in care, Callahan et al (2005) and Rutman et al (2002) have emphasized the paucity of literature on the experience of parenting for youth in care. Callahan et al (2005) have described the social processes that young mothers engage in to “look promising” so as to be “deserving” of support and resources from

the child welfare system. Rutman et al (2002) have examined how social workers' values and biases stigmatize young mothers and help to perpetuate the belief that "the cycle" of youth in care who have children who end up in care is inevitable.

In British Columbia, statistics regarding the number of youth in care who are parenting are not routinely gathered. Nevertheless, Ministry staff at both the policy and the front-line levels agree that the experience is common (since no statistics are kept, it is difficult to quantify "common").

In this study, the number and percentage of youth who were parents increased markedly over time. Table 5 shows the number and percentage of young parents at each wave of the study. All but one of the parenting youth were female; the one male was the partner of another of the study participants.

At Time 1, five of the 37 participants (14%), had a child; in all cases but one, the baby was born when the young mother was still in care. By Time 4, 13 of the 21 youth remaining in the study (61%) were parents, and four of these participants were expecting their second child.

At Time 4, all of the children of the young parents were under age 4. Table 6 shows the ages of participants' children at Time 4.

Table 5. Number and Percentage of Youths Who Were Pregnant/Parenting

Time 1 (n=37)		Time 2 (n=33)		Time 3 (n=27)		Time 4 (n=21)	
#	%	#	%	#	%	#	%
51	4	10	33	13	48	13	61

Table 6. Age of Participants' Children at Time 4

Child's Age	#
Birth anticipated within 7 months	4
Under 12 months	3
1-2 years old	3
2-3 years old	2
3-4 years old	3

Custody and MCFD Involvement

In all waves of the study, all of the young parents had legal custody of their child.

Nevertheless, by Time 4, 11 of the 13 young parents (85%) had had some Ministry of Children and Family Development involvement in relation to their children. In eight of these situations, the young parent was investigated by the Ministry within the first several months after the infant's birth, but no further assessment or action was taken. In the three other situations, the young parent's child went into the temporary care of the Ministry. For two of these three parents, the temporary care was voluntary; in one case, as a means to access respite support, the young mother elected to place her toddler into foster care for a few weeks. For the third young parent whose child went into temporary care, the baby was apprehended by the Ministry for a few weeks and then returned to the care of the young parent.

My daughter was in Voluntary Care for 9 months, until a month ago. I saw her everyday from 8:30-5:30 though, and the foster parent is still involved by providing respite on a regular basis.

Parenting Support

In all waves of interviews, participants who were parenting were asked about ways in which their family, friends and/or neighbours had provided assistance/support to them in caring for their child. They checked off various types of supports from a fixed choice list (which included the category of "other" that they could then describe).

Across the four interviews, all of the young parents reported receiving multiple types of assistance. Participants received practical/day to day help, as well as financial support, and emotional support. As well, all of the young mothers had participated in pregnancy-related and/or family support programs, specifically Best Babies, Healthiest Babies, and alternative high schools that had daycare facilities on-site.

At Time 4, eight of the 13 young parents indicated that they “co-parented” or shared the responsibilities of parenting with other(s), including the participant’s mother, best friend, and the baby’s father. The most frequently reported type of support received was economic, with 85% of young parents indicating that they received some type of financial assistance from government.

Parenting and Mental Health Issues

At Time 4, a striking yet unanticipated finding was the relationship between participants’ mental health conditions and concerns, and their situation as young parents. Closer inspection of our data revealed that:

- Eleven of the 13 participants (85%) who were parenting at Time 4 reported having mental health problems or concerns, including post-partum depression.
- Of the 12 people who reported having mental health issues at Time 4, ten (83%) were parents.

Qualitative analysis of the interview data also revealed that many the youth reported that their pregnancy and parenting status was what helped them avoid or quit their substance use, as well as steer clear of criminal involvement. Nevertheless, a number of participants expressed a sense of social isolation as a result of distancing themselves from former friends who partied and used substances. They also reported feeling out of step and out of synch with other youth, given their parenting responsibilities:

I have a different lifestyle now. I don't do drugs, drink, party. They [friends] all still do that, I don't.

A common theme amongst these parenting youth was the need to find healthier, more mature and reliable friends:

I want to find “straight/clean” friends, goal oriented friends.

11 Further analysis of these data revealed that there was no statistically significant change or decline in participants’ self-rated health from Time 1 to Time 2 (paired difference $t=0.73$, $p=.47$ (32 df)), or from Time 1 to Time 3 ($t=1.32$, $p=.20$ (25 df)).

Physical and Mental Health

Physical and Mental Health Highlights

- Throughout the study, depression was the most frequently reported health condition.
- By the end of the study, mental health issues including depression were reported by 57% of participants.
- At three of the four waves of interviews, participants’ self-rated health was substantially lower than that of youth in the general population in BC.

In all waves of the study, participants were asked to rate their health as being “excellent”, “good”, “fair” or “poor”. Self-rated health was a variable of interest because it has been associated with both physical health status and social well-being (McCreary Centre Society, 1999).

Self-reported Health

At Time 1, 65% of our participants rated their physical health as good or excellent. At Time 2, 55% of our participants rated their health as good or excellent. At Time 3, the percentage of participants who rated their health as good or excellent dove to 42%, which was substantially lower than that at Time 2 or Time 1. In contrast to previous trends, however, at Time 4, 84% of our participants rated their health as excellent or good. The increase in participants’ self-rated health from Time 3 to Time 4 was statistically significant (paired difference $t=2.38$, $p=.03$ (18 df)¹¹.

As discussed in our previous reports, our findings revealed that the self-rated health of youth in/ from care was substantially lower than that of BC mainstream youth, as reported in the 2003 BC Adolescent Health Survey (McCreary Centre Society, 2003). As shown in Table 7, at Time 2 and Time 3 the self-rated health of youth from care was lower than that reported for any known sub-group of BC

youth, and was markedly less than that reported for “mainstream” high school age youth in BC (McCreary Centre Society, 1999; 2002; 2003; Statistics Canada, 2001). However, at Time 4, the self-rated health of our youth participants was comparable to that of mainstream youth in BC.

Table 7. Youth Rating Their Health as “Excellent” or “Good”

	% of sample
2003 Adolescent Health Survey (in school youth sample)	86
2007 “Promoting positive outcomes for Youth from care” study – Time 4	84
2002 Adolescent Health Survey of Youth who have been abused (female only sample)	75
2001 Statistics Canada: Aboriginal Youth living off-reserve age 15-24 (health self-rated as excellent or very good, emphasis added)	69
2005 “Promoting positive outcomes for Youth from care” study – Time 1	65
2006 “Promoting positive outcomes for Youth from care” study – Time 2	55
2006 “Promoting positive outcomes for Youth from care” study – Time 3	42

Health Conditions

Youth were also asked whether they ever had experienced or been diagnosed with a variety of physical or mental health conditions, including vision problems, hearing problems, anemia, respiratory problems, sexually transmitted diseases, depression, eating disorders, and “other”. At Times 2, 3 and 4, we asked participants whether, in the previous 6-9 months, they had experienced or been diagnosed with these various health conditions.

In all waves of the study, the most frequently reported physical or mental health condition was depression. At Time 1, 38% (n=14) of the sample reported that they

had experienced or been diagnosed with depression. At Time 2, a total of 48% (n=16) of participants either reported experiencing depression (n=10) or reported mental health concerns related to depression, or that they were currently being treated for depression (n=6). At Time 3, 44% (n=12) either reported having depression (n=7) or mental health concerns and/or treatment related to depression (n=5). Finally, at Time 4, 43% reported depression (n=8) and/or treatment related to depression (n=1).

Other frequently reported physical or mental health conditions included:

- eating disorders (reported by five young women or 14% of the total Time 1 sample), and
- sexually transmitted infections (reported by six young women over the course of the study, or 16% of the Time 1 sample).

In addition, two participants expressed concerns about having symptoms of cervical cancer, although the condition had not yet been diagnosed at the time of the interviews.

Presence of a Mental Health Condition

In view of the high percentage of youth who reported having depression and/or other serious mental health condition (e.g. anxiety, eating disorder, post-traumatic stress disorder), we calculated the presence of some type of mental health condition at each wave of data collection. As shown in Table 8, at Time 4, in addition to the nine youths who reported depression or treatment for depression, three youths reported other serious mental health conditions, bringing the total percentage of young people reporting some type of mental health condition to 57%.

Table 8. Presence of Mental Health Conditions/Symptoms

Time 1 (n=37)		Time 2 (n=33)		Time 3 (n=27)		Time 4 (n=21)	
#	%	#	%	#	%	#	%
19	51	17	51	12	44	12	57

Current Concerns About Physical Health

At all waves of the study, participants were asked whether they had any physical health concerns, and if so, what they were.

As evidenced by the types of responses that emerged, “health” was defined broadly by the youth. In all waves of interviews, the concerns reported were a mix of physical, sexual, nutrition, dental, and mental health issues. These included alcohol and drug use and its effect on health, post-partum depression, weight-related issues, respiratory problems, acute infections, and symptoms of cervical cancer.

From Time 1 to Time 4, the percentage of youth who reported that they currently had a physical health concern fluctuated, with the greatest shift occurring between Time 1 and Time 2, when the percentage of participants with health concerns increased from 28% to 48%. At Time 4, the percentage decreased to essentially the same level as Time 1 (30%).

Table 9. Current Physical Health Concerns

Have current physical health concerns?	% of sample Time 1 (n=36)	% of sample Time 2 (n=31)	% of sample Time 3 (n=26)	% of sample Time 4 (n=21)
Yes	28	48	42	30
No	72	52	58	70

Current Concerns About Mental Health

Participants were asked whether they had any current concerns about their mental health.

As shown in Table 10, the percentage of youth in our study who reported that they currently had concerns about their mental health rose dramatically from Time 1 (n=5 or 14%) to Time 3 (n=11 or 42%) and then decreased slightly to 35% at Time 4.

At the Time 3 and the Time 4 interviews, participants’ concerns about their mental health were very similar to those expressed at Time 1 and 2. Youth expressed being lonely, experiencing depression yet not

Table 10. Current Mental Health Concerns

Have current mental health concerns?	% of sample Time 1 (n=37)	% of sample Time 2 (n=33)	% of sample Time 3 (n=26)	% of sample Time 4 (n=21)
Yes	14	24	42	35
Not sure	3	3	4	5
No	84	73	54	60

wanting to take psychotropic drugs due to previous or co-existing substance use, having post-partum depression, and having Post Traumatic Stress Disorder due to unresolved trauma in childhood. In addition, several youth spoke of experiencing stress due partly to social isolation and having to take on household responsibilities on their own.

(I feel like I have) stress about taking on responsibilities of my household since my boyfriend’s injury. I have no social life, living with in-laws.

Depression, but I can’t take anti-depressants because of all the drugs and alcohol.

Accessing Health Care

At all waves of our study, the vast majority (85-89% across the 4 waves of interviews) of our sample reported that they had a regular doctor. Nevertheless, not all of these youth went to their family doctor when they accessed health services, although the majority did. At Time 4, 32% (n=12) (also) went to a drop-in clinic when they needed health services and 15% (n=3) went to the Youth Clinic. Amongst those who reported a change in where they went for health services, open-ended comments suggested that these participants had a regular doctor while in care, but upon leaving care and/or moving from one part of town or community to another, they lost access to a regular family doctor.

Accessing Dental Care

In contrast with their stability in access to medical care, participants’ use of and/or access to dental care services decreased upon their aging out of care. As

shown in Table 11, at Time 1, 70% of participants (n=26) had accessed dental care within the past 12 months; by Time 4, however, only 40% (n=8) had accessed dental care within the past 12 months. While this decline in use of or access to dental care services was not statistically significant, the trend is noteworthy and potentially of concern from a dental health perspective.

Table 11. Last Appointment with a Dentist

Last appointment with a dentist?	% of sample Time 1 (n=37)	% of sample Time 2 (n=33)	% of sample Time 3 (n=25)	% of sample Time 4 (n=20)
Within last 12 months	70%	61%	39%	40%
1-2 years ago	19%	21%	31%	25%
2+ years ago	11%	18%	27%	35%
Not sure	0%	0%	3%	0%

Food Security

At Time 2, 3 and 4, youth were asked the frequency with which they used food hampers as a means to get by. As is shown in Table 12, about 20% of study participants reported using food hampers once a month or more; this percentage did not change over time.

Table 12. Frequency of Food Hamper Use

Do you use food hampers?	% of sample Time 2 (n=33)	% of sample Time 3 (n=25)	% of sample Time 4 (n=20)
Once a week or more	13%	8%	10%
Several times a month	7%	12%	10%
Every few months	20%	23%	15%
No	60%	60%	65%

Substance Use

Substance Use Highlights

- Throughout the study, the majority of youth participants reported smoking cigarettes regularly; the smoking rate for youth in this study was twice that of youth in the regional population.
- Overall, a greater percentage of the youth in our sample drank alcohol relative to provincial data for younger youth. However, a smaller percentage of the participants in our study engaged in binge drinking, relative to these provincial rates.
- A higher percentage of youth from our study reported using marijuana compared with provincial data for similar aged youth.
- Nevertheless, by Time 4, participants' use of alcohol and marijuana diminished slightly, both in terms of the number of youth who used and the frequency and intensity of their use.

Smoking

At all waves of data collection, the majority of youth participants reported smoking regularly. At Time 1, 60% (n=22) reported smoking "less than a pack a day" and 8% (n=3) reported smoking "more than a pack a day"; at Time 4, 50% (n=10) reported smoking "less than a pack a day", and 10% (n=2) reported smoking "more than a pack a day". In all four waves of interviews, all of the "more than a pack a day" smokers were female. Only six of the original 37 participants at Time 1 (16%) said that they had never taken up smoking.

Over the four waves of interviews, there was little change in the percentage of youth participants who reported smoking or the amount they smoked overall, although at Time 3 there was an increase in the number/percentage of youth who smoked a pack of cigarettes or more. None of the participants reported that they had started smoking over the course of the study.

Our findings stand in sharp contrast to BC population data, which showed that approximately 33% of youth age 19-24 living in the two regions involved in the study smoked cigarettes (BC Stats, 2003). In other

Table 13. Alcohol Use

	Time 1 # and % of sample (n=37)	Time 2 # and % of sample (n=33)	Time 3 # and % of sample (n=25)	Time 4 # and % of sample (n=19)
Daily	2 (5%)	0 (0%)	0 (0%)	1 (5%)
Several occasions a week	4 (11%)	3 (9%)	3 (12%)	1 (5%)
Once or twice a week	6 (16%)	4 (12%)	4 (15%)	4 (21%)
Few times a month	14 (38%)	13 (39%)	6 (23%)	5 (26%)
Few times a year	0 (0%)	8 (24%)	5 (19%)	5 (26%)
Never started drinking	2 (5%)	2 (6%)	0 (0%)	0 (0%)
Have quit drinking	9 (24%)	3 (9%)	6 (23%)	3 (16%)

words, the smoking rate for youth in our study was twice that of youth in our region overall. Our findings are also in stark contrast to the 2003 BC Adolescent Health Survey, which found that 73% of BC youth age 13-18 reported being nonsmokers (McCreary Centre Society, 2003).

Alcohol and Marijuana Use

As reported in our *Baseline Report*, at Time 1, 95% of the youth participants reported that they used or had tried alcohol. At Time 1, 32% of youth reported that they drank at least once a week, 38% said they had 1-2 drinks per month, and 24% said they had quit drinking within the past 6-12 months.

There was relatively little change in the number/percentage of drinkers or the amount of alcohol consumed by participants over the four waves of interviews; Table 13 shows the percentage of participants who reported drinking alcohol, and the amounts reportedly consumed, over time. As can be seen, the number and percentage of participants that drank alcohol daily or several times per week decreased slightly, relative to Time 1: while 16% (n=6) of participants drank daily or several times a week at Time 1, approximately 10% (n=2 or 3) reported drinking alcohol daily or several times a week at

Times 2, 3 and 4. On the other hand, Table 13 also shows that the number/percentage of participants that reported “quitting” drinking varied across the four interviews.

While we did not ask specifically about binge drinking¹², as noted above, 16% of participants at Time 1 reported drinking either daily or more than 3 times a week. At Time 2, 3 and 4,

we asked participants who reported drinking: “Do you drink to get drunk?” As shown in Table 14, the number and percentage of participants who indicated that they drank to get drunk decreased over time. Additional analyses by gender revealed that six of the seven youths at Time 3 (88%) and three of the four youths at Time 4 (75%) who responded “yes” to this question were young women. These findings have potentially worrisome implications from the perspective of the prevention of Fetal Alcohol Spectrum Disorder.

These findings are substantially higher than the drinking rate of 78% found for 17-year-old youth and reported in the 2003 BC Adolescent Health Survey (McCreary Centre Society, 2003). At the same time, that survey found that the percentage of youth who had tried alcohol increased with age. By contrast, 26% of youth aged 13-17 reported binge drinking in the past month, according to the 2003 BC Adolescent Health Survey.

Thus, while overall a greater percentage of the youth in our sample drank alcohol relative to provincial data for younger youth, it appeared that a smaller percentage of the participants in our study engaged in binge drinking, relative to these provincial rates.

¹² Binge drinking is defined as having five or more alcohol drinks in a single drinking session; it has been associated with higher injury rates, unprotected sex, and is a risk factor for giving birth to a baby born with Fetal Alcohol Spectrum Disorder.

Table 14. Drinking to “Get Drunk”

Do you drink to get drunk?	Time 2 # and % of sample (n=27)	Time 3 # and % of sample (n=22)	Time 4 # and % of sample (n=20)
Yes	9 (33%)	7 (32%)	4 (20%)
No	18 (67%)	15 (68%)	16 (80%)

Marijuana Use

According to the 2003 BC Adolescent Health Survey, 55% of 17 year olds in BC reported that they used or had tried marijuana (McCreary Centre Society, 2003).

By contrast, in our study 81% (n=30) of youth reported at Time 1 that they currently used marijuana, had tried it, or had quit using marijuana. Of this group, 51% reported that they used it or had tried it and 30% reported that they had quit using marijuana. Moreover, of the youths who reported currently using it, more than half (53%) said they smoked daily.

Gender analyses of marijuana use amongst participants in this study found that, of the youths who reported currently smoking marijuana, a slightly higher percentage of males smoked it daily relative to females. These findings were obtained at all waves of interviews (e.g. 67% of males vs. 46% of females at Time 1). These findings are consistent with the BC Adolescent Health Survey, which noted that males reported using marijuana more frequently than females (McCreary Centre Society, 2003).

In keeping with our findings regarding drinking, there

Table 15. Marijuana Use

	Time 1 # and % of sample (n=37)	Time 2 # and % of sample (n=27)	Time 3 # and % of sample (n=26)	Time 4 # and % of sample (n=19)
Daily	10 (27%)	8 (30%)	8 (31%)	4 (21%)
Several occasions a week	2 (5%)	3 (11%)	0 (0%)	2 (11%)
Once or twice a week	3 (8%)	2 (7%)	1 (4%)	1 (5%)
Few times a month	4 (11%)	6 (22%)	4 (15%)	5 (26%)
Never began using marijuana	7 (19%)	4 (15%)	4 (15%)	3 (16%)
Have quit using marijuana	11 (30%)	4 (15%)	9 (35%)	4 (21%)

was relatively little change over time in the number/percentage of youth who used marijuana (see Table 15). Moreover, overall, the findings suggested that by Time 4 there were fewer participants who smoked marijuana on a daily basis relative to earlier waves of interviews.

Additional analyses revealed that there

was consistency in terms of the individual youths who used marijuana daily at each wave of interviews. Between Time 3 and Time 4, however, two of the eight youths who had smoked daily at Time 3 reduced their marijuana use at Time 4, and two others were lost to attrition. Only one youth who reported smoking marijuana daily in any of the interviews reported an increase in use over the course of the study.

Use of Other Street Drugs

In addition to marijuana use, at all waves of interviews, we asked youth about their use of other street/recreation drugs. It should be noted, however, that in the first three panels of interviews, a large percentage of participants (e.g. 24% at Time 1 and 21% at Time 2) did not answer questions regarding non-marijuana street drug use; thus, findings regarding street drug use — particularly those suggesting changes over time — should be interpreted with some caution.

While a small percentage of participants reported that they currently used street drugs, many youth at Time 1 reported that they had quit using these drugs. However, amongst those who used drugs at Time 1, more participants reported using crystal

methamphetamine and Ecstasy than heroin or cocaine.

In terms of crystal meth, there was an increase in the percentage of participants who reported using crystal meth at Time 2 and Time 3 (n=3, or 12% of Time 2 participants and 15% of Time 3 participants) relative to Time 1 (n=2, or 5%);

however, by Time 4, none of the participants reported currently using crystal meth.

Similarly, in terms of Ecstasy, there was an increase in the percentage of youth who reported using Ecstasy at Time 2 (n=6, or 24% of the Time 2 participants who answered this question) relative to Time 1 (n=2, or 5%). However, at both Time 3 and Time 4, there were fewer participants (n=3) who reported currently using Ecstasy.

A similar pattern was found in terms of cocaine use: a higher percentage of youth participants reported using cocaine at Time 2 (n=5, or 19% of the 26 youth who answered this question) relative to Time 1 (n=1 or 3%). As well, at Time 2 and Time 3, there was at least one youth who reported using cocaine either daily or once or twice a week. However, at Time 4, no one reported using cocaine on a daily or weekly basis, though three people reported using cocaine a few times a month or less.

Finally, no participant reported using heroin at any of the four waves of interviews.

Quitting or Cutting Back

Participants were asked whether they were interested in quitting/cutting back their substance use, and if so, what substance(s) they wanted to quit/cut back (i.e., smoking cigarettes, drinking or other drug use). At all waves of interviews, a higher percentage of youths wanted to quit/cut back smoking cigarettes than wanted to quit or cut down their drinking or use of marijuana and/or other drugs. In addition, there was a higher percentage of youths who wanted to quit/cut down on their substance use at Time 2, relative to other waves of interviews; this finding may have corresponded with an increase in drug use relative to Time 1. As well, as noted in the *Time 2 Bulletin*, given that several of the youth who at Time 1 had reportedly quit their substance use stated that they had only done so within the previous few weeks, these findings may reflect the reality that lasting behaviour change typically takes place over a long period and relapsing can occur several times.

Although our interviews did not ask participants when or for what reason they stopped using marijuana or

other street drugs, the reasons offered for quitting varied: some youth reported that it was as the result of a drug-related criminal incident; others reported quitting upon learning that they were pregnant.

In sum, while the smoking and substance use of the participants in our study was substantially higher than that of mainstream youth, findings over time showed that the percentage of participants using alcohol and marijuana did not increase, and in fact the frequency and intensity of participants' substance use decreased over time. Nevertheless, the high smoking rate, and the high number of young women who drank alcohol "to get drunk" have potentially serious implications from social, health and FASD prevention perspectives.

Involvement in the Criminal Legal System

Criminal Legal System Highlights

- At Time 1, two thirds of all participants reported that they had been involved in at least one criminal offense.
- Self-reported involvement in the criminal legal system decreased over time.
- Incidents of criminal involvement were often substance related.

In all waves of interviews, youth were asked about their involvement in criminal activities and, if they had been arrested, the outcome of the situation (i.e., how the situation was dealt with by the criminal legal system). At Time 1, participants were asked whether they had ever been involved in a criminal offence, whereas at Times 2, 3 and 4 they were asked whether they had committed a crime during the time period between the research interviews (i.e. between the Time 1 and the Time 2 interview). To minimize possible anxiety about talking about their criminal history during the research interview, participants could check off various types of criminal offenses from a fixed choice list (which included the category of "other"). Their responses are provided in Table 16.

At Time 1, 68% (n=25) of project participants reported that they had been arrested for at least one criminal

offense. As discussed in our previous reports, separate analyses by gender revealed that a higher percentage of males (88%) than females (66%) in our sample had been arrested and/or charged with one or more crimes; however, gender differences were not statistically significant. Similarly, analyses based on in-care experience found trends but no statistical differences in that, of the 14 participants who had had 7+ placements in care, 12 (85%) reported having been arrested and/or charged with a crime, in contrast with 6 of the 12 participants (50%) who had had 1-3 placements in care. At Time 1, the most frequently occurring criminal offenses were theft under \$5,000 and assault.

At Time 2, only three youths (9%) — two females and one male — reported committing crimes between Time 1 and Time 2. All three had reported committing crimes at Time 1. A total of seven offenses were reported to have been committed: two people each reported drug possession and trafficking crimes; as well, theft under \$5,000 and assault were reported by one person each, as was the “other” category of our offense checklist.

In keeping with Time 2 findings, at Time 3, seven criminal offenses were reported to have been committed between Time 2 and Time 3, involving a total of 5 youths (four males and one female). As before, nearly all offenses were substance related (e.g. driving while impaired/intoxicated; “drunk tank”; drug possession).

Finally, at Time 4, two youths (10% of the Time 4 sample) reported committing a criminal offense between Time 3 and Time 4; both of these participants had committed criminal offenses in previous interviews. In both cases, the offense reported was

assault, and in both cases substance use was involved in the incident.

Experience of Victimization

Victimization Highlights

- More than half of the young women in the study reported that they had experienced sexual assault at some time in their life.
- Participants continued to experience incidents of victimization after they left care.
- There were participants who reported having been physically or sexually assaulted by their partner at all four interviews.

In contrast with participants’ decreasing involvement in criminal activity, young people continued to be victims of crime after they aged out of care. Table 17 shows the number of youth who were victims/survivors of a criminal offense at each wave of interviews.

At Time 1, participants were asked whether they had ever been a victim/survivor of a criminal offense. In this first wave of interviews, sexual assault was the most frequently reported offense of which participants reported being a victim/survivor: 41% of our total sample of participants (n=15), and 54% of our sample of young women, reported that they had experienced sexual assault at some time in their life. All were young women.

Participants’ responses at Time 1 regarding the legal outcome of the sexual assault were varied. Some participants’ responses indicated that they were children at the time and that the incident resulted in their being removed from their familial home. Other

participants reported that the victimization occurred when they were at school or in a car (i.e., hitch-hiking), or when they were older youth living on their own or with a boyfriend. In some cases, the boyfriend was the offender. In nearly all instances, however, participants stated

Table 16. Involvement in Criminal Activity

	Time 1 % sample (n=37)	Time 2 % sample (n=33)	Time 3 % sample (n=25)	Time 4 % sample (n=20)
None	32%	91%	80%	90%
One incident/arrest disclosed	30%	0%	16%	10%
Two incidents/arrests disclosed	30%	6%	0%	0%
Three or more incidents/arrests	8%	3%	4%	0%

Table 17. Victimization Experiences of Youth

	Time 1 # and % of sample (n=37)	Time 2 # and % of sample (n=33)	Time 3 # and % of sample (n=25)	Time 4 # and % of sample (n=20)
Sexual Assault	15 (41%)	2 (6%)	1 (4%)	2 (10%)
Assault	12 (32%)	4 (12%)	1 (4%)	2 (10%)
Theft under \$5,000	10 (26%)	5 (15%)	1 (4%)	1 (5%)
Break & Enter	4 (8%)	1 (3%)	1 (4%)	2 (10%)
Automobile theft	3 (5%)	2 (6%)	2 (8%)	0 (0%)
Other	1 (3%)	2 (6%)	2 (8%)	1 (5%)
Total # and % reporting 1 or more victimization experiences	25 (68%)	9 (27%)	7 (28%)	5 (25%)

that they either did not report the crime or dropped charges because they were counselled that there wasn't sufficient evidence for conviction.

At Time 1, 12 youth (32% of our total sample) reported being survivors of physical assault. Of these, 9 were female and 3 were male. Thus, 38% of the young men and 31% of the young women in our sample had been physically assaulted as children and/or youth.

At Time 2, nine participants (27%) reported that they had been the victim of a crime between Time 1 and Time 2. Theft was the most frequently reported type of victimization experience (reported by five participants), followed by assault (reported by four participants). In addition, two female participants reported that they had been sexually assaulted since Time 1.

At Time 3, seven participants reported that they had been the victim of one or more crimes between Time 2 and Time 3; of these, two were male and five were female. In the instance of sexual assault, the youth's boyfriend was the offender.

Finally, at Time 4, five participants — four young women and one young man — had victimization experiences between Time 3 and Time 4. Four of the five youths reported being the victim of one offense; however, one young woman reported being the victim of five offenses. In the two situations of sexual assault, one female spoke of having been assaulted by a "john" while engaging in sex work, and the other reported

sexual abuse/assault by her boyfriend. Thus, in all "post-care" waves of the interviews, there were participants who reported having been physically or sexually assaulted by their partner.

In sum, our findings indicated that most of participants' criminal activity occurred when they were younger, i.e., under the age of majority, and that their engagement in criminal

activities declined over time. In addition, at Time 2-4, nearly all of participants' offences were committed while under the influence of alcohol or drugs. By contrast to their involvement in crime, participants continued to experience high rates of victimization, including physical and sexual assault, upon aging out of care. Moreover, in several situations, participants experienced violence or abuse in their personal/sexual relationships.

Family Relations

Family Relations Highlights

- More participants reported feeling connected to their mother than to their father.
- Overall, about half of the youth participants felt connected to their mother while the majority said they felt disconnected with their father.
- Throughout the study more participants said they felt connected to their sibling(s) relative to those who reported feeling connected to their mother, father or extended family members.
- Feelings of connectedness to family did not change markedly over time.
- Frequency of contact with family did not change substantially over time or following participants' exit from care.

Table 18. Feeling of Connection with Mother, Father, Sibling(s) and Extended Family

	Time 1 % of sample	Time 2 % of sample	Time 3 % of sample	Time 4 % of sample
Feel connected to mother	42% (n=33)	62% (n=29)	50% (n=22)	50% (n=20)
Feel disconnected from mother	58% (n=33)	38% (n=29)	50% (n=22)	50% (n=20)
Feel connected to father	33% (n=33)	50% (n=29)	39% (n=22)	40% (n=20)
Feel disconnected from father	67% (n=33)	50% (n=29)	61% (n=22)	60% (n=20)
Feel connected to sibling(s)	82% (n=34)	82% (n=27)	79% (n=24)	74% (n=19)
Feel connected to extended family	47% (n=36)	50% (n=32)	44% (n=25)	60% (n=20)

Table 19. Frequency of Contact with Mother, Father, Sibling(s) and Extended Family

	Time 1 % of sample	Time 2 % of sample	Time 3 % of sample	Time 4 % of sample
Frequent contact with mother	58% (n=31)	47% (n=32)	30% (n=26)	55% (n=20)
No contact with mother	23% (n=31)	16% (n=32)	19% (n=26)	25% (n=20)
Frequent contact with father	32% (n=34)	34% (n=32)	27% (n=26)	35% (n=20)
No contact with father	41% (n=34)	19% (n=32)	31% (n=26)	30% (n=20)
Frequent contact with sibling(s)	47% (n=34)	53% (n=32)	50% (n=26)	60% (n=20)
No contact with sibling(s)	12% (n=34)	3% (n=32)	8% (n=26)	0% (n=20)
Frequent contact with ext'd family	19% (n=34)	31% (n=32)	35% (n=26)	20% (n=20)
No contact with ext'd family	19% (n=34)	34% (n=32)	23% (n=26)	5% (n=20)

At each wave of interview, participants were asked how connected they currently felt toward their mother, father, siblings, and extended family members. Being “connected” was defined as being or feeling emotionally close, regardless of the amount of contact they had with the person. (Frequency of contact was a separate question.)

Connectedness to Family

Across all waves of interviews, more participants said they felt connected to their sibling(s) relative to the number/percentage who reported feeling connected to their mother, father or extended family members. At all interviews, a solid majority (74-82%) reported feeling connected with their sibling(s). Also across all waves of interviews, more participants reported feeling connected to their mother than to their father: overall, about half of the youth participants felt connected to their mother. Fewer participants reported feeling connected to their father; indeed, at three of the four

waves of interviews, the majority of participants felt disconnected with their father.

Overall, feelings of connectedness to family did not change substantially over the four waves of interviews. At the same time, the percentage of youth who reported feeling connected to either parent was lowest at Time 1, relative to any other interview. Moreover, it was at Time 2 — when all but a few participants had (just) reached age of majority — that the percentage of participants reporting a feeling of connection to a parent was highest. (Paired difference t-tests between Time 1 and Time 2 revealed that there was a trend toward an increase in participants’ feelings of connectedness toward their mother, but the difference wasn’t statistically significant ($t=1.6$, $p=.12$, 28 d.f.))

Approximately half of the youth said they felt connected with their extended family; those named included aunts and grandparents. While the percentage of youth who reported feeling connected to extended family increased over time, these trends were not statistically significant.

Frequency of Contact with Family

In addition to their connectedness with family, youth were asked how frequently they were in contact with family members. Frequency of contact ranged from “no contact” to “1-2 times per week or more”, noted as “frequent contact” in Table 19. Though a measure of family relations, frequency of contact did not necessarily signify a degree of connectedness. For example, at Time 1, six youth reported feeling disconnected from their mother while at the same time reporting frequent contact; similarly, a number of youth reported feeling emotionally connected to a parent who had died.

More youth reported having frequent contact with their mother than reported frequent contact with their father, and, across the waves of interviews, about half of the youth participants had frequent contact with their mother. By contrast, approximately one third of the youth reported frequent contact with their father, and one third reported no contact. Only at Time 2 did this change noticeably when the percentage of youth reporting no contact dropped.

In keeping with their feelings of connectedness with siblings, the majority of youth consistently reported having frequent contact with their siblings; moreover, almost all participants reported having some contact with siblings. Stated in other words, fewer participants had no contact with siblings, relative the number/percentage of participants having no contact with other family members. Finally, relative to their other family members, youth had less frequent contact with extended family, although this fluctuated over time.

In keeping with findings above, frequency of contact with family did not change markedly over time and following participants’ exit from care.

Social Support

Social Support Highlights

- Over the course of the study there was an increase in the percentage of participants who said they did not have close and trustworthy friends.
- At Time 4, the majority of participants named family members as sources of support, and more than half of participants also named community resources as support.
- Nevertheless, over time, participants’ sources of support decreased slightly.
- By the end of the study the number or percentage of participants naming a parent as a support person had decreased.

At all waves of interviews, participants were asked several questions related to their social support networks¹³, including:

- Whether they had close or trustworthy friends;
- Whether their group of friends had changed in the past 6-9 months;
- Whether they were involved with any community groups or organizations while they were living in care, or after their transition out of care;
- Who continued to stay involved in their life; and
- Who they counted on for day to day practical help and for emotional support.

Close or Trustworthy Friends

At all waves of interviews, the majority of youth reported that they had close or trustworthy friend(s). However, as shown in Table 20, the number and percent of participants who said they did not have close friends increased, reaching 35% by Time 4. At the same time, the number of youth who were unsure whether they had close or trustworthy friends declined over time such that as more youth reported not having

13 Drawing on Sarason’s Social Support Questionnaire — Short Form (Sarason et al, 1987), these questions included the bulleted items above, as well as their most important relationships, whether they had someone who accepted them and cared about them totally, and how satisfied they were with the types and levels of support they experienced.

close/trustworthy friends, fewer reported that they were unsure whether they did.

As well, 70% of participants at Time 4 said that they had changed their group of friends since the last interview. Most of these were parents who said they were seeking friends who were less “into drugs and partying”. While youth viewed these as positive changes to their social networks, the findings also serve to illustrate the number of major life transitions that many youth grappled with upon leaving care.

Involvement in Community and Community-based Support Groups

Youth in the current study were asked about their involvement in community groups, since participation in community-based or other types of extra curricular activities is viewed as a protective factor as well as an indicator of well being (McCreary Centre Society, 2003).

As shown in Table 21, less than half of the participants in our study engaged in a community-based activity of some type; this was a lower rate of participation than that reported in the Adolescent Health Survey, which was 72% (McCreary Centre Society, 2003). Moreover, the types of community groups or activities were different. Youth in the Adolescent Health Survey were primarily engaged in school based activities, athletic or artistic programs, or community or religious groups.

Table 20. Youth Reporting Close and Trustworthy Friends

Do you have close and trustworthy friends?	% of sample Time 1 (n=37)	% of sample Time 2 (n=31)	% of sample Time 3 (n=26)	% of sample Time 4 (n=20)
Yes	70%	74%	54%	65%
No	14%	19%	31%	35%
Not sure	16%	7%	15%	0%

Table 21. Involvement in Community Activities, Including in Support Groups

Time 1 % sample (n=37)	Time 2 % sample (n=33)	Time 3 % sample (n=25)	Time 4 % sample (n=20)
44%	39%	42%	48%

By contrast, in our project, community engagement involved accessing community resources and services such as:

- Pregnancy outreach program.
- Family violence program.
- Parent support group.
- Parent and tot play group.
- Community/neighbourhood centres (with prenatal and programs for young children, food banks, and clothing exchanges).
- Substance use programs such as Alcoholics Anonymous or Narcotics Anonymous.
- Women’s support groups.

That said, at Times 2 and 3 over half of the participants who answered “yes” to the question about community involvement in fact participated in a school based or community based group (as opposed to services), including: a youth council; community youth group; a Buddhist Centre; Federation of BC Youth In Care Network Leadership Committee; and a film group. However, by Time 4, when all study participants had aged out of care, this type of involvement had ceased for all but one youth (who was a member of a college based environmental club and the student newspaper). Furthermore, in contrast with the McCreary Centre study (2003), youth in the current research did not take

part in volunteer activities either while in care, or post care — with one exception (a youth who volunteered at a sports centre).

Who Continued to Stay Involved

At Times 2–4, participants were asked whether and how various people (e.g. parents and other family members, former social worker, former foster parent, and so forth) had remained involved in their life.

At Time 2, participants spoke most frequently of the involvement and support of their former foster parents and their parents. More than half of participants (n=17 or 52%) stated that their former foster parent was still involved in their life. Some youths noted that their former foster parent(s) provided emotional support on

a regular basis — either face to face, by phone or by e-mail — while others indicated that their former foster parent(s) provided material or practical assistance, including baby-sitting, transportation and/or financial help. Slightly less than half of participants (n=16 or 48%) indicated that their parents were still involved in their life; the types of supports provided by parents was similar to that provided by foster parents.

At Time 2, 36% of participants (n=12) stated that their former social worker was still involved in their life. Many of these youth indicated that their social worker called them regularly to “check up” on them, providing emotional support when needed. As well, nine participants (27%) reported that their (former) youth worker was still involved in their life, providing emotional support, information about community resources, transportation, and everyday problem-solving.

At Time 4, the majority of participants (79%; n=15 of the 19 youth who responded to this question) named family members, including parents, siblings, grandparents and “other family members” (not specified). Further, more than half of participants also named community resources such as youth counsellors, former foster parents, social worker, and peer support from the project, as sources of support.

Nevertheless, three youth who responded to the question did not identify having positive contact from anyone: two said that they did not have ongoing relationships with anyone from their time in care; and one reported having negative contact with a former foster parent.

Who or What Was Most Helpful in Leaving Care

At Time 4, participants were asked who or what was most helpful to them in leaving care. Of the 15 youth who answered this question, most continued to identify family and friends. However, there was variation to

their responses as well. For example, one person said that “going to school” helped because it gave her a “feeling of confidence”. Another youth said that the Mother Goose¹⁴ program had been very helpful. This young person was parenting, and despite stating that she had a connection with her mother, she noted that she did not have a support network. For this reason, she valued her connection to a community program. Yet another youth said that receiving an inheritance helped because it gave her some financial stability upon leaving care.

A variety of service providers and professionals were named by youth as being most helpful to them as they left care. Among those named were former social workers, former foster parents, teachers and staff at both mainstream and alternative schools, youth workers, and workers at a residence for young pregnant/parenting women. One youth described the involvement of her former social worker in this way:

[The] social worker stayed in touch. She could call and she would point me in the right direction.

Finally, two youth identified either a partner or partner’s family as having been helpful. For example, one young mother said that the support received from various family members when she had a baby had made a difference, since after she had the baby she went to live with her boyfriend and his family. Thus, for a period of time post care she had both a place to live and people available to help her. However, this situation changed when the relationship ended.

Who Can Be Relied Upon to Provide Practical or Emotional Support

In addition to the above questions regarding “who had stayed involved in their life” and “who or what was most helpful”, at all waves of interviews participants were asked whether they had someone whom they could count on for practical, day to day support or support in a crisis, and for emotional support.

14 Mother Goose is a community-based program for parents with babies, designed to teach rhymes and songs to use with their children. The intent of the program is to enhance the relationship between parents and their children and provide them with long lasting resources (<http://www.nald.ca/mothergooseprogram/>)

Table 22. Presence of Someone Providing Practical Support

	Time 1 % sample (n=37)	Time 2 % sample (n=32)	Time 3 % sample (n=26)	Time 4 % sample (n=20)
% reporting NO support (paid or unpaid)	8%	22%	12%	19%
% reporting only 1 support person (paid or unpaid)	27%	22%	31%	33%
% reporting parent(s) as support person	22%	28%	19%	25%
% reporting boyfriend/partner as support person	14%	16%	27%	30%
% reporting 2 or more unpaid supports	30%	42%	35%	24%
% reporting only paid support(s)	16%	19%	11%	5%

Table 23. Presence of Someone Providing Emotional Support

	Time 1 % sample (n=37)	Time 2 % sample (n=32)	Time 3 % sample (n=26)	Time 4 % sample (n=20)
% reporting NO support (paid or unpaid)	11%	13%	12%	5%
% reporting only 1 support person (paid or unpaid)	30%	22%	15%	48%
% reporting parent(s) as support person	14%	25%	31%	20%
% reporting boyfriend/partner as support person	14%	34%	35%	45%
% reporting 2 or more unpaid supports	27%	42%	42%	30%
% reporting only paid support(s)	19%	10%	8%	14%



The majority of participants reported that they had someone on whom they could rely to provide them with practical and/or emotional support. At the same time, as shown in Tables 22 and 23, several participants reported having no source of practical or emotional support.

Moreover, overall, the findings over time suggested that participants' social support decreased slightly after they aged out of care (e.g. there were more participants reporting only one person or none, and fewer people who reported more than two support

people), though these trends did not reach statistical significance.

In terms of unpaid ("informal") support people, about a quarter of participants named either their mother or their father at one or more interviews as someone who provided either practical or emotional support; youth named their mother far more frequently than they named their father. In addition, although the trends were not statistically significant, by Time 4 the number or percentage of participants naming a parent as a support person had decreased, relative to other

waves of interviews. Moreover, few participants named a parent as someone who provided both practical and emotional support. As well, few participants consistently named their parent as a support person (i.e. at three or four waves of interviews).

Along these lines and reflecting the fragile and perhaps complex or ambivalent relationship that the youth had with their parents, one participant stated:

[I could count on] my mother [for practical support], but I don't want to call her.

Another participant said:

My mother [is an emotional support person] — on a good day [emphasis added].

Approximately 25% of participants named their former foster parent(s) or their former social worker as someone to whom they could turn for either emotional or practical support; this was essentially equivalent to the percentage of youth who named their parent(s) as a source of support. In the case of one participant, a former foster parent and former social worker were the only supports named after she aged out of care.

In contrast to the findings relating to parents, the percentage of participants who named their boyfriend or girlfriend as a person to whom they turned for practical or emotional support increased over the four waves of interviews; indeed, at Time 4, nearly half of participants named their partner as a — and often as the *only* — person providing them with emotional support when needed.

Across the four waves of interviews, seven participants named their boyfriend's or girlfriend's mother as someone whom they could turn to for support. Other sources of unpaid social support included friends, siblings, grandparents and aunts, and the participant's child's foster parent.

As might be expected, participants' naming of paid sources of support — practical or emotional — diminished from Time 1 to Time 4. By Time 4 all participants had left the care system and were over the age of majority, which also meant that their access to youth oriented services was more limited (e.g. Child

and Youth Mental Health Services) and they had fewer opportunities to engage with paid support people (e.g. Child and Youth Care workers).

In summary, the study's family relations and social support findings suggested that: most participants had contacts with various family members; had friends; and could name a person or people who could provide them with support, including, for some, a former foster parent and/or social worker. Nevertheless, participants' relationships with the people they named as their primary if not only supports were often fragile, complex and tinged with some ambivalence. Moreover, these relationships often were limited (e.g. only having e-mail contact with former foster parents), transitory (e.g. in the case of boyfriends or girlfriends) or unstable, without guarantee of enduring commitment. The existence of family members, friends, and service providers in participants' lives did not necessarily equate to feeling well-supported. For example, one youth who cited her dad as a source of support, said of living on her own:

It's hard. I don't have a worker to talk to anymore to rely on for help or to answer questions.

Similarly, another youth who said her mother was still involved in her life said:

Sometimes I wish I were back in care so I could get more help.

Post-care Experiences

Major Events

As an open-ended question at Times 2, 3 and 4, participants were asked to name the "major event(s)" that had happened in their life in the preceding 6-9 months.

Several strong themes emerged, including (listed in order of frequency):

- Changed residence.
- Pregnancy/birth of baby.
- Ended relationship with partner (which was reported more frequently at Time 4 relative to Time 2 or Time 3).

- Got a job (reported most frequently at Time 2, and not at all at Time 4).
- Graduated from high school (reported most frequently at Time 2, and not at all at Time 4).
- Started a new school program (reported most frequently at Time 2, and not at all at Time 4).

In addition, at Time 4, the second most frequently reported answer (following “changed residence”), voiced by 6 participants (30%) was that “nothing” had happened.

Best Thing About Leaving Care

At Times 2, 3 and 4, participants were asked what was the best and what was the worst or most challenging aspect of life after care.

In terms of the best thing about leaving care, at Time 2 two primary themes emerged and were reported with equal frequency. Participants expressed that they valued the autonomy that came from making decisions and setting the rules. Implicit in their comments was a sense that being able to make decisions for themselves was a relatively uncommon experience:

Nobody can tell me what to do anymore — so far, so good.

As a second theme, participants expressed that they enjoyed the absence of the surveillance and controlling aspects of life in care:

Getting away from the Ministry and social workers because they're too nosy.

Not having a social worker judging my parenting.

At Time 3 and 4, these themes continued to be expressed. However, a third major theme emerged, one that was related to the previous two: relief at getting away from other foster kids and foster families. Several participants made reference to the difficulties associated with sharing their lives with others whom they did not know and to whom they did not feel connected:

No more foster kid, and having my own space.

I don't have to live with wierdos, random foster

parents and foster families.

Not having to deal with social workers and other foster kids.

In addition, two participants noted that they now had “better living conditions”, largely due to their ability to access student loans.

At the same time, some participants’ comments suggested that while leaving care promoted positive feelings of independence, the experience made for ambivalence, given the finality of the departure from care. As one participant said at Time 4:

I like the freedom, [but] I don't like the reality of being an adult [i.e. paying bills, worrying about budgeting and grocery shopping].

Another participant’s ambivalence was reflected in her responses over time to the question of “what was best about leaving care”. At Time 2, she said:

I liked being in care, my worker, and what I was getting. I wish I was still in care.

At Time 3, the same youth said:

I can do my own thing, but I did like having a structure. It's hard to make your own rules and stick to them.

By Time 4 this participant reported that learning how “to navigate the system” was the best thing about leaving care. However, when asked whether there were any challenges, this same youth said:

[It is] really, really hard at first. I had no idea what to do or where to go. I ended up living with my boyfriend; I moved around a lot. You get used to the system. I wished I had gotten my stuff together before leaving care, because there is way more support when you are in care. It's way harder to get it together when on your own.

Finally, two other youth said throughout their interviews that there was nothing about the transition out of care that they liked or felt good about.

There hasn't been anything good that's happened. Things have just gotten harder.

Worst Thing About Leaving Care

In terms of the worst or hardest aspects of leaving care, there were three participants at Time 3 and two participants at Time 2 who said that there weren't any hard or challenging aspects of leaving care.

Nevertheless, at Times 2, 3 and 4, the most frequently reported issue continued to be financial hardship: participants emphasized their loss of income, and their difficulties in obtaining enough money to make ends meet, whether that was for major expenditures such as rent or education, or for smaller items such as household goods and medical needs:

A drop in income has been hard. I'm living on \$200 less per month.

Not having money, medical isn't paid for.

The worst is having no "emergency" help, not having help with little things [i.e. toaster].

A second and related theme was the loss of supportive people in participants' life, including the loss of involvement by their social worker, or someone who could help them when they were experiencing financial, personal or emotional stress, when they were in crisis or conversely "with the little things", or someone who simply took an interest in how they were doing.

Not having a social worker — she was a major support person. Welfare workers don't help with the real needs.

Being on my own, with nothing to fall back on.

At Time 2, one young person poignantly compared her situation to that of young people who grew up in their parents' home:

I know 24 year-olds whose parents still make them lunch — I don't have that.

At Time 3 and 4, participants contrasted the type and amount of support they had while in care with their experiences now that they were out of care. They noted that the loss of the support system they had while in care was made harder by the current absence of a support system.

Not having contact with people/foster parents is the worst part of leaving care; I felt safer in care — I knew someone would always take care of me.

[It's] crappy, having to move, losing friends, parents unsupportive. [I have] no support or financial help from anyone.

As a related point, youth spoke of the difficulties in trying to access resources or programs via adult service systems (e.g. income support or health/mental health care). Not having a support person or worker to help them navigate these systems may have exacerbated their experience of frustration or distress.

Welfare workers aren't as involved or helpful. When you're on your own, you are on your own. And they don't care.

Trying to find resources to help me, like specialty doctors.

Not having that support anymore — knowing they are not there. It has been hard to find resources.

In addition, some youth spoke of feelings of loneliness and conveyed a sense of unease or lack of preparedness in being on their own at this point in their life.

Some nights I can't sleep because I'm not used to it yet.

Being on my own [is hard], by myself. In care there was someone always there guiding me.

Finally, two youth at Time 4 stated that "everything" about leaving care had been hard.

Helpful Skills and Strengths in Leaving Care

At Time 4, participants were asked to identify skills and/or strengths that they had that were helpful to them in leaving care. All but one youth were able to identify a skill or strength that had helped them in leaving care, though youth also noted that naming skills and strengths was difficult. Several youth said that what helped them when they left care was

their knowledge of practical skills such as budgeting, cooking, being able to do laundry, and cleaning. Several more spoke of the personal traits they had that helped make a difference. These traits included:

- Having advocacy skills and “people skills” so that they “knew how to talk to people”, particularly those in authority;
- Being able to use their people skills to “get what was needed”;
- Being strong willed, resilient and determined to succeed;
- Being able to learn from mistakes; and
- Not being lazy.

Several youth said that they found having a support system helped them because they did not feel so alone. These youth identified community resources such as a group home or peer support from our research project, or family members, former foster parents or a former social worker, as sources of support. Knowledge of community resources was a skill/strength as it meant that youth knew where to find help when they needed it. For one youth, having been on the Independent Living program helped because it was an opportunity to learn necessary skills while in a supportive environment.



5 Discussion and Conclusions

This study was unique within Canada in that it was a prospective, longitudinal exploration of outcomes for youth from care, rather than a retrospective review. As well, data were collected through face-to-face interviews, using both an open-ended and fixed choice interview format. The inclusion of qualitative data provided additional richness that contributed to an understanding of the experiences of youth as they aged out of government care.

In our first report, we presented findings that mirrored the existing North American literature on youth from care, and that revealed a disquieting picture of their life circumstances (Rutman, Hubberstey, Barlow & Brown, 2005). Our data indicated that, relative to youth who had not lived in care, youth from care:

- Were far less likely to be living with their family.
- Had a lower level of education.
- Were more likely to be on income assistance at age 19.
- Were less likely to rate their health as excellent or good.
- Engaged in higher levels of alcohol and drug use.
- Were more likely to have experienced sexual victimization.
- Were more likely to have been arrested for a criminal offence.
- Had a more fragile social support network, and tenuous ties to family.

At Time 2, the picture emerging of these young people's experiences continued to be disquieting. Key Time 2 findings included (Rutman, Hubberstey, Feduniw & Brown, 2006):

- Transience was considerable — 30% of participants had moved four or more times in the first year and a half after leaving care.

- Homelessness had been experienced by 45% of participants.
- More participants were on income assistance at Time 2 than Time 1.
- Nearly a third of participants (30%) were now young parents, and of those, 60% had had some type of Ministry of Children and Family Development involvement.
- Youth reported financial hardship as the worst or most challenging aspect of leaving care, along with the loss of supportive relationships.
- Depression continued to be the most frequently reported health issue. Depression and/or depressive symptoms/treatment was experienced by 48% of participants, a jump from 38% at Time 1.

Findings from Time 4 and longitudinal analyses of our data over time continued to confirm and to provide more depth to the picture described in previous reports. Key findings are discussed below.

Housing Stability and Transience

As reflected both in our study's findings and our attrition rate (which in itself was a marker of transience) youth had little stability in housing and living arrangements; indeed, several youth had moved three or more times in the 6 to 9 months in between the Time 3 and Time 4 interviews. The lack of stability in housing was generally related to a lack of affordable, safe housing for young people, given their highly limited income and/or breakdowns in personal relationships. For a number of participants, including "Margo" in the case story above, lack of stable housing gave rise to serious risks in relation to safety and victimization.

Our findings regarding high rates of transience and housing instability are highly congruent with the

Canadian, US and international literature on young people's experiences post-care (NGA Centre for Best Practices, 2007; Raman, Inder & Forbes, 2005; Serge, Eberle, Goldberg, Sullivan & Dudding, 2002). These findings also stand in stark contrast with normative data for same-age peers that indicate that an increasing number of young people in their 20s are continuing to live in the family home (<http://www12.statcan.ca/english/census06/data/index.cfm>).

Moreover, in view of the centrality of safe, affordable housing for young people's ability to continue their education, care for a child or maintain employment, a growing body of international researchers and policy developers have urged that support initiatives for youth leaving care include policies and programs that enhance access to safe housing (Centre for Excellence in Child and Family Welfare, 2006; NGA Centre for Best Practices, 2007; Kroner, 2007; OACAS, 2007; Raman, Inder & Forbes, 2005; Schibler & McEwan-Morris, 2006).

Education

Less than half of participants had completed high school by age 20 or 21. Moreover, if the youth in our study had not finished high school by the time they aged out of care, relatively few had managed to complete high school in their first two years post-care. These results echo findings reported both nationally (Manser, 2007) and provincially. For example, the BC Representative for Children and Youth found that that fewer than 1 in 4 youth from care graduate from high school, as compared with 3 out of 4 youth in the general population (Child and Youth Officer for BC, 2007). By comparison, a national Canadian longitudinal study of 18-20 year olds reported that as of 1999, 85% of 20 year olds had graduated from high school and of these, 70% had gone on to post secondary education (Human Resources Development Canada, 2002)

Non-completion of high school is a predictor of poor outcomes on a number of fronts. Youth who drop out have been shown to be "twice as likely to end up in jail and more than five times as likely to receive income assistance" (Child and Youth Officer for BC, 2007, p 3). As well, youth who do not complete high school have been found to be less likely to be socially involved, to

have fewer positive friendships for example, or to be engaged in club/social/athletic/volunteer activities (Myles, n.d.). Conversely, education opens doors; youth who have graduated from high school not only experience more employment stability and higher incomes, they also have many more opportunities for life long learning (Child and Youth Officer for BC, 2007). Nevertheless, there is indication that when former youth from care attempt to (re)access educational programs, they do so into their 20s, which puts them outside the provincial government's current age-based eligibility criteria for financial supports for their education (Egilson, 2007)

Employment and Income

By Times 3 and 4, Income Assistance was the most common source of income for our participants. As well, several young mothers who depended on their partners for income never had had any employment experience, and did not believe that they had any adequate employment-related skills. Moreover, for nearly all of the young people in our study who were employed, jobs were in the low paid service sector.

Indeed, all youth in our study were living below the poverty level at Time 4, and at all waves of interviews, financial concerns emerged as the strongest theme related to what was the worst or most challenging aspect of leaving care.

Deep poverty and financial instability have critical ramifications for all aspects of life, including safe housing and the prevention of victimization, the achievement of educational goals, and the capacity to provide adequately for children's developmental needs. As discussed above, our findings regarding the financial hardships facing youth from care are congruent with those reported elsewhere in Canada, the US and internationally (Courtney & Dworsky, 2005; Mendes, 2003; Mendes, 2005; OACAS, 2007; Schibler & McEwan-Morris, 2006; Tweddle, 2005; 2007). In keeping with recommendations regarding access to safe, affordable housing, these authors have advocated for flexible policies enabling enhanced financial supports to youths, including bursaries for educational pursuits, who are in a transitional phase upon aging out of care.

Pregnancy and Parenting

At Time 4, more than half of the participants participating in all waves of the study were young parents. This is substantially higher than the pregnancy/parenting rate amongst same-age youth in Canada (Tweddle, 2005); our findings are also consistent with BC-based data that showed that young women in/from care saw a medical practitioner for pregnancy-related issues at a rate that far surpassed that in the general population (Child and Youth Officer for BC, 2006). The higher rates of pregnant/parenting youth from care relative to mainstream adolescents similarly paralleled US findings reported by Courtney and Dworsky (2005), and international findings reported in the UK and Australia (Mendes, 2003; Mendes, 2005).

Although all of the young parents in our study had custody of their children at Time 4, 11 of the 13 parenting participants had had some Ministry of Children and Family Development involvement in relation to their children. Further, an unanticipated and highly disturbing finding was the strong relationship between parenting and mental health concerns, such that 85% of participants who were parenting reported having mental health problems or concerns, including post-partum depression. As well, for most of these youth, their mental health conditions and concerns preceded their parenting status (e.g. youth who reported depression and anxiety at Time 1 were parenting by Time 3), although stressors associated with parenting, such as poverty and housing instability may have exacerbated mental health conditions.

The experience and support needs of young parents in and from care continues to be a topic that has received very little research attention; policy direction in this area has been lacking (Callahan et al, 2005; National Youth in Care Network, 2002). In view of our findings, there is serious need to undertake more focused research examination of the health and mental health needs of young parents from care, with an aim of identifying the policies, programs and practices that best support these young parents.

Physical and Mental Health

At three of the four waves of interviews, youth in the study rated their health substantially less positively than did youth in the general population (Statistics Canada, 2004). Indeed, at Time 2 and Time 3, the self-rated health of our sample of participants was lower than that reported for any known sub-group of BC youth, including street youth and youth who had been abused (McCreary Centre Society, 1999; 2002; 2003).

At Time 4, however, the self-reported health of the participants in our study had improved and was on par with that of youth in the general population. While the increase in self-reported health may be indicative of participants' resilience or positive outlook on their health, the finding is, to us, an anomaly about which we have no ready explanation other than that participants increasingly differentiated between their perceptions of their physical and mental health.

Along these lines, our study yielded consistent findings over time in relation to young people's high rates of self-reported depression, which was the most frequently reported health condition at each of the four waves of interviews, and was reported by nearly half of participants at Time 4. Again, our study's findings in relation to mental health status were in keeping with the Canadian, UK and international literature, which also has noted barriers experienced by youth from care in attempting to access adult health and mental health care services (Courtney & Dworsky, 2005; Schibler & McEwan-Morris, 2006; Mendes, 2003). Moreover, in recognition of these barriers, both Canadian and US policy advisors have urged for transitional supports to be available to youth in/from care to help ensure access to appropriate, comprehensive health and mental health care (OACAS, 2007; NGA Centre for Best Practices, 2007). Courtney and Dworsky (2005) further emphasized that when the option of remaining in care (beyond age of majority) was available, staying in care "increased the likelihood that young adults...would receive the medical, dental and psychological care they perceived they needed (p.11)."

Substance Use, Criminal Activity and Victimization

The youth in our study reported higher levels of smoking, alcohol and drug use and involvement in criminal activity than their same-age “mainstream” youth counterparts; these findings are congruent with several Canadian, US and international studies (Tweddle, 2005; Courtney & Dworsky, 2005; Mendes, 2005). At the same time, in our study, participants’ substance use and criminal activity diminished over time: the number of participants using alcohol and marijuana did not increase and in fact, the frequency and intensity of use decreased slightly by Time 4. Similarly, engagement in criminal activities declined over time. As well, nearly all of participants’ offences were committed while under the influence of alcohol or drugs.

Our substance use findings potentially may be understood given the study’s other findings concerning the increase in participants who became pregnant or parents by Time 4. Our qualitative analyses indicated that participants sought to cut down or abstain from substance use and “partying” when they learned they were pregnant or became parents; to this end, they also sought to change their friends and social patterns. Participants also voiced that finding new friends and supports was challenging. Research with vulnerable youth has shown that having caring adults and supportive friends can serve as protective factors for high-risk behaviours including substance use and criminal activity (McCreary Centre Society, 2006).

By contrast to our longitudinal findings related to substance use and crime, participants’ experiences of victimization increased over time, suggesting that youths’ vulnerability did not diminish after they left care. We believe that our findings related to victimization are among our most troubling. As discussed above, youths’ housing instability and poverty were inextricably linked to their risks of victimization; an added risk was participants’ instability and volatility in their personal relationships. Fundamental to protecting youth from care from experiences of victimization is having a strong social

support network, and in particular the presence of a stable, permanent, and caring adult (NGA Centre for Best Practice, 2007; McCreary Centre, 2006).

Family Relations, Community Involvement and Social Support

Research has consistently shown that youth have better outcomes when they have strong social supports and feel connected to their family, school, and community (Courtney et al, 2001; Leslie & Hare, 2000; McCreary Centre Society, 2004; 2006; Tweddle, 2005). Similarly, having a positive relationship with a stable, caring adult is an important asset and protective factor for young people as they navigate the transition from adolescence to young adulthood (Kurtz et al, 2000, Loman & Siegel, 2000, Mann-Feder & White, 2001; NGA Centre for Best Practices, 2007). A review of best practices in the provision of youth services cited a 10 year study by Westat (1991) that found that high-risk youth experienced better outcomes post-care if they had strong support networks, including the presence of family members (Ministry of Children and Family Development, 2002). Comparable findings have been found in relation to community involvement: according to the BC Adolescent Health Survey (McCreary Centre Society, 2003), youth who reported regular, weekly involvement in school, volunteer, and recreational pursuits had slightly better health and reported somewhat diminished risk taking behaviour. Moreover, as volunteering increased, overall risk behaviours went down.

In the current study, family was important to the youth, as evidenced by the number who reported feeling connected to various family members, especially parents. At the same time, it was apparent that many youth did not feel well connected to either parent, and that males in particular were not well connected with their families.

Further, as we saw with the story of “Margo”, having several “supportive relationships” was not the same as being well supported. Despite having supportive relationships with her former social worker,

foster mother, and boyfriend, Margo experienced homelessness and expressed a sense of helplessness as events in her life started to overwhelm her. Although she had completed high school, was working, had educational/training goals, and a place to live, when these aspects of her life started to unravel, Margo did not have anyone whom she could fall back on to provide financial, emotional, or practical support and guidance. In addition, relationships with boyfriends could be tenuous, and the support they provided could evaporate, as happened with “Cassie”, among a number of other study participants.

Our qualitative findings over the four waves of interviews similarly also suggested that participants in our study worried deeply about having adequate financial and emotional support upon making the transition to living on their own. While the participants voiced their desire for stability in their life, many appeared to be adrift and alone, particularly once they left care and no longer were eligible to access a range of paid supports and resources, including their social worker (i.e., state-appointed parent) and foster parents.

Youth expressed a range of emotions in relation to leaving care. Some were eager and looked forward to being on their own, while others expressed concern and apprehension. Nevertheless, closer inspection of the data suggested that what participants looked forward to was the absence of the negative or confining aspects of being in care, as they perceived them. Among these negatives were foster home and/or MCFD/social workers’ rules, “being told what to do” by various people in their life, or living with the stigma of being in foster care. For these youth, the unknown may have been uncertain, but it seemed better than their current reality. As a corollary to this, very few youth expressed that they were looking forward to the presence of something positive upon leaving care. This again seems a very different reality than that experienced by so many youth in the general population, for whom moving out from home means movement toward one or more of the young person’s self-determined goals.

Reflections on the Research Process and Lessons Learned

Given that this project, as a prospective, longitudinal study of outcomes for youth from care, was unique within Canada, we offer some reflections on the data collection process in the interest of aiding future research in this important area.

We believe that a strength of this study was its prospective nature, and that despite the study’s attrition rate, that we were successful in carrying it out. Thus, a lesson learned is that a prospective study with this highly transient population can be undertaken, although it can take a great deal of time and effort to maintain contact with youth. A related lesson is the importance of having the names and contact information for multiple contact people for the youth participants.

Having young people from care as members of the project team, and as the ones who conducted the interviews and offered peer support were additional strengths of this project. We believe that youth participants were able to connect with our team members as a result of their shared experience of having lived in and transitioned from care, and that this contributed to our success in staying connected with youth over time.

A third strength was the project’s design/approach whereby the prospective longitudinal research was combined with opportunities for provision of peer support to those participants who requested our support.

In terms of the study’s challenges or limitations, the most salient lesson was that youth were often difficult to locate. Contributing to this pattern was the fact that some youth continued to live in highly precarious circumstances as they struggled with issues related to poverty, substance use, relationship breakdown, anxiety, and depression. We noticed that the longer a youth was out of care, the harder it became to locate him or her. And as anticipated, our success rate at connecting with youth for interviews declined with each wave of interviews. While our participant attrition rate may be viewed as a limitation of the project, it also should be considered as a finding in itself, speaking to young people’s transience.

In terms of the data collection process, we believe that a lesson learned was the importance of carrying out face-to-face interviews with the youth participants. We believe that one of the reasons that we were able to retain participants in the study was because they had developed a connection through personal contact with the members of the research team who were former youth in care.

In closing, we suggest several additional modifications to the research process, in the interest of maximizing participant retention:

- Check-in phone calls with participants every 8-12 weeks to identify more quickly if we are about to lose someone and/or to identify more quickly that a participant's contact information or support needs had changed.
- Where possible, use of e-mail to communicate and stay in touch with participants.
- Establishment of a project web site that could be accessed by participants to communicate with the team and/or to track timing of interviews.
- Involvement of a mixed gender research team with experience living in care, to conduct phone calls, interviews, and peer support.

Conclusions

As discussed previously, the transition from adolescence to adulthood has changed such that the process of moving into adulthood takes place over a longer period of time. It is now the norm for young people to depend on their parents well into their 20s for emotional, practical, and financial support — as 2006 census data showing that close to half of all BC young adults (age 20-29) live with their families attest. This trend has come about partly in response to a changing economic reality that places high value on education and life long learning.

Paralleling and reinforcing these normative trends, new conceptual frameworks on the transition to adulthood now include an additional life stage known as “emerging adulthood”. Emerging adulthood, according to Arnett (2007), has particular features that distinguish it as a period between adolescence and adulthood.

For young people in the general population, the transition process or passage between stages is gradual, non linear, and extended. Yet, youth from care do not have a similar experience. Instead, in BC they are expected to be completely self-sufficient as soon as they turn 19. A “transition” process does not exist. Rather, for this group, reaching the age of majority and aging out of care is abrupt and final, akin to being discharged and displaced.

—In the face of the broader social trend, this situation of “displacement” makes no sense.

Moreover, as this report illustrates, youth leaving care are vulnerable and often have fewer personal and material resources than mainstream youth, as well as greater mental health and other support needs.

This leads to the conclusion that what is needed is a rethinking of existing government policies, programs, and priorities, along with the role of communities and families in supporting youth from care. Central to this rethinking is our key message and primary recommendation:

—That youth from care need to have as gradual and extended a transition process to adulthood as youth in the general population.

Our conclusions have implications for policies and practice related to transitions. Foremost among these is the notion of extending the age at which youth in/from care can access a range of supports and services, including educational bursaries, access to someone to provide youth with assistance and guidance when needed, and appropriate housing, health and mental health services. Extending this age to 29 would be in keeping with the federal definition of “youth”, and also would be congruent with support needs evidenced by these current social trends.

Extending the age at which youth in care can access supports and services also has precedent in both the US and in Australia. Indeed, extending the age at which youth could remain in care and have access to foster care and guardianship services resulted in better outcomes for youth in health, mental health, education and employment domains (Courtney et al, 2005)

and resulted in dramatic cost savings at a societal level (Raman et al, 2005). In the latter regard, policy research in Australia determined that offering youth in care access to extended care services “cost the state around 11% of the cost of not putting in place any measures” (Raman et al, 2005, p.2). Recently, these costs analyses informed policy and legislative shifts whereby youth now have an option to remain in care and/or access post-majority services until age 21.

Our conclusions also have implications for families and communities, since communities are centrally involved in supporting youth in transition. As discussed in the “Growing Healthy Canadians” website, family, schools, community, government, and the workplace can each positively influence and enhance passage through developmental transitions (<http://www.growinghealthykids.com/english/home/index.html>). In keeping with this, we argue that being truly supported in transitioning from care means having confidence in knowing that there are a *range* of supports, resources, and people available to actively provide help and guidance throughout the crucial years of establishing oneself as an emerging adult. As well, although there is clearly growing interest in the area, there continues to be areas in which more research is needed in order to determine how best to support youth transitioning to adulthood from the care system, particularly young parents with mental health needs.

In drawing our conclusions, we concur with the principles outlined by the Task Force on Modernizing Income Security for Working Age Adults (MISWAA): that a new youth in care model is needed — one that uses the extension of parental support in wider society as the benchmark — and that this model needs to be reflected in all governance structures that support youth throughout their transition to emerging adulthood status (MISWAA Task Force, 2006; Stapleton, 2007). As well we concur with the MISWAA Task Force that the beginning place for any model related to youth in/from care needs to be achievement of better outcomes related to this transition.

With respect to the preparation for leaving care, we support the recommendations put forward by the Ontario Association of Children’s Aid Societies (2006):

that youth need to be involved in making and initiating a plan for their future. Many of the youth in our study reported that they were not aware of a plan of care on their behalf. As noted by youth in Ontario, “youth want to know that people are thinking about their futures and they want to be involved” (OACAS, 2007, p 2). However, building a plan for the future is a process that is dependent on the youth’s abilities, needs, readiness, and relationships, and thus cannot be determined by age alone. In other words, the path towards transitioning out of care needs to be flexible, not tied to a specific start or end point.

Finally, we need to shift the concept of “readiness” and the onus of responsibility in terms of preparation for aging out of care from youth to ourselves — or to youth and ourselves together — just as we, as responsible parents, plan jointly with our children for their transition to adulthood.

When are we ready — as family, community members, service providers, and government — for youth in care to age out and be on their own? We conclude this report by suggesting a beginning “aging out” checklist:

—we are ready for youth to leave our/state care when:

- with our help: youth are connected with an adult who is committed to offering a long-term, supportive relationship;
- with our help: youth have safe and affordable housing;
- with our help: youth have a high school diploma;
- with our help: youth have goals mapped out for post-secondary training or education and know how to achieve these goals;
- with our help: youth have proper ID (SIN number, health card, birth certificate); and
- with our help: youth are properly connected to appropriate health and mental health services and supports.

Just as the support needs for our children cannot always be foreseen, this list may lengthen. Your suggestions are welcome.

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When Youth Age Out of Care — Where to from There?

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