When Youth Age Out of Care -
A Report on Baseline Findings

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ABSTRACT

The *Promoting Positive Outcomes for Youth From Care* project is a prospective, British Columbia study designed to examine what happens to youth following their exit from government care. The project will follow 37 youth over a 2.5 year period; data are being 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 will explore whether and how the provision of 'peer support' makes a difference to youth following their exit from care.

This paper reports on the life circumstances of the youth participants at Time 1. The findings mirrored the existing North American literature on youth from care, revealing a disquieting picture of their life circumstances. Relative to mainstream youth, youth from care: 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; and had a more fragile social support network, and tenuous ties to family. Youth also expressed a range of emotions in relation to leaving care. However, participants' comments suggested that what participants looked forward to was the absence of the negative aspects of being in care, as youth perceived them. Finally, Time 1 findings suggested that participants worried deeply about having adequate financial and emotional support leaving care. While the participants voiced their desire for stability, many appeared to be adrift and alone, particularly once they no longer were eligible to access paid supports and resources. In upcoming reports we will track youths' progress on their path from care.

SECTION ONE - INTRODUCTION

The *Promoting Positive Outcomes for Youth From Care* project is a British Columbia study 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 2003-2006 by the Crime Prevention Partnership Program of the National Crime Prevention Centre (NCPC).

This project will follow 37 youth over a 2.5 year period. In addition, the project has built in a peer support component whereby young adults who have lived in care are available to offer support to the youth participants over the course of the project. As an aspect of the research, the project will explore whether and how the provision of 'peer support' makes a difference to youth following their exit from care. The project team is 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 a profile of the youth participants at Time 1. It addresses the following research questions:

- *What are young people's experiences and status in relation to various life domains including social relationships, physical and mental health, criminal justice system, education and employment, during the period of their imminent or recent 'ageing out' of care?*

- *What are young people's feelings about and perspectives on ageing out, and their sense of preparedness for living on their own?*

Following this introduction, **Section 2** provides a brief background to the project including a summary of relevant literature, along with the project's goals and objectives. **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 baseline findings; data are reported in relation to twelve life domains and topic areas. **Section 5** provides a concise summary and discussion of the findings.

Subsequent reports will provide data on the progress of the youth participants as they continue their journey of 'ageing out' of care.

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SECTION TWO - BACKGROUND

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. Options for children or youth living 'in care'[1] include foster homes, group homes, receiving homes (temporarily), relatives' home, or the Independent Living program[2] Children can be in care with MCFD as permanent wards[3], temporary wards[4], or through voluntary care agreements[5].

As of December 2003, for each 1,000 children up to age 18 living in BC, roughly 10 were in care[6] (Ministry of Children and Family Development, 2004). Many of these young people have experienced significant trauma, abuse and neglect. 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 these care-leavers need emotional support along with practical assistance to locate suitable housing, educational programs, and employment, and to establish rewarding personal relationships.

Late adolescence is a time of multiple transitions - from adolescence to early adulthood, from school to work, and from family of origin to establishment of one's own homes and patterns (Fisher et al, 1986). For the majority of youth these transitions represent a process that takes place over a period of time and with the support of family or relatives. *Indeed, the norm is for young people to depend on their parents and relatives well into their 20s* (Canadian Council on Social Development, 1996).

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[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] 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.

[3] Child may be adopted if s/he is legally 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).

[6] In Canada (not including Quebec) approximately 9.5 children per 1,000 children are taken into care.

Youth leaving foster/substitute care at the age of majority (i.e.19 years old in BC) face an additional transition - from the care of the child welfare system to reaching the legal age of majority and thus "ageing out" of the child welfare system. Furthermore, in as much as the 'parental' role of government comes to an end, this occurs with finality and without further formal involvement of the 'parent', regardless of the young person's financial, emotional, and practical support needs. Thus, 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, p. 20) than do most other youth leaving home, more akin to an "expulsion" than a transition. The leaving care experience arguably neither facilitates nor allows for the full range of transitions that youth encounter as they enter adulthood, leaving youth from care under pressure to do more, sooner, and with fewer internal and external resources than their peers.

Canadian longitudinal research on outcomes for 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 paucity of 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. For many youth in care, the experience of multiple placements can normalize transience and disrupted interpersonal ties. These factors compound the difficulties in tracking youth over time.

Despite the limitations cited within the literature, it is generally assumed that many youth leaving care lack education, personal stability, support in the form of someone who cares about how they are doing, and practical skills such as grocery shopping, meal planning, budgeting, searching for and finding safe housing, decision-making and self advocacy. Young people living in care have commonly experienced significant trauma, abuse and neglect (Raychaba, 1988; Courtney et. al, 1998), including the often neglectful parenting of the government care system, leaving many youth attempting to cope with unresolved internal conflicts. In view of the magnitude and degree of these risk factors, 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.

Project purpose and objectives

The *Promoting Positive Outcomes for Youth From Care* project was conceived to address this knowledge gap. 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.
- 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.
- Provide opportunities for youth to voice their experiences of ageing out of care and their perspective on how successful transitions are defined.

This report primarily addresses the first objective; subsequent papers will address the latter project objectives.

SECTION THREE - RESEARCH PROCESS

Design

The *Promoting Positive Outcomes for Youth From Care* project is a prospective, longitudinal (3-year) study that will follow a cohort of youth in transition from care over time.

The study also is a qualitative exploration of how 'peer support' is experienced and used by youth in their transition from 'exiting' care. Youth participants self-selected whether they wanted to receive peer support, which was offered on an as-needed basis by two young adults who themselves had lived in care. Youth could access peer support as their needs arose, and the support focused on addressing the issues that the young people themselves identified.[7]

Two British Columbia communities were involved: one was a metropolitan centre and one was a small city, though within an hour's drive of the urban district.

The project is guided by an Advisory Committee comprised of young adults involved with the BC Federation of Youth in Care Networks, staff of the Victoria Youth Clinic, head office and regional staff of the BC Ministry for Children and Family Development, faculty and researchers in the School of Child and Youth Care, and staff of the Child and Youth Office for B.C.

Participants

Thirty-seven youth participated in the study at Time 1.[8] Over three-quarters of the study cohort were female (78%; n=29), and slightly under one-quarter (22%; n=8) were male.

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[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.

[8] Our original aim was to interview approximately 45 youth, which we understood from government statistics represented approximately 50% of the youth ageing out of care within the two study sites, during our recruitment period. However, we received contact information for fewer youth than anticipated; consequently, fewer were interviewed than we had planned. Participant recruitment challenges included changes within the provincial child welfare system which led to the amalgamation of child welfare offices and teams, and difficulties contacting the youth who identified themselves to us.

In total, 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.

Table 1: Age at first interview, by gender

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

The majority of participants (62%; n=23) lived in the urban centre, and 38% of the total sample came from the smaller community.

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 interview. In addition, 34% of the sample identified themselves as Canadian, but did not elaborate on their cultural heritage.

Criteria for participation & 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 youth.

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. Each referral was followed up by the project team. In the end, 37 youth (65%) were eligible and agreed to participate in the project. 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.

Data Collection Instrument

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

- Contact information & demographics
- In-care experiences & current living arrangements
- Family relations/Connections to family
- Pregnancy & parenting
- Health, including:
- Self-rated health
- Health conditions
- Physical activities
- Nutrition
- Sexual health
- Dental health
- Mental health
- Health concerns
- Medication use
- Accessing health care systems
- Substance use
- Educational experience
- Training & Employment experience
- Financial/source of income
- Social supports & community involvement
- Involvement in the criminal legal system & victimization experience
- Self-care skills
- Defining a successful transition from care
- Preparedness, support for leaving care & 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 pilot participants' 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; all 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.

SECTION FOUR - FINDINGS

Participants' Stories

We begin by sharing the stories of two participants, Margo and Cassie. Their stories speak to some of the experiences of the study participants as well as the kinds of issues they faced upon leaving care. Subsequent reports will track their progress.

Margo

Margo was born in Africa but identifies 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 years old, just shortly after coming to Canada. During that time she had two foster placements; the second placement in a foster home was the most stable and long-lasting. Margo still has a strong relationship with her former foster parent whom she continues to refer to as "Mom". Her birth mother is deceased. Margo is somewhat connected with her birth father and siblings, who live in another city. When asked about the people who support her in various areas of her life, the only people she mentioned were her former foster parent and her former social worker.

Although Margo has her high school diploma, English is her second language and she finds that this causes communication barriers in some situations. At the Time 1 interview, Margo was working part time as a cashier in a grocery store, earning low-wages. She has struggled to earn adequate income and to find full-time work.

I had a garage full of stuff when I was getting ready to move out. I bought my own things over time.

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.

One of Margo's long-term goals is to attend hairdressing school. She was unaware that she might be eligible for financial assistance in the form of scholarships that would help her achieve this goal.

Cassie

At the time of the first interview, Cassie was within four weeks of turning 19 years old and "ageing 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 for 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 then 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.

In Care Experiences

Young people's experience of <u>living</u> in-care affects their experience of <u>leaving</u> care and the kinds of issues they face once on their own. A study by Mann-Feder (2000) suggested that the transition from placement to independent living was made more difficult by the nature and length of youths' relationships with service providers, other youth in care, and family members.

In the current project, of the 37 participants, 25 were permanent wards (i.e., under Continuing Care orders) and two were temporary wards. The remaining participants either did not answer (n=4), were not sure of their guardianship status (n=4), or were in care on a voluntary care agreement (n=1). In addition, one participant was involved with the Ministry though a Youth Agreement[9].

Length of time in care

Most participants had been in care for a number of years. Indeed, over two-thirds of participants reported living in care four or more years.

> *I was in and out of care for 10 years, moving back and forth from foster home back to my mom's, then to my grandparents, then back into a foster home again – for 10 years!*

Table 2: Length of time in care
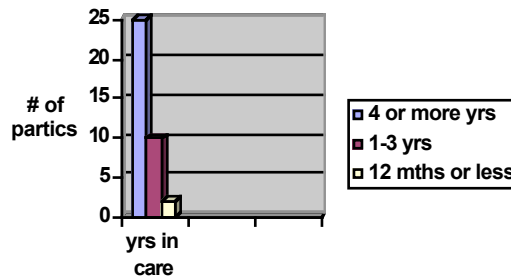
Age entered care

Overall, participants' age of entrance into care was relatively evenly distributed across the age categories (0-4; 5-9; 10-14;

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[9] According to the BC Ministry for Children and Family Development's website, the Youth Agreement Program was introduced "in 1999 to serve youth age 16-18 who were homeless, could no longer live with their families and for whom Ministry care was not an appropriate alternative. The program supports high-risk youth to live independently through a contracting process, providing rent and financial assistance for food and other necessities." (www.mcf.gov.bc.ca/youth/yap.htm). Technically youth on Youth Agreements are not in care of the Ministry, however we received advice from several sources that these youth be included in our study because they received all the services of the Ministry, including access to and support from a social worker.

15-19). Nevertheless, the majority of intakes were after age 10: 35% were 10-14 years of age and 27% were 15-18 years of age when they entered care.

> *I lived in a Brazilian orphanage until I was adopted to Canada when I was 8 years old. That didn't work out though and I ended up in care when I turned into a teenager.*

Table 3: Age when first entered care
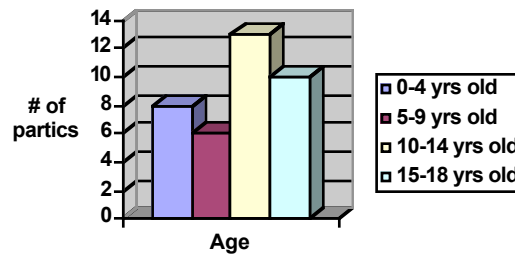
Number of placements

There was a considerable range in the number of foster placement that participants had while in care. While 32% of participants had been placed 1-3 times, 38% had been placed seven times or more. Sixty-seven percent of the participants who entered care between the ages of 10 to 14 had been placed at least 4 times.

> *I've had too many to count.*

Current Living Arrangements

Of the youth who were under 19 at the time of the interview (n = 20), 25% were living with foster parents, 10% were living in a group home and 10% were living with a family member of some type. The remaining 11 participants reported a variety of living arrangements such as living at a friend's house, in low-income housing, at youth housing, or with a roommate. By contrast, as reported in Leslie and Hare (2000, p. 20), 92% of 18 year olds in the general population report living at home with their parents.

> *I'm living in a semi-independent living foster home. I share a basement suite of a foster home with other girls who are getting ready to move out on their own too.*

Of study participants who were 19 years or over at the Time 1 interview (n = 17), only 18% reported living with a family member. The majority, 82%, lived in a variety of housing arrangements, including living at a friend's house, living in low income housing, living in a townhouse, and living with their boyfriend/girlfriend. This again presents a very different picture

from the general population of young adults, two-thirds of whom, according to the <u>Progress of Canada's Children Report</u> (Canadian Council on Social Development, 1996), live with at least one parent.

> *Right now I'm living with my boyfriend's family because we can't afford our own place.*

Education

Level of education

Participants' educational levels varied. Of the total sample of participants (n=37), about a third (32%) had a Grade 12 or higher level of education; 51% had reached Grade 10 or 11, and 16% had left school following Grade 8 or 9.

However, of the participants who were over 19 (n=17), 41% had a Grade 12 or higher level of education. This is substantially lower than the 2003 high school completion rates for youth living in the two regions involved in the study (71% for the large urban centre and 72% for the small urban centre.) (BC Stats, 2003).

At Time 1, 14 youth (38%) were in school; 86% of these participants were *under* 19 years old and were still in high school. Only 2 of the 17 youth over 19 years old were in school.
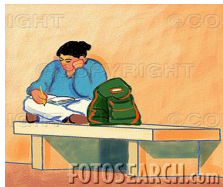
Some of the youth attending school faced barriers that made attaining their educational goals a challenge for them. Half of the youth who were attending school at the Time 1 interview reported that they (possibly) had a learning disability. Nevertheless, only 29% had received help for this.

Some of youths' reasons for quitting school included: a lack of friends and social connections; being kicked out, substance use problems, pregnancy, and employment priorities.

> *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.*

Income

Main Sources of Income

The main source of income for a significant number of the youth participants (38%) was employment. Of these 14 youth who were employed, 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 <u>under</u> 19 were on the Independent Living Program and indicated this as their main source of income; another seven participants under age 19 reported employment as their main source of income. Two of the other youth under 19 were on Income Assistance.

Of the 16 participants <u>over</u> 19, 44% (n=7) reported employment as their main source of income; 44% (n=7) were on Income Assistance; and the rest relied upon others, such as their family or partner for income. By contrast, 2.5% of all youth age 19-24 in BC were on income assistance as of September 2003 (BC Stats, 2003). This difference may in part reflect Income Assistance regulations which require all youth, *except those leaving government care*, to demonstrate that they have worked and lived independently for two years before being eligible to apply for Income Assistance*.*

Income Level

When asked about income, about a quarter <u>of the total sample</u> declined to answer this question. However, of those who did report their income, 39% were receiving less than $500/month, 32% were receiving between $500-800/month and another 30% 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 than that.

Chart 1: Income level
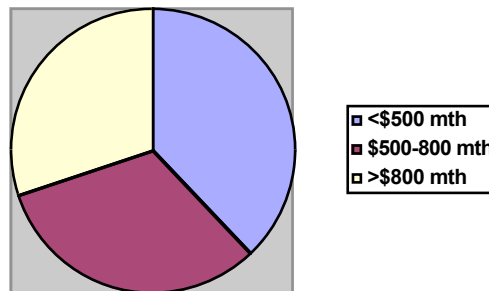
In addition, a number of youth expressed distress regarding a loss of income, after they were no longer able to access Ministry-funded programs such as Independent Living or Youth Agreements. This point is discussed in greater depth later in this report.

> *When I became pregnant, my income went from $900. to $510. a month because I didn't qualify for a Youth Agreement anymore. (Going onto Income assistance, rather than on the Youth Agreement) wasn't my choice. I believe my social worker did everything she could to help me, but it was mostly policy-related barriers[10].*

Parenting & pregnancy

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").

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[10] According to MCFD policy, youth may continue to be on a Youth Agreement while pregnant or parenting. However, MCFD social workers may vary in their practice of administering Youth Agreements (MCFD manager, personal communication, October 4, 2005); moreover, youth may perceive that their Youth Agreement contract ended due to their pregnancy.

In our sample, five of the 37 (14%) youth had a child; all of the parents were female. In all cases but one, the baby was born when the young mother was still in care. At Time 1, all of the young parents in the project had legal custody of their child.

> *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.*

At Time 1, all of the children were under the age of three.

Table 4: Age of children of mothers in care

Child's age	#
Under 12 months	1
12-23 months	2
24-36 months	2

In addition, five participants (four female and one male) were expecting a child at the time of the first interview (the male participant was the partner of one of the study participants). Two were still living in care, while the other three were 19 and therefore no longer in care.

Table 5: Females pregnant or parenting at Time 1

	% of sample (n=37)
Have a child	14
Pregnant	14
No	73

Thus, 10 participants in the study (27%) were pregnant or parenting at the time of the Baseline interview.

Parenting support   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).

All of the young mothers reported receiving multiple types of assistance, and assistance of various sorts. Participants received practical/day to day help, as well as financial support, and emotional support (which was named by one participant within the "other" category). In addition, two of the young mothers 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.

I was technically in care when I was pregnant but this did not affect me because I was living with my partner's family. I was well supported by them.

Table 6: Types of parenting supports received

Types of parenting supports received	% of sample (n=5)
Occasional baby-sitting	100
Assistance in times of crisis	80
Material support	60
Regular child care during the day	60
Parenting advice	60
Assistance with transportation	40
Shared or co-parenting	40
Other	20

As well, all of the young mothers had participated in pregnancy (outreach) and/or family support programs, specifically Best Babies, Healthiest Babies, and alternative high schools that had daycare facilities on-site.

Any concerns about the child?

Three young mothers (60% of the young mothers) reported having concerns about their child. These included concerns about some of the toddler's behaviours, concerns about possible prenatal alcohol exposure since the mother reported that she drank before she knew that she was pregnant, and concerns that the child would be apprehended by the Ministry. The participant who feared her child's apprehension did not elaborate on why she believed this might happen.

One of the pregnant young women also expressed concerns, given that she went on a drinking binge before she knew she was pregnant.

Finally, participants were asked whether they anticipated that their ageing out of care would affect their life as a parent. These findings are reported as part of the section on Feelings about Leaving Care, at the end of this section.

Physical and Mental Health

Self-reported health

Self-rated health has been associated with both physical health status and social well-being (McCreary Centre, 1999).

At Time 1, the majority of youth in our sample (65%) rated their health as good or excellent. While this is positive, our findings were striking in that substantially <u>fewer</u> participants reported themselves to be in good/excellent health relative to other recent surveys of British Columbia youth. For example, the 2003 BC Adolescent Health Survey reported that 86% of the youth in its sample stated that they were in good or excellent health. While the reasons for rating their health as 'fair' or 'poor' likely varied and youth were not specifically asked to explain their responses, one participant linked her self-perceived health rating to her former substance use:

> *I didn't rate my health as good right now because of past drug use. But I've quit drugs now.*

With only 65% of our sample reporting good or excellent health, our findings are more comparable to those of BC youth who had been abused or sexually exploited. As shown below, recent BC Adolescent Health Surveys found that 75% of female youth who had been abused and 55% of sexually exploited females rated their health as good or excellent.

Table 7: Youth rating their health as 'excellent' or 'good'

	% of sample
2003 Adolescent Health Survey (in school youth sample)	86
2002 Adolescent Health Survey of Youth who have been abused (female only sample)	75
"Promoting positive outcomes for Youth from care" study	**65**
1999 Adolescent Health Survey of Sexually Exploited Youth (female only sample)	55

There was no difference between the males and females in our sample on self-reported health. This is in contrast to other research, including the BC Adolescent Health Survey, which found that girls assessed their health less favourably than did boys.

Physical & mental health conditions

We asked youth whether they <u>ever</u> had experienced or been diagnosed with a variety of health conditions. Overall, most participants reported that they had not experienced these conditions, the one exception being depression; more than one third of the youth (38%) reported that they had experienced or been diagnosed with depression. Indeed, of all the health problems included in the checklist, depression was the most frequently reported.

Another frequently reported health condition was an eating disorder. As well, 11% of our sample reported experiencing anxiety (which had not been listed separately, but emerged out of the "other" category of health conditions), 8% reported other mental health-related conditions (e.g. irritable bowel syndrome or drug-induced psychosis), and 8% reported having asthma. These findings indicate that mental health problems had been experienced by a substantial number of the young people in transition from care in our sample.

Table 8: Past or current health condition

	Percent of sample (n=37)
Depression	38
Vision problem	30
Eating disorder	14
Hearing problem	8
Sexually transmitted disease	8
Anemia	5
Herpes	3
Hepatitis	3
Other	41

Additional analyses of these data indicated trends in terms of gender differences: 45% (n=13) of the young women in the sample reported depression, in contrast with 13% (n=1) of the young men. (Chi-squared = 2.79, 1 df, p. =.10)

Direct comparisons between our findings and those of other surveys with BC youth cannot be made because of differences in interview/survey questions. Nevertheless, our findings with regard to self-reported experience/diagnosis of depression are generally consistent with the BC Adolescent Health Survey, which reported that 42% of female youth in school stated they had "emotional troubles" (McCreary Centre, 1999).

With regard to eating disorders, our findings are also generally in keeping with other BC data. The BC Adolescent Health Survey which found that, whereas 6% of the non-abused girls in their province-wide survey "binge-ate weekly", 14% of the girls who reported being both physically and sexually abused binge-ate weekly (McCreary Centre, 2002). Similarly, a recent study by Birmingham (2002) reported that 17% of high school girls and 8% of high school boys engaged in 'severely disordered eating'; Birmingham's study also found that 1% of high school girls were anorexic and 3% of high school girls had bulimia nervosa.

Current concerns about physical or mental health

Approximately one quarter of the youth in our sample reported that they <u>currently</u> were experiencing physical health problems.

Table 9: Current physical health concerns

Have current physical health concerns?	% of sample (n=36)
Yes	28
No	72

In addition, overall, relatively few youth in our study <u>currently</u> had concerns about their mental health, and fewer youth reported mental health concerns than physical health problems. As well, fewer participants reported current mental health concerns than the number of youth who reported that they had <u>ever</u> experienced or been diagnosed with depression or other mental health issues. However, a number of participants did report current concerns. Moreover, the findings suggested gender differences in current mental health concerns: all of the participants who indicated they had mental health concerns were females (chi-squared = 5.01 p. = 08.). These data are in keeping with our findings regarding gender differences in self-reported depression.

> *I had a psychiatric assessment just last week. I've been having really bad anxiety attacks and depression for a few years and have been on meds for a long time. I did see counsellors while in care and played with different meds but they didn't work. Now am seeing counsellor/psychiatrist on Mondays. I want to avoid meds and work through issues instead.*

Other potential correlates of current mental health concerns, such as length of time in care, number of placements in care, presence of close friends, level of education, and feelings of connectedness to family members, were not statistically significant.

Table 10: Current mental health concerns

Have current mental health concerns?	% of sample (n=37)
Yes	14
No	84
Not sure	3

Ever had a psychiatric assessment

The majority of the youth in our sample (62%) reported that they had had a psychiatric or psychological assessment; another 8% were not sure whether they had had one. Moreover, 75% of the males in the sample stated that they had had an assessment (another 13% were not sure). By contrast 59% of the females in the study had had a psychiatric or psychological assessment. (This gender difference was not statistically significant.)

> *I was at Ledger House[11] after 1 month in care. They wanted me to get help for suicidal and depressive mood swings. They said I had detachment disorder, among other things. I didn't find this helpful.*

Table 11: Presence of psychiatric assessment

Ever had a psychiatric assessment	% of sample (n=37)
Yes	62
No	30
Not sure	8

Although there are numerous reasons why youth have mental health assessments, it is often the case that for youth who have been involved with the criminal justice system, a psychiatric assessment and/or services are components of the custodial and/or treatment process.

Sexual health

Most youth in our study reported that they "always" used birth control of some type. Nevertheless, a sizeable percentage of participants (25%) stated that they did not use birth control. Open-ended comments suggested that the participants who reported that they didn't use birth control were not currently in relationships. In addition, several other participants shared that they were not sexually active (at this time).

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[11] Ledger House is a facility that provides mental health assessments, mental health stabilization and interventions for children and youth. It offers both residential and out-patient services.

Table 12: Use of birth control

	% of sample (n=36)
Yes, always	64
No	25
Not sexually active	11

In addition to being asked whether they used birth control and if so, which method they used, youth participants who were sexually active were asked how frequently they used condoms. While 43% reported "always" using condoms, 31% reported "never" using them. Open-ended comments indicated that many of the participants who reported never using condoms were in what they considered to be a long-term relationship with a partner whom they trusted and believed they knew well.

Table 13: Use of condoms

	% of sample (n=35)
Yes, always	43
Sometimes	11
Never	31
Not sure	3
Not sexually active	11

Comparisons between our findings and those of the BC Adolescent Health Survey are not readily available since interview questions were not identical; however, the 2003 Adolescent Health Survey reported that 61% of 18 year olds reported using condoms.

STD/herpes   Eight percent of participants in our study reported having a sexually transmitted disease (STD). These figures are twice as high as those reported in the 2003 BC Adolescent Health Survey Report, in which 4% of the (in-school) sample of youth reported having an STD (McCreary Centre, 2003).

Table 14: Diagnosis of a sexual health condition

Experience/diagnosis of sexual health condition	% sample -Yes (n=37)	% sample – No (n=37)
Sexually transmitted disease	8	92
Herpes	3	97

Indeed, our findings are more in keeping with the rate of STDs found in a recent health survey of BC youth who had been abused: 8% of female youth who had been physically abused and 8%

of female youth who had been sexually abused reported having an STD, including HIV (McCreary Centre, 2003).

Accessing health care

The vast majority of our sample, 89%, 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, (71%), did. Sixteen percent of participants reported that they went to a drop-in clinic when they needed health services and 14% went to the Youth Clinic.

While the majority of youth participants indicated that they had not ever had difficulty obtaining the medical or psychological attention that they believed they needed, more than a quarter of the sample (27%) reported that they had had trouble accessing health or mental health care. Moreover, of those who reported having trouble getting medical attention, all had an education level of Grade 11 or lower; none of the participants who had Grade 12 education or higher reported having trouble getting medical of psychological attention.

> *It took being admitted to the hospital for someone to pay attention and take action.*

Table 15: Ability to obtain medical/psychological attention

Trouble getting medical or psychological attention	% of sample (n=37)
Yes	27
No	73

Substance Use

Smoking

The majority (68%) of youth participants reported smoking regularly, with 60% reporting that they smoked less than a pack of cigarettes per day and 8% - all female - reporting that they smoked more than a pack a day. In addition, 16% said they had quit smoking, although they did not indicate how long ago they had quit. Only 16% reported that they had never taken up smoking.

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 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, 2003).

Alcohol & Marijuana Use

In the current study, ***95% of the youth participants reported that they currently use or have tried alcohol.***

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. At the same time, that survey clearly found that the percentage of youth who had tried alcohol increased with age. In our study, 32% of youth reported that they drank weekly, 38% said they had 1-2 drinks per month, and 24% said they had quit drinking within the past 6-12 months.

While we did not ask specifically about binge drinking[12] at Time 1, additional analyses of our data indicated that 16% of our total sample reported drinking either daily or more than 3 drinks a week. 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. We will be exploring patterns of substance use in greater detail, including binge drinking, in subsequent interviews in the study.

According to the 2003 BC Adolescent Health Survey, 55% of 17 year olds in BC reported that they used or had tried marijuana. By contrast, in our study 81% (n=30) of youth reported that they currently used marijuana, had tried it, or had quit using it. Of this cohort, 51% reported that they used it or had tried it and 30% reported that they had quit using it.

Moreover, a sizeable percentage of all youth interviewed at Time 1 (41%) reported using marijuana daily or multiple times per week. ***Notably, 27% of our total sample reported using marijuana daily.***

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[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.

A gender analysis of marijuana use amongst participants in this study found that a higher percentage of males smoked it daily relative to females (50% vs. 17%); a similar pattern was found in relation to smoking several times a week (62% for males and 34% for females). These findings are consistent with the BC Adolescent Health Survey, which noted that males reported using marijuana more frequently than females.

Further analyses of our data revealed that cigarette smoking and marijuana often went hand in hand: two thirds of the youth who had never started smoking (n=4) had also never tried smoking marijuana. At the same time, of the youth who smoked a pack a day or less, 45% (n= 10) were also daily (or several times a week) marijuana users.

Use of other street drugs

In addition to marijuana use, we asked youth about their use of other street/recreation drugs. While a small percentage of participants reported that they currently used street drugs, many youth reported that they had quit using these drugs. Moreover, of the drugs used currently, crystal meth and Ecstasy were used by more participants than were heroin or cocaine. (It should be noted, however, that more than one quarter of our sample did not answer questions regarding non-marijuana street drug use; thus, findings should interpreted with some caution).

Table 16: Use of street drugs (other than marijuana)

	Crystal meth (n=26) % sample	Ecstacy (n=26) % sample	Cocaine (n=28) % sample	Heroin (n=28) % sample	LSD (n=26) % sample
Never started	62	58	57	79	58
Few times per month or less	8	8	4	0	0
Quit using	21	35	39	21	42

Although our interviews did not ask participants when or for what reason they stopped using marijuana or other street drugs, several youth commented that they had quit recently (i.e, within the past few weeks or months). The reasons 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.

I just found out 2 months ago that I was pregnant, and since then I've quit smoking, pot and cocaine. I also used to drink a lot but I've quit that too.

I received most of my treatment for drugs through a court order. I spent a total time in treatment centers of about 1 year. What helps me most to quit is hanging out with people other than my regular 'drug' friends.

I quit drinking six months ago. I also quit crystal meth about 3 months ago but I still struggle with that. I go to NA regularly and this helps me a lot.

Involvement in the criminal legal system

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). 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").

Based on self-report, 68% of project participants had been arrested for at least one criminal offense. Eight percent of the sample (n=3) disclosed having been arrested three or more times; two of these three participants were male.

Table 17: Self-reported involvement in criminal activity

	% of sample (n=37)
None	32%
One incident/arrest disclosed	30%
Two incidents/arrests disclosed	30%
Three or more incidents/arrests	8%

Separate analyses by gender revealed that 88% of young men in our sample had been arrested and/or charged with one or more crimes, while 66% of the young women had been arrested and/or charged with one or more crimes; however, these gender differences were not statistically significant.

Similarly, analyses based on in-care experience found trends but no statistical differences. 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.

Participants' open-ended comments indicated that for both males and females, most of their criminal activities occurred while under the influence of alcohol or drugs and when they were younger.

As shown below, the most frequently occurring criminal offenses were theft under $5,000 and assault. As well, while the majority of arrests resulted in charges being laid, less than half of the arrests resulted in 'jail'/'juvie'. Other types of 'dispositions' following arrest included: probation, community service, diversion, and restorative justice programs.

Table 18: Types of criminal offenses in which youth have engaged

Offense	% of total sample (n=37)
Theft under $5,000	38%
Assault	24%
Drug Possession	14%
Robbery	11%
B&E	8%
Automobile theft	8%
Possession of stolen goods over $5,000	8%
Impaired driving	5%
Drug Trafficking	5%
Sexual Assault	3%
Other (offenses include: Mischief, drunkenness, uttering threats)	30%

I was arrested for mischief but I only had to do community hours. I wasn't charged or sentenced.

I've been put in the drunk tank.

I was arrested two times for theft. The first time I was put in Ledger House, and the other time I had to do community hours.

Experience of victimization

Sexual assault was the most frequently reported offense of which participants reported being a victim/survivor. ***Forty-one percent of our total sample of participants (n=15), <u>and 54% of our sample of young women</u>, reported that they had experienced sexual assault; all were young women.***

Responses to open-ended questions about the legal outcome of the sexual assault were varied. Some participants' stories suggested that they were children at the time and that the incident resulted in their being removed from their familial home. Other participants indicated 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. Several people chose not to provide details of their experiences. In nearly all instances, however, participants stated that they either did not report the crime or dropped charges because they were counselled that there wasn't sufficient evidence for conviction.

> *When I was 6 years old, an investigation took place on my step-dad, who was arrested and was out of the family.*

Twelve youth (32% of our total sample) were 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.

> *After I was beaten, no charges were laid. But my motto is 'what goes around comes around'.*

The breakdown of participants' victimization experience, by offenses, is shown in the table below:

Table 19: Victimization experiences of youth

Offense	% of total sample (n=37)	Legal Outcome
Sexual Assault	41%	Various (see above)
Assaulted	32%	50% = never reported or no charge laid 17%= youth was removed from home (no charges laid; alleged offender was family member) 25%= charges were laid, then dropped 8%= jail for offender
Theft under $5,000	26%	100%= never reported or no charge laid
B&E	8%	100% = never reported or no charge laid
Automobile theft	5%	100%= never reported or no charge laid
Other (please specify)	1	1= charges dropped

As can be seen, the most common legal outcome to an experience of victimization was that the offense was either not reported or no charges were laid. Moreover, when changes were laid, they most often were dropped. Other than in instances of sexual assault, victimization experiences almost never resulted in legal action or remedy.

> *In my last foster home, another girl trashed my room and stole everything. The police came but nothing happened.*

Family Relations

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, unpublished). 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 for Children and Family Development, 2002). Inglehart (1994), also cited in the best practices review, similarly found that contact with fathers enabled youth to find help and resources on their own.

Participants in the current study 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 with the person. As a separate question, participants were asked how frequently they were in contact with the individual, either in person or by phone or e-mail. Categories ranged from seeing and/or talking three times per week or more, to a few times per month, to never seeing or talking with the person.

Youth interpreted "feeling connected" broadly. For example, some said they felt very connected with a parent even though that parent had died, or was seen or spoken with irregularly. Similarly, other young people reported feeling disconnected with a parent or family member with whom they had regular contact.

A total of eight participants – five females and three males - experienced the loss of a parent. In all, nine parents were deceased; six mothers and three fathers. One youth had lost both parents and was technically living in care, albeit with an older sibling as the designated 'foster parent'.

> *I never met my dad, but I heard he died of a drug overdose 4 or 5 years ago.*

| **Connection to parents** | As depicted in Table 20, overall there were more youth that reported feeling disconnected to their parents than reported |

feeling connected. Indeed, nearly half of participants (49%) said they felt disconnected with their mother, and over half (57%) reported feeling disconnected with their father. A cross tabulation of connectedness with either parent revealed that only 13% (n=5) of participants felt connected to both their mother and their father, whereas 32% (n=12) indicated a lack of connection with either parent.

Table 20: Reported relationship between youth and family members

Relative	Very or somewhat connected	Neither Connected nor disconnected	Very or somewhat disconnected
Mother	42%	9%	49%
Father	33%	9%	57%
Siblings	82%	-	18%
Extended family	47%	3%	50%

I don't talk to my mom very much, only once in a while and it's always her calling me.

I'm connected better with my mom now but it fluctuates. We're only able to connect by phone.

Closer examination of the data revealed gender differences in that all six male participants whose fathers were still alive reported not feeling connected to him. There was a greater range of responses amongst the female participants, with 59%, stating that they did not feel connected with their father and 40% stating that they did have a connection. Furthermore, 71% of the young men in the sample reported no connection to either parent, as compared with 39% of females.

| **Connection to siblings & extended family** | Despite, for some, the absence of a connection to parents, the majority of youth participants (82%) reported a connection with their sibling(s). In addition, |

nearly half (47%) reported feeling connected to their extended families.

The strength and nature of the connections with siblings and extended family members are difficult to quantify given the multiple relationships that exist. For example, youth reported half siblings as well as siblings they had met only infrequently and never lived with, or conversely,

had lived with for periods of time. Others reported feeling connected to one side of the family but not the other side. At least two youth reported being raised by grandparents. Future reports will explore family relationships in more depth to better understand the complexity of the inter-relationships between feelings of connection and various family members.

> *I have one sister who I see all the time, one sister who I see every once in a while, and another sister who I never see because she was recently adopted. She's three now.*

> *I don't get to see my half sister very much because I don't have a good relationship with my dad. But I do talk to my other sister sometimes.*

> *I want to feel more connected to my family and to see my siblings more.*

Frequency of contact with family members

The frequency with which youth were in contact with various family members largely mirrored the pattern of findings regarding youths' sense of connectedness with their family. For example, youth reported calling or speaking with their mother more frequently relative to the amount of contact they had with their father. As shown in Table 21, twice as many participants reported never contacting, speaking with, or calling their father, relative to the number of youth reporting the same with their mother. Nevertheless, several participants reported being in contact with their mother, family or sibling(s) on a weekly basis.

Table 21: Frequency of contacts/calls with family members

Frequency of calls/contacts	Mom (N= 37)	Dad (N=37)	Siblings (N=37)
Never	19%	38%	11%
Few times per year	3%	5%	8%
Few times per month or bimonthly	13.%	19%	30%
Weekly	49%	30%	43%
Missing/no answer	16%	8%	8%

Social supports and community involvement

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; Tweddle, 2005). However, youth in and from care have been found to lack these multi-faceted social networks. Instead they rely on peers, who are often struggling with similar issues related to the transition from care, or on service

providers, who often are limited in what they can achieve by regulations, finances, and workload (Leslie & Hare, 2000).

Drawing on Sarason's Social Support Questionnaire – Short Form (Sarason et al, 1987), youth participants were asked several questions related to their perceived social support networks. These questions included whether they had close and trustworthy friends, whether they had someone on whom they could count for support, as well as the type of support they received (characterized as emotional, financial and practical support), how involved they were in community activities, and how satisfied they were with the types and levels of support they experienced.

Close & trustworthy friends	A total of 26 youth or 70% of participants said they had close and trustworthy friends. ***At the same time, 13% (n = 5) stated that they did not have close or trustworthy***

friends, and another 16% (n = 6) were not sure if they had friends they could count on.

A breakdown by gender showed that one quarter of the male participants (n = 2) said they did not have close friends and another 13% (n = 1) said they were not sure. Thus, over one-third of males (n = 3) either did not have close friends or were not sure that they did.

Most important relationships	When asked to name their most important relationships, boyfriends or girlfriends were most frequently mentioned,

followed by siblings, and then foster parents. Parents (either mother or father) were the fourth most frequent response; no participants named both parents in their list of important relationships. By contrast, Leslie and Hare (2000, p.20) noted that for 92% of 18 year olds in the general population who were leaving home, their network of support primarily revolved around "family, neighbours, and school contacts".

One participant indicated that he did not have any important relationships in his life at the moment:

> *I don't have any relationships right now. I would say my landlord (is my most important relationship) because he's the only one who trusts me and lets me get away with a $40 short in rent.*

Someone who cares for & accepts you	Youth were asked whether they had someone who cared for and accepted them, as well as someone whom they

counted on for support. The majority (89%) of participants said yes to both questions.

Nevertheless, three participants stated that they either did not have anyone, or weren't sure whether they had anyone whom they believed accepted them totally. Moreover, 38% of participants named only one person who they believed accepted them totally.

Friends, current or former social workers, and other community-based service providers were most frequently named as people who could be counted on to provide emotional or practical support. Included amongst service providers were youth mental health workers, staff at supported independent living programs, youth support workers/counsellors, group home staff, and alcohol and drug counsellors. Current or former foster parents were the next frequently named category of people who provided emotional or practical support to participants. A parent was mentioned as well (i.e. either mother or father, but not both parents), albeit not as frequently as the above groups, as were siblings, grandparents, and other extended family members.

> *My social worker - I can call him anytime. I called him to request clothing allowance. I talk to him anytime. He would come over and talk.*

> *My old foster family helps me with all types of support, including financial support.*

These findings are consistent with US research on youth transitioning from care to adulthood conducted by Courtney et al (2001), which found that "significant others" (i.e. boyfriend or girlfriend), friends, and foster parents, scored highest as sources of social support. Family, while rated lower, was nonetheless important. This is also consistent with other studies which have shown that youth find ways to remain in contact with their families and to some degree include them in their support networks (Loman & Siegel, 2000; Westat, 1991).

Participation in community social support networks

According to the Adolescent Health Survey (McCreary Centre Society, 2003), participation in community-based or other extra-curricular activities can be a protective factor and another indicator of well-being. Youth who reported being involved in community or extra curricular activities also reported slightly better health and somewhat diminished risk-taking behaviour (McCreary Centre Society, 2003).

Youth in the current study were asked about their involvement in community groups. This included participation in internet groups, although arguably internet involvement can also be

viewed as a risk factor, depending on the amount and type of internet use. Slightly more than half of the participants (53%, n = 19) said they did not participate in community groups, although nearly half 44% (n=16) said they that they were involved in a community group of some type (one person was not sure and one did not answer). The examples of community networks or activities in which youth engaged included:

- Volunteering at karate school
- Pregnancy outreach program
- Youth Empowerment Society
- Federation of BC Youth In Care Networks
- Al-Anon
- Running group
- Family violence program
- Parent support group
- Internet groups

Satisfaction with type of support

Youth were asked how satisfied they were with the type of support they received, as well as overall with the level of support available to them. Youths' responses indicated that they felt satisfied with the types of support they had, especially emotional support. Nevertheless, when asked in which area(s) of their life they wanted to have more social support, the top response again was emotional support.

Self Care Skills

Youth reported having a high level of confidence in relation to a number of self-care skills, including employment search skills, food management skills, daily living tasks (i.e. laundry), time management, and recognizing unsafe situations. Youth were also confident in their ability to look for housing and accessing tenant rights information.

Nevertheless, many youth reported that they lacked information on community resources and knowledge of how to access that information. Of the 37 participants interviewed, the following percentages reported not knowing how to access information about:

- Education grants (27%)
- Medical insurance (56%)
- Accessing food banks (27%)
- Applying for youth housing or low income housing (32%)
- Applying for Income Assistance (27%)

In addition, many youth also reported a lack of skills regarding various aspects of money management. Moreover, among the youth who reported having confidence in their budgeting skills, the majority also indicated that they received budgeting or money management help from

someone in their lives (i.e. youth worker, parent, social worker, etc).

Further analysis of the data revealed that 27% (n=10) of participants indicated that they did not know how to do at least six of the items in the 36-item self-care questionnaire. Some elements these youth had in common were that:

- 90% were living with someone
- 80% had been arrested and/or charged with a crime
- 0% had graduated from high school
- 80% thought they do or might have a learning disability
- 70% didn't feel completely prepared to leave care
- 50% said the thought of leaving care made them feel scared.

Preparations for leaving care

As part of examining how youth fare upon leaving care, our project aimed to explore how youth felt emotionally about ageing out of care, and how prepared they felt and believed they were for leaving care.

> **How do youth feel about ageing out of care?**

There was a considerable range of feelings expressed by youth in relation to aging out of care. **Slightly more than one third of participants (37%) expressed predominantly negative feelings about the prospect of ageing out**, including the following concerns:

- Worries about having a significantly reduced monthly income[13]
- Worries about severed relationships with social workers, support workers, and other youth-serving service providers
- Worries about not having a job
- Worries about whether family would provide support
- Fears about being alone and without support
- Fears about the unknown and what will happen in the future

In describing their feelings, participants used the following terms: "freaked out", "confused", "scared", "stressed out" and "unprepared". One participant's negative feelings were related to or exacerbated by her sense that she had "no choice" about exiting care; this situation made her transition to living on her own fundamentally different than that of peers who were not wards of the state. In participants' words:

> *It feels like I'm falling on my ass.*

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[13] For example, at the time of these interviews were conducted, youth who are on the Ministry for Children and Family Development's Independent Living program receive over $700. a month, while individuals on Income Assistance receive just over $500. per month).

> *I don't feel good about it. It's too soon. I'm not ready.*

At the same time as these participants expressed negative feelings and concerns, **another third of our sample of youth (31%) expressed predominantly positive feelings** about exiting the child welfare system. These participants expressed excitement about the prospect of "freedom" and "being free to make (their) own decisions", as well as to living on their own.

> *"I'm looking forward to being on my own. Other kids in the group homes yelled and were immature. I can't take it anymore."*
>
> *"Yay! Care was a hassle. I didn't like it. My foster mom always yelled at me, she thought I was spoiled. I only used care as a place to sleep."*

In addition, reflecting the above range of views, **approximately one quarter of participants (23%) expressed ambivalence about aging out**. For example, participants reported feeling simultaneously happy that they would have their "own space" and "no other foster kids" or authority figure telling them what to do, yet at the same time youth felt scared about being alone, with "no one to back them up."

> *It feels scary, but it's also going to be a lot of fun. I've never been on own – I've always had someone backing me up.*

Finally, 9% of the youth in our study believed that aging out would not make a difference to them. (These youth were all over 19 and had already 'aged out' at the point of the Time 1 interview.)

How will/has the transition from care affect pregnant or parenting youth

In addition to the above question posed to all participants, youth who were pregnant or parenting were asked about the impact of aging out of care for them as parents.

Participants were divided in terms of whether aging out of care had or would affect their lives as parents. Several participants indicated that aging out had no bearing of her housing or supports; for example, one young mother was living with her partner's family and was well supported by them.

Nevertheless, approximately half of the young parents in our sample reported that exiting care resulted in major challenges for them. Most significantly, it represented a huge loss of income (e.g., one young mother reported that her income went from $900 to $510 a month, a 57% reduction in monthly income). Transitioning from care with a baby or toddler also places huge

demands on the young parent in terms of accessing the kinds of practical and emotional supports that all parents need and use in raising a child.

Interviews with participants not only spoke to challenges in exiting care with a baby, but of being in care (or receiving services from the Ministry) with a baby. Two young parents reported that they were told that they could not continue being on a Youth Agreement as a young parent. Moreover, one parenting youth reported being told that returning to care was not an option for her, even though the youth's mother (with whom she was living) suffered from a major psychiatric illness.

Do youth feel prepared for leaving care?

Approximately **half of participants (49%) reported that they felt prepared for leaving care**. For some, this was because their social worker and/or foster parent had helped them to prepare and/or to develop skills in living on their own:

> *They taught me really well. …They had me working with a (community support worker) who taught me budgeting and helped my find an apt. They also gave me money for silverware, dishes, etc…*

> *I had made a plan with my foster mom.*

For others, this was because they already had experience living on their own and taking care of themselves, either through the Independent Living program, or because they had lived on the street, or because they had looked after their younger siblings:

> *I knew life skills from taking care of my siblings since I was 12 years old.*

> *Yes I feel prepared, because I took care of myself most of the time anyway when I was on the street and running from the law.*

> *They sent me that book but I didn't fill it out, I did things my own way.*

In addition, for other youth, they felt prepared because they had taken the initiative to plan and prepare for leaving care. One person reported that they "waited for it" since age 13. Another participant stated:

> *I had a garage full of stuff when I was getting ready to move out. I bought my own things over time.*

Nevertheless, **more than a third of the youth (37%) felt unprepared to leave care** both emotionally and in terms of their lack of mastery of independent living skills. Several participants commented that the 'preparation' period or process was rushed, and they worried that there were still 'loose ends' to 'figure out' including securing a job, managing a monthly budget, finding a place to live, and knowing how to prepare meals.

> *I did not feel prepared, I did not know how I was going to pay bills. The Ministry should have taught me how to cook more, someone to actually teach you.*

> *I was really excited, but then after I realized it was really hard. I had a place all figured out - but it got screwed up at the last minute. I had 2 days to figure out something. In the end I moved in with my boyfriend. He paid damage deposit. I hate the apartment and can't wait to move out into different place. My boyfriend is going to be in jail for three months so we've got three months to figure it out.*

In addition, youth spoke of feeling worried about the future and about not knowing what to expect in living on their own. As described above in response to their feelings about aging out of care, youth also related concerns regarding getting a job and being able to make ends meet. Some youth also noted that they would have liked to begin the process of 'preparing to leave care' with their social worker sooner than they did (although others acknowledged that, in hindsight, their own procrastination had not served them well):

> *I had three months' notice. I would have liked a better program after leaving a Youth Agreement, or to have withdrew (from the Youth Agreement) more slowly, so that I could still access MCFD after that, as needed.*

> *I don't know if I will have enough (money). I need an adult to help solve problems and (provide) financial support.*

> ***I'm stressed (because I'm) trying to find a job and pay rent. I'm always fighting with my boyfriend. Being on my own is really new. I moved in with my boyfriend but didn't really want to. I have to get a job - Mom is paying this month's rent.***

The notion of 'being able to access MCFD' after leaving care seemed quite important for this group of young people, who often reported having no one and feeling very much alone.

What services/resources are you receiving now, and what do you think you'll receive after ageing out of care?

Youth were asked open-ended questions about what types of services or supports they received just prior to turning 19, and what they anticipated receiving or accessing upon ageing out of care.

The majority of youth reported that in the months prior to age 19 they used or had access to at least one type of financial, practical or emotional support-related resource; including:

- Independent Living Program (named by 32%)
- support from their foster parents (named by 14%)
- youth support worker or counsellor (named by 14%)
- support from their social worker (named by 11%)
- bus pass (named by 5%)
- utility and/or phone bill payment (named by 5%)
- medical benefits (named by 3%)

At the same time, the majority of participants (76%) expected that, upon ageing out of care, they would not be receiving or accessing <u>any</u> type of services or supports. Of the handful of youth who believed or hoped they could access services/supports, the resources named included:

- Youth Assistance Education Fund (scholarship funds for former youth in care), (named by 8%)
- Income Assistance (named by 8%)
- Youth housing (available until age 20) (named by 5%)
- Supported Independent Living program worker (available until age 20) (named by 3%)
- Narcotics Anonymous (named by 3%)
- Support from former social worker and foster parent (named by 3%)

Notably, two of these services/supports named would only be available to youth on a time-limited basis.

Who is providing youth with support during their transition from care?

There was a considerable range of responses in relation to this question, as youth spoke of the ways in which their social worker, foster parents, support workers, family members, boyfriend/girlfriend and others provided them with assistance during their transition from care. While the source, type and extent of the 'transitioning support' varied between youth, **all participants identified at least one person who provided them with support and/or practical assistance during this time**.

Social workers' role appeared to vary in particular, as did the way(s) in which youth experienced their social worker's involvement during the transition process. For many participants, their social worker was primarily involved in helping the youth gain access to financial supports (e.g. applying for student loans or income assistance) and/or paying for household goods and/or the first month's rent upon turning 19. Other participants stated that their social worker had helped them to get identification, a driver's license, with a job search, or to "connect to community resources". Still other participants noted that their social worker had provided them with emotional support during the transitional process.

> *"My social worker told me about resources for jobs (e.g. Spectrum Job Search and Career Shop), gave me $500 start-up money and was there to talk to about stuff."*

> *"My social worker offered support; she gave me more money than I was supposed to get …She took me shopping to get furniture, and paid for the delivery. She also offered me mental health services – which I refused."*

> *"My social worker was like a big brother. I could talk to him about anything."*

Nevertheless, a significant number of youth (41%) stated that their social worker did not provide them with much assistance or was not meaningfully involved during the process of exiting care. In some situations, this appeared to be because the youth did not seek help from the worker, and/or because the youth was receiving ample support from other people. However, several participants expressed disappointment about their worker's lack of involvement upon their ageing out of care.

> *"My social worker was not helpful. He's too busy and not approachable. I want information about getting dental work done before leaving care."*

> *"My social worker hasn't really helped. My parents have helped with practical advice, bills, and (telling me) who to call if a problem arises."*

In addition to social workers, foster parents and youth/support workers were frequently named as providing support during the transition from care process. Foster parents and support workers provided practical assistance (e.g., helping with grocery shopping, budgeting, accessing identification and health insurance, looking for housing, working with youth to improve life skills, facilitating job searches) as well as emotional support. In addition, several youth reported that their foster parents provided financial support.

Finally, the majority of youth (54%) reported receiving help from their parents, siblings and/or extended family. In some cases this support was primarily practical and/or financial, while for

other youth, family members provided "love" and emotional support. For several youth, family members offered or provided a place to stay during the transition period. Nevertheless, a few youth (11%) emphasized that their parents and family did not provide any type of assistance or support during the transition process.

A sample of participants' comments regarding who provided them with support during their transition from care follows:

> *"My social worker has been supportive, but I don't ask her for help (though she would help if I asked for it.) My foster parents have helped with ID, passport, grocery shopping. My parents have provided love. Grandma has provided support and love."*

> *"Social worker couldn't help because she went on vacation. My foster parents helped with everything! They helped me phone places about apartments, and took me to appointments. They also helped me financially (advocated for me to get grants) and they bought me things for my house. They also taught me life skills like cooking, grocery shopping, and budgeting. And also made sure I had 2 birth certificates. My sister got me things I need, but it's hard because she's in (another community). I got Food-safe via school. I learned about community resources on the internet."*

> *"My social worker provides emotional support and is trying to find money for student loans. My foster parents support me when I"m stressed, and offered me a place to live (rent-free) after I turn 19; they also drive me to work. My parents and other family haven't helped at all."*

> *"My social worker helped financially and with paper work. Dad offered a place to stay. Grandma offered financial support sometimes. My youth worker helped with finding housing, bank accounts and practical lifeskills. My boyfriend helped financially and emotionally."*

> *"My social worker has done nothing yet. I haven't talked about it with my foster parents yet - perhaps it's too early. Dad thinks it's absurd that I am leaving care to be on my own."*

What relationships do youth think will end and what relationships will carry after leaving care?

In responding to the open-ended questions: 1) "What relationships do you think will end?" and 2) "What relationships do you think will carry on?" participants spoke about many types of relationships (e.g. family members, friends, caregivers, and various service providers, including their social worker).

Nearly without exception, youth reported that there would be some continuity in their relationships after they had left care. Moreover, the majority of youth indicated that they anticipated staying in contact with at least one worker or caregiver/foster parent. In addition, **approximately 20% of participants believed that <u>all</u> of their relationships would continue upon leaving care**. This suggests that some participants continued to be in contact with (or expected to be in contact with) their social worker as well as former foster parents and/or other service providers and support people.

> *My social worker and my former foster mom are still in my life and I've already left care.*

At the same time, more than half of study participants (57%) reported that their relationship with their social worker had ended or would end after they left care. Some youth expressed disappointment that their relationship with their social worker had ended. Some said that they had tried to contact their worker, but they were not able to be in touch (for some, difficulties in remaining in touch with social workers were likely exacerbated by workers' leaving the office due to retirement, lay-offs, or job reassignment). Other youth did not express a desire to maintain a relationship with their social worker. Interestingly, two participants reported that while they were not or did not anticipate staying in contact with their last social worker, they continued to stay connected with a social worker from earlier in their in-care experience.

Although foster parents were named less frequently than were social workers, many youth reported that they had maintained or anticipated maintaining a relationship with their former foster parents. Several youth had maintained a relationship with their former foster parent even though they had not kept in contact with their social worker. In addition, two participants expressed regret that their relationship with foster parents had ended; although they had wanted to stay in touch, they were not able to pay for long distances charges. These youth described the severing of these relationships as a loss.

Finally, although the majority of youth participants believed that there would be continuity in their relationships, a few participants thought otherwise or were not sure. One participant reported that "all" of his relationships had ended upon turning 19. This participant further emphasized that he had no desire to stay connected with "anyone" from his time in care. Two other participants did not know which relationships if any would carry on upon ageing out of care, and another two participants believed that after turning 19 all of their relationships with workers or caregivers would end, and they would only maintain relationships with family and/or friends.

SECTION FIVE - DISCUSSION

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

Based on the first in a series of interviews, the findings from this study mirror the existing North American literature on youth from care, revealing a disquieting picture of their life circumstances. As shown in the summary table below, the data indicated that, relative to youth who have not lived in care, youth from care: have a lower level of education; are more likely to be on income assistance at age 19, engage in higher levels of alcohol and drug use; and have a more fragile social support network, and tenuous ties to family. (Please note that citations for all relevant data sources have been provided in the Findings section, above.)

**Table 22: Summary Findings Regarding the Life Circumstances of
Youth Leaving Care vs. Mainstream Young Adults**

Life Domain	Youth leaving care (n=37)	Mainstream Young Adults
Current living arrangements: % living with family	14% living with family	92% of youth age18 67% of youth age 19-24
Level of education	41% had Grade 12 or graduated high school	71% completed high school (in study region)
Income - % on Income Assistance	44% of youth over age 19	25% of youth age 19-24
Parenting or pregnant	27%	No statistics available
Self-rated health as 'good' or 'excellent'	65%	86% of youth age 13-18 in BC
Have had psychological assessment	62%	No statistics available
Cigarette smoking – current smokers	68%	33% of youth age 19-24 in BC
Alcohol use – currently drink or have tried drinking	95%	78% of youth age 17 in BC
Marijuana use – currently use, have tried it, or have quit	81%	37% of youth age 13-17 in BC
Have been arrested	68%	No statistics available
Have experienced sexual victimization	52% of females in sample (n=28)	No statistics available
Do not feel emotionally connected to either parent	32%	No statistics available

Youth in the study rated their health as less positive than did youth in the general population. Participants' self-rated level of health was more like that of adolescents in British Columbia who had been abused than it was like the level of self-rated health amongst the broader population of BC adolescents. Participants also reported high rates of drug and alcohol use as well as experience with depression, anxiety and/or an eating disorder. Participants' self-reported criminal activity was also notable, particularly amongst the male participants, and their involvement in criminal activities was frequently linked to substance use.

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.

Income levels were also low for the study participants, and were largely earned via part- time service sector jobs. While this type of employment (i.e. part-time and service sector), may not be unusual for the age group (i.e. 17 – 20), it is arguably difficult to support oneself on this type of employment, much less plan for and obtain an education. Currently, for most young people in North America, financial support as provided by family members is key to their ongoing personal growth and development.

A major area of concern for youth in our study was the financial difficulty that they experienced once they left care, as this was the time when their sources of emotional and financial support invariably changed. Participants who had relied on a variety of paid supports, such as foster parents, social workers, and community service providers, no longer had formal access to these groups or individuals. Others went from being supported by the Independent Living Program to living on income assistance, which represented a drop of approximately $200 per month. At the same time, the lack of post- majority services and in particular, access to financial support for continuation of their education, meant that youth faced additional challenges. Indeed, the high school completion rate was noticeably lower amongst those who had already left care than for the general population of youth living in the same geographic locations.

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 mainstream youth, for whom moving out from home means movement toward one or more of the young person's self-determined goals.

Finally, our Time 1 findings 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. In upcoming reports we will track youths' progress on their path from care to living on their own.

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