

# *Fostering Potential*

The lives of BC youth with  
government care experience





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care experience*

A report of the 2008 British Columbia Adolescent Health Survey

The McCreary Centre Society is a non-government not-for-profit committed to improving the health of BC youth through research, education and community based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

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# KEY FINDINGS

This report takes an in-depth look at the health of British Columbia public school students who have been involved with the government care system, either through foster care, group homes or Youth Agreements. It profiles their experiences and considers factors that promote their health and well-being.

The report confirms that some youth are more likely to have experience of government care than others (including New Canadians, Aboriginal youth, young people with a disability and those who identify as lesbian, gay, or bisexual). It also confirms that youth who enter the care of the government are among the most vulnerable in our province, with high rates of challenges in their lives. Yet it also shows many are resilient, engage in health promoting behaviours and have plans for their future.

## *Key Findings*

- Despite the challenges they face, the majority of youth with care experience reported good or excellent general health (68%), planned to continue on to post-secondary education (57%), exercised at least 3 times a week (63%) and practised safer sex if they were sexually active.
- Youth who have had contact with the care system in the past year may be facing a number of current challenges in their lives, such as high rates of substance use, hunger, pregnancy involvement and violence victimization. Also, young people who live without any adults in their home appear to be particularly vulnerable to negative health outcomes and experiences.
- However, if youth with recent care experience felt engaged and valued in the activities they took part in, they reported better physical and mental health and fewer health risk behaviours than those who did not feel engaged.
- Having a stable home over the past 12 months improved health outcomes for youth with care experience. For example, the percentage of youth with care experience who self-harmed was more than halved if they had not moved or run away in the past year (20% vs. 41%).
- Even moving one less time over the course of the year was associated with better health. For example, youth with care experience who moved once were less likely than those who moved twice to report health risk behaviours such as regular binge drinking, and youth who moved twice reported higher self-esteem and lower rates of attempted suicide than those who moved three or more times in the past year.
- Youth with access to better nutrition—for example, always eating breakfast before school, eating fruits and vegetables, drinking water, not going to bed hungry

because there is not enough food in the house—reported better mental and physical health, were less likely to engage in risk behaviours and reported more positive school connections.

- Youth with care experience were more likely to report good or excellent health if they took part in sports, had supportive adults to talk to or had post-secondary educational aspirations.
- Having supportive peers and adults in their lives was linked to improved mental and physical health for youth with care experience. Even if youth had no supportive adults in their family, the presence of a supportive adult outside their family (such as a coach, teacher or friend's parent) made a positive difference. For example, females without an adult in their family they could confide in, but who had another adult to turn to were less likely to self-harm, consider or attempt suicide and were more likely to have post-secondary aspirations.
- Social workers can be a particularly important source of support for youth in care. For youth with recent care experience, having a helpful social worker in their lives during this time was associated with better health. For example, youth who had sought help from a social worker and found the support helpful were less likely than those who had unhelpful support to report suicidal ideation or attempts, regular binge drinking, regular marijuana use and negative effects from substance use. Youth who found

their social worker helpful also reported higher self-esteem and were more likely to report their health was good or excellent.

- Peers play an important role in not only supporting their friends with care experience but also in health promotion. For example, sexually active youth who reported that their friends would disapprove of them getting pregnant or causing a pregnancy were less likely to have had multiple sexual partners in the past year, were less likely to have used alcohol or drugs before having sex, and were more likely to have used a condom the last time they had sex.
- Finally, 16% of youth who were in care within the past year were currently living without any adults. Yet the report found that the presence of any adult in the home where youth lived was linked to better health for the youth, whether that adult was a member of their family or not.



# INTRODUCTION

The government care system is in place to support and protect children, and to safeguard them from harm. It is designed to ensure every possible effort is made to keep children in their homes or with extended family or friends. As a result, only the most vulnerable children and youth enter the care system in British Columbia.

McCreary's research and other studies have consistently shown that youth who spend time in the care of the local government have often experienced multiple traumas before they enter the system. These negative experiences can contribute to less positive health outcomes than those enjoyed by their peers who live in a stable family home environment. For example, youth in care are more likely to have been abused, to have had early pregnancy involvement and are less likely to complete school than those without care experience. They are also more likely to be engaging in health risk behaviours such as substance use, self-harm and suicide attempts, and to be further victimized through bullying and relationship violence.

Despite experiencing many disadvantages, a number of young people who go through the care system are able to report positive health, hopes and dreams for the future, and to deal resiliently with adverse circumstances.

This report not only looks in detail at the health picture of young people in British Columbia who have experience of the government care system, but also considers the protective factors which are present in the lives of those who are reporting more positive outcomes.

Findings from the report show us what factors might make a positive difference in the lives of some of the most vulnerable young people in our province. It is hoped these results will be used to support and implement policies and programs that address the needs of children and young people who go through our care system.

## *About the report*

This report is based on the responses of almost 1,000 young people in Grades 7 through 12 who had been in the care of the local government at some point in their lives. These youth were among the 29,440 young people who completed the 2008 BC Adolescent Health Survey (AHS). The survey was delivered in 1,760 classrooms in 50 of BC's 59 school districts between February and June of 2008.

The report is divided into sections. The first major section provides a profile of youth who enter the BC government care system. It includes some information about which young people are more likely to have had this experience, as well as an overview of their physical and mental health. It also contains details about health promoting and health risk behaviours. The second and largest section of the report focuses on what is present in the lives of youth who are reporting better health and plans for the future, despite the challenges they have faced or are currently facing in their lives.

“ I enjoy taking these surveys. More should be done with them. ”

The report also includes some suggestions from youth who have been in government care as to how we can strengthen the support we offer children and young people who enter the care system. This information was provided by youth across the province who participated in focus groups or workshops conducted by McCreary Centre Society between 2009 and 2011.

As the report is intended as a resource for service delivery, policy and program planning, it contains some comparisons between youth who have had contact with the care system within the past year and those whose contact was less recent. These comparisons appear to show that if we build the resilience of young people and foster protective factors while they are in care, they are likely to report better health outcomes when they are no longer in need of the support of the BC government.

However, because the emphasis of this study is on the healthy development of youth who have had contact with the care system, it does not compare these youth with youth who have not been in care, unless it appears that this would be particularly important for service delivery or planning purposes.

For more details about the health of all BC youth in Grades 7-12 see: *A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey*.

### ***The survey***

The AHS has been conducted every five years since 1992 and provides the most current and comprehensive data available on BC youth health, including risk and protective factors. The survey asks youth a series of questions about actions that promote healthy development and about behaviours that may negatively affect health. Question topics include common health problems, illness and disabilities, nutrition, government care experience, fitness and body image, injury prevention behaviour, sexual behaviour, mental health, and experiences of violence and abuse.

A detailed methodology fact sheet for the survey is available at [www.mcs.bc.ca](http://www.mcs.bc.ca). This includes the sources and rationale for the questions used in the AHS.

### ***The analysis***

Statistics Canada weighted the data from the survey to ensure it was representative of youth in Grades 7 through 12 in every Health Service Delivery Area of the province.

All comparisons and associations in this report have been tested and are statistically significant (at either  $p < .01$  for comparisons between youth with care experience and those without and at  $p < .05$  for all others).

This means that there is a 5% or less likelihood that any results occurred by chance.

All graphs and charts in this report relate to youth in Grades 7-12 (aged 12-19) unless otherwise stated. Graphs and charts show frequencies that are not necessarily statistically significant at every point. Where this is not obvious, it is indicated in the text below the graph.

Where an asterisk (\*) appears beside a percentage, this figure should be interpreted with caution as the margin of error is higher than expected but still within an acceptable range.

A number of correlations are noted throughout this report. This does not necessarily mean there is a causal relationship. For example, we note that youth with recent care experience were more likely to have moved homes in the past year. Although this may mean that they have moved from one placement to another while they were under the care of the government, it could also mean that they had moved into or out of the care system. Similarly, the link between eating fresh fruit and vegetables and feeling safe at school may not be a cause and effect relationship but may be linked to another factor such as the presence of inclusive school nutrition programs.

### ***Limitations***

As with all surveys, this one had limitations. This report only captures the health picture of students who were in school on the day the survey was administered. The survey also did not capture the experience of young people who had been in custody, even though this is also considered local government care. A separate survey of young people in custody will be conducted in 2012.

The introduction of Youth Agreements between the administration of the AHS in 2003 and 2008 means that the definition of government care was broadened in the 2008 survey, and the question changed. This made direct comparisons between 2003 and 2008 difficult.

Finally, the relatively small sample size of youth with care experience meant that some analyses of subpopulations of young people could not be reported.

## Definitions

For the purpose of this report:

***Youth with care experience*** and the term ***youth who had been in care*** are both used to refer to young people who indicated that at some point in their lives they had lived in a foster home, group home or been on a Youth Agreement. When this term is used it includes both those with recent care experience and those whose experience was more than a year ago.

***Youth with recent care experience*** refers to young people who had lived in a foster home, group home or been on a Youth Agreement in the past year (including those currently in care).

***Youth with previous care experience*** refers to young people who had lived in a foster home, group home or been on a Youth Agreement more than a year ago.

***Youth Agreements*** are for young people aged 16-18 who are homeless, or can no longer live with their families but for whom government care is not a suitable alternative; instead, they are provided with financial support for housing and food while they attend school. In this report, they are included in the term 'youth with care experience' and 'youth who had been in care.'

The following terms are also used:

***Youth engagement***: young people who felt that they were listened to and valued within the activities that they took part in and that these activities were genuinely meaningful to them.

***Negative effects of substance use***: experienced at least three negative consequences of substance use in the past year such as passing out, getting into a fight or overdosing.

***Regular marijuana use***: used marijuana on at least six days in the past month.

***Regular binge drinking***: drank five or more drinks of alcohol within a couple of hours on at least six days in the past month.

***Risk and protective factors***: A risk factor is anything that increases the chances of a negative event or behaviour occurring or decreases the chances of a positive event. A protective factor is anything that reduces the impact of a risk behaviour, promotes healthier outcomes or is associated with an alternative to potentially harmful behaviour.

# *A PROFILE Of BC YOUTH*

## *WITH GOVERNMENT CARE EXPERIENCE*



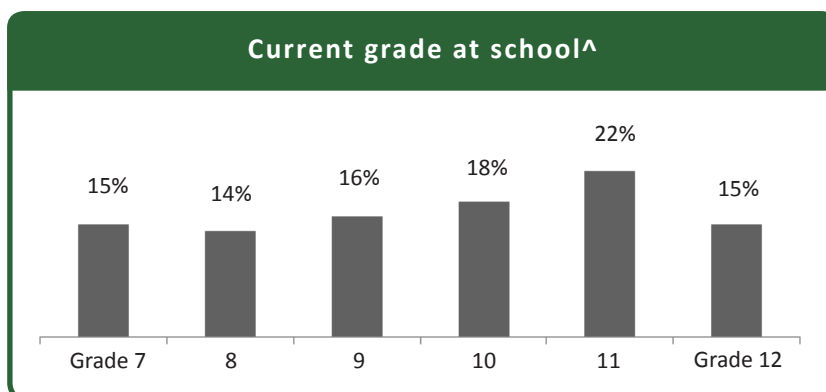
*“ I was in a foster home but I don’t know if it is called adopted or not. ”*

In British Columbia, 3% of male and female students in Grades 7-12 had been in government care at some point in their lives, and 1% had been in care in the past year.

Among youth who had been in care, 40% had this experience within the past year and 60% had been in care less recently. The percentage who had been in care in the past year was slightly lower than in 2003, despite

the addition of Youth Agreements to the survey question. Similar percentages of males and females had been in care in the past year, and had been in care previously.

The average age of youth with recent care experience rose slightly between 2003 and 2008, from 15 years to 15 years and three months.



<sup>^</sup>Among youth with experience of government care in the past year.

# Background

## *Ethnic and cultural background*

European heritage was the most common ethnic background for youth in BC and this was reflected among youth with experience of government care, where 40% identified as European. However, African and Latin/South/Central American youth were over-represented in the care population.

Aboriginal youth were also over-represented. Thirty-five percent of youth who had ever experienced government care identified as Aboriginal. In fact, one in 10 youth who identified as Aboriginal on the AHS reported that they had been involved with the care system at some point in their lives. The percentage of Aboriginal students who reported recent care experience declined from 6% in 2003 to 4% in 2008.

Ethnic or cultural heritage <sup>^</sup> (Youth could choose more than one option)	
European	40%
Aboriginal	35%
East Asian	16%
Latin/South/Central American	7%
African	7%
Southeast Asian	6%
South Asian	4%
West Asian	3%
Australian/Pacific Islander	3%

<sup>^</sup>Among youth with experience of government care.

## *New Canadians*

Twenty-three percent of youth who had ever been in government care were born outside of Canada, and 9% had lived in Canada for less than two years. This rate was three times higher than would be expected based on the overall percentage of youth who had emigrated in the past two years. Almost a third (31%) of youth who had recent care experience were immigrants.

## *Youth with a limiting health condition or disability*

Eight percent of youth who had never been in care reported that they had a health condition or disability which was severe enough to prevent them from doing things that other people their age could do. This rate was lower than the 23% (27% of females and 19% of males) among those with care experience. Youth with care experience were also more likely to report having more than one debilitating health condition or disability (8% vs. 1% of youth with no care history).

Twenty percent of youth with care experience who had a limiting health condition or disability reported that their condition was so severe that other people could always identify they had the condition. Among these youth, 20% missed a lot of school because of their condition and 34% took daily medication.

### ***Sexual orientation***

Youth who identified as lesbian, gay or bisexual (LGB) were more likely to have experience of government care than heterosexual youth. Twelve percent of youth with care experience (15% of females and 9% of males) identified as lesbian, gay or bisexual, compared to 3% with no care history.

### ***Geographical differences***

Youth from rural areas were somewhat more likely to have had contact with the care system at some point in their lives than youth from urban areas (5% vs. 3%) and were also more likely to have recent care experience (2% vs. 1%). Rural youth made up 12% of the student population in the AHS, but a disproportionate number of these students had recent care experience (18%).

There were also regional differences. For example, 5% of youth in the North had

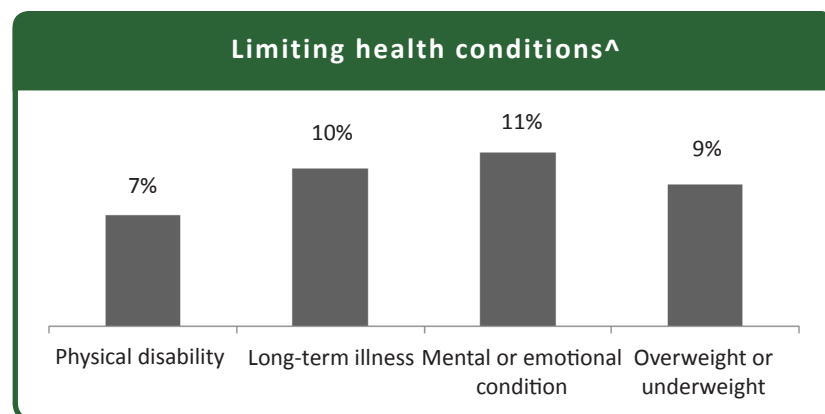
been in contact with the care system compared to 3% in the Vancouver and 2% in the Fraser Health Authorities.

### ***Spirituality***

Similar to the overall provincial rate, 51% of youth with care experience (57% of females and 45% of males) reported that they were somewhat or very religious or spiritual.

### ***Home life***

Youth who had experience of government care were less likely than their peers with no care experience to currently live with their mother (49% vs. 91%) or father (30% vs. 68%), and were more likely to live with their stepmother (7% vs. 2%), stepfather (8% vs. 5%), other adults related to them (15% vs. 8%), other adults not related to them (19% vs. 2%) or to not live with any adults (10% vs. 1%).



<sup>^</sup>Among youth with experience of government care.

*“ Since I am a foster child I have always wanted to know my biological father. My foster parents want me to know but my biological mother doesn’t. ”*

Among youth with care experience, those who had recent contact with the system were less likely to be living with one or both of their parents than those whose experience was more than a year ago (41% vs. 73%). They were also more likely to be living with adults not in their family and with no adults at all.

Youth Agreements are only available to youth aged 16 and older, and therefore as might be expected, students aged 16 and older were more likely to live without any adults in their home (22% vs. 12% aged 15 or younger).

Moving from one home to another can have a negative effect on health, particularly when it involves changing schools, friends or communities. Among youth with no care experience, 27% changed address at least once in

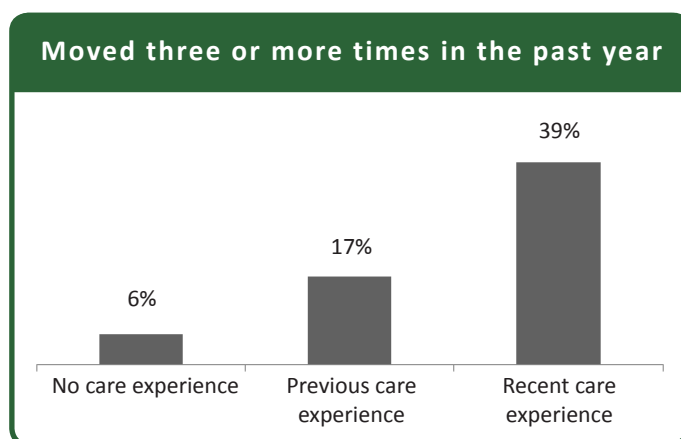
the past year. This rose to 51% among youth with previous care experience, and to 69% among youth who had been in care in the past year. Youth who had been in care in the past year were also more likely to have moved frequently.

Among the overall population of students in BC, those who had been in care were more likely than other youth to have run away from home in the past year (40% vs. 8%), and to have run away at least three times in the same time period (18% vs. 1%). Females with care experience were more likely to have run away once or twice, and males were more likely to have run away three or more times. Twenty-one percent of males ran away three or more times compared to 15% of females.

Whom youth lived with most of the time (Youth could choose more than one option)			
	No care experience	Previous care experience	Recent care experience
Mother	91%	59%	35%
Stepmother	2%	8%	5%
Father	68%	36%	22%
Stepfather	5%	11%	5%
Other adults in the family <sup>†</sup>	8%	16%	14%
Other adults not in family	2%	10%	34%
No adults	1%	6%	16%

<sup>†</sup> Indicates that the difference between previous and recent care experience was not statistically significant.





*“It’s stressful to move around.”*

Over half (51%) of the young people who had contact with the care system within the past year ran away at some point during this time period. These youth were also more likely to have frequently run away (28% ran away three or more times in the past year vs. 11% of those with less recent care experience).

### ***Living in poverty***

Youth were asked four questions to help determine if they were living in poverty. These asked youth if their family owned a computer, if they had gone on vacation in the past year, if they had enough food to eat at home and if they shared a bedroom. Among the general population, less than 0.5% of youth reported all four indicators of poverty. This rate rose to 2% among youth who had previous government care experience and to 7% among those with recent care experience.

When we looked specifically at youth who often or always went to bed hungry because there was not enough food at home, 2% of youth with no care experience lived in this extreme poverty compared to 11% with previous care experience, and 24% whose care experience was within the past year. Among all youth who had been in care, males were over twice as likely to often or always go to bed hungry (22% vs. 10% of females).

Youth who did not live with any adults were particularly likely to go to bed hungry. Eleven percent of youth who lived with at least one adult went to bed hungry often or always, compared to 61% of those who lived with no adult.

Going to bed hungry was also linked to poorer mental health and higher rates of substance use. While 12% of youth who never went to bed hungry because there was not enough food had attempted suicide in the past year, 47% of youth who often or always went to bed hungry had attempted suicide.

# Physical and mental health

## Physical health

Despite the challenges in their lives, 68% of youth who had been in government care reported that they were in good or excellent health. Similar to the overall population, males were more likely to report good or excellent health than females (72% vs. 64%).

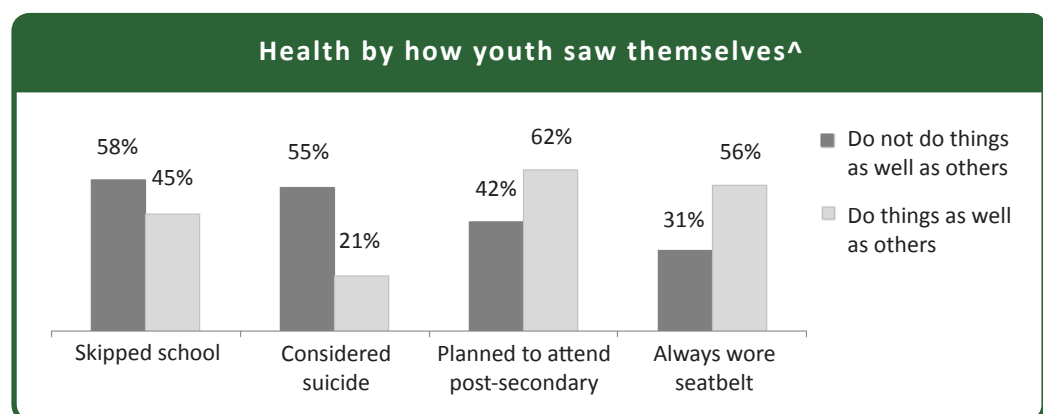
## Self-esteem

Youth were asked a series of seven questions about their self-esteem, 38% of males and 31% of females with care experience responded positively to all seven questions. A greater proportion answered positively to at least one item. For example, 71% felt good about themselves and 80% felt they were able to do things as well as most other people.

Females' self-esteem did not appear to be linked to how recent their care experience was, but males reported lower self-esteem if they had been in care in the past year.

Self-esteem was higher among youth who felt their teachers cared about them, felt engaged in their activities, had a sense of competency, were happy with their body image/weight, and reported a stable home in the past 12 months.

Having high self-esteem can act as a protective factor against stressors. When compared to youth with lower self-esteem, those who reported higher self-esteem were more likely to also report post-secondary aspirations, good or excellent general health, and having engaged in injury prevention behaviours such as always wearing their seatbelt or never drinking and driving. They were also



<sup>^</sup>Among youth with experience of government care.

less likely to report skipping school, regular binge drinking, regular marijuana use, negative effects of substance use, self-harm and suicidal ideation and attempts.

Among sexually active youth, those with higher self-esteem were less likely to report a history of pregnancy or sexually transmitted infections (STIs). For example, youth who reported feeling good about themselves were less likely than those who did not feel good about themselves to have a history of pregnancy involvement (15% vs. 27%).

### ***Stress***

Similar to rates among youth who had never been in care, 83% of those with care experience reported feeling at least some stress or pressure in the month before they took the survey. Twenty-seven percent reported that the stress in their lives was almost more than they could take. Youth who had been in care in the past year were more likely to report this level of extreme stress than those whose care experience was less recent (35% vs. 22%).

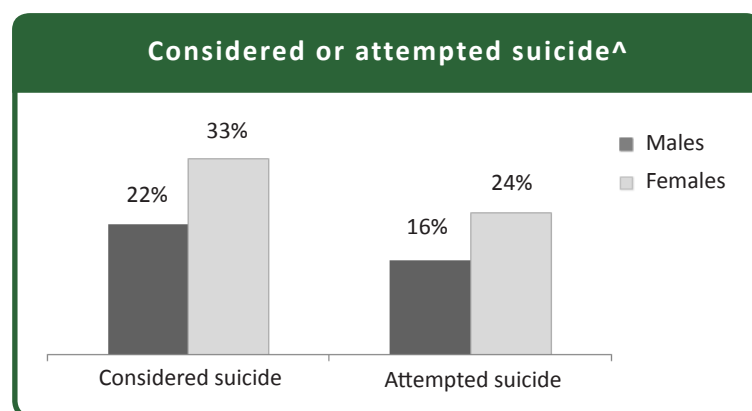
Females were more likely than males to have experienced any stress (88% vs. 78%), and to have experienced stress at the highest levels (31% vs. 22%). Youth aged 14 and older were more likely than younger youth to report feeling stressed.

### ***Self-harm***

Thirty-five percent of students (39% of females and 29% of males) with care experience had ever self-harmed (deliberately cut or hurt themselves on purpose without trying to kill themselves).

### ***Suicide ideation and attempts***

In the past year, 28% of youth with care experience seriously considered suicide, and 21% made a suicide attempt. The risk of attempting suicide was lower among those who had moved on from the care system (15% vs. 28% of those whose care experience was within the past year).



<sup>^</sup>Among youth with experience of government care.

# Injuries and injury prevention

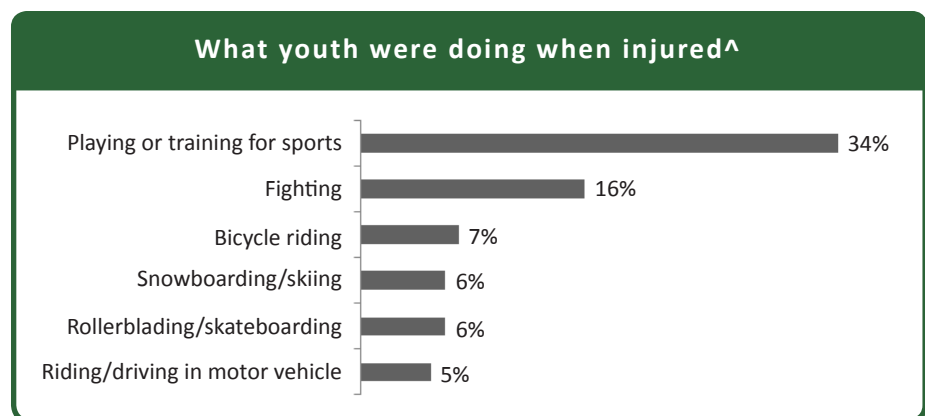
While 29% of youth with no care history had been seriously injured in the past year, 37% of youth with care experience had been injured seriously enough to require medical attention, and 12% had been injured three or more times. Among those who had been injured, 22% were hurt at a sports facility or field, 18% at home, 18% at school and 15% on the street or roadway. When asked what they were doing when they were injured, the majority were playing or training for sports or doing another recreational activity.

Unlike the province overall, where males were more likely than females to be seriously injured and to be injured repeatedly, there were no gender differences in injury rates among youth with care experience. There were also no gender differences in either the location of injuries or the activity that led to injuries.

## ***Injury prevention behaviour***

Many injuries are avoidable. Among youth with care experience, 51% always wore a seatbelt when riding in a vehicle, and 11% never wore one. Additionally, 17% always wore a helmet when they were cycling and 52% never wore one. Youth who always wore a bike helmet were less likely to have been injured in the past year (29% vs. 46% who never wore one).

Youth with recent care experience were less likely to wear a seatbelt than those with previous care experience (46% always wore a seatbelt vs. 54% of those with less recent care experience). Also, 18% with recent care experience never wore a seatbelt compared to 7% of youth whose care experience was more than a year ago.



<sup>^</sup>Among youth with experience of government care.

# Access to health care

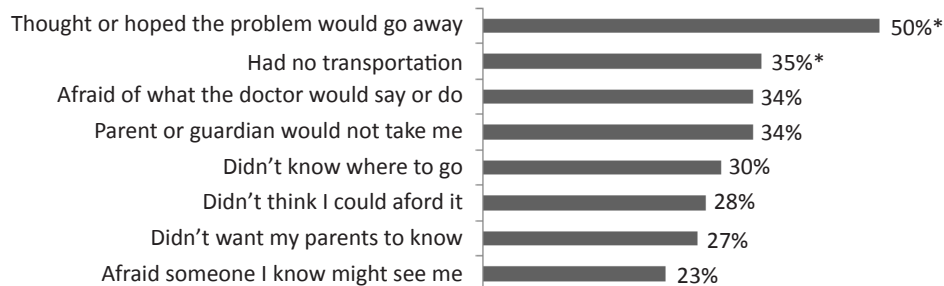
## Medical care

Young people were asked if they felt they had needed medical or mental health care in the past year but had not accessed it.

Overall, 30% of youth with care experience had not accessed necessary medical care (33% of females and 25% of males). The most common reasons for not accessing care were thinking or hoping the problem would go away, having no transportation, being afraid of what the doctor would say or do, having a parent or guardian who would not take them, not knowing where to go, or not wanting their parents to know. There were no differences in why young people had not accessed medical care based on whether their care experience was recent or more than a year ago.



### Common reasons for not accessing needed medical care^



^Among youth with recent care experience.

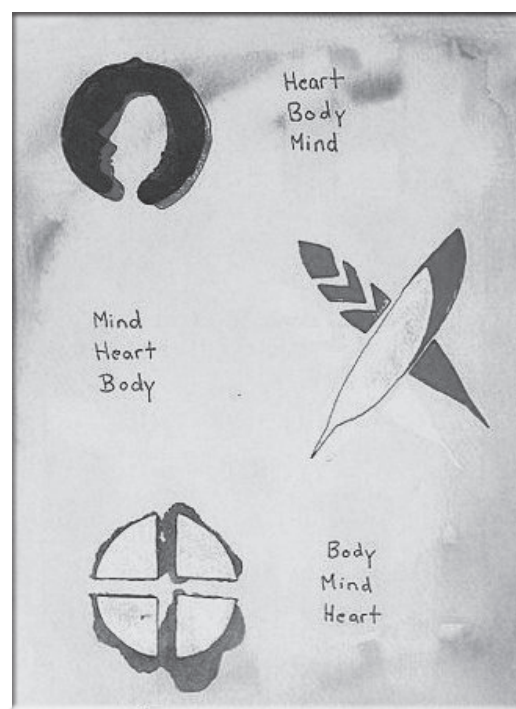
Youth who reported any type of debilitating health condition or disability were over twice as likely as their peers to have missed out on needed medical care (57% did not access medical care when they needed it vs. 22% without a disability or health condition).

### ***Mental health care***

Twenty-eight percent of youth with care experience had not accessed mental health care when they felt they needed it in the past year, compared to 12% of youth who had no care experience. Rates were similar between those who had recent care experience and those whose care experience was over a year ago.

Similar to the picture with medical care, more females than males had not accessed necessary mental health services (35% vs. 21%). As youth got older they were more likely to feel they had foregone needed mental health care.

Among youth who had not accessed needed mental health services, 42% thought or hoped the problem would go away, 34% did not know where to go, 29% did not want their parents to know and 24% were afraid of what the doctor would say or do. Females



were more likely to not want their parents to know (36% vs. 14% of males) and to be afraid of what the doctor would say or do (27% vs. 16%).

Around half (53%\*) of youth who reported having a mental or emotional health condition had not accessed needed mental health services, and a similar percentage who did not live with any adults had missed out on needed help.

# Nutrition

*“ I am a foster child but I am treated like their own child, but I have heard of others that aren’t treated well like they are fed different meals than the rest of the family. ”*

The majority of youth with care experience reported eating fruit or vegetables on the day before they completed the survey, although at least 84% fell short of their recommended daily amount. Similar to youth without care experience, males were more likely to report consuming pop or soda (64% vs. 49% of females), energy drinks (37% vs. 22%), and junk food like pizza or hot dogs (62% vs. 50%).

Youth with care experience were less likely than those who had never been in care to

have consumed two or more servings of water, dairy, and fruit and vegetables (8% vs. 12%).

Forty-two percent of males and 31% of females with care experience reported always eating breakfast on school days. Less than a quarter (23%) of youth whose living situation did not include any adults always ate breakfast, compared to 36% of those who lived with one or two parents.

What youth ate or drank yesterday^			
	No	Yes, once	Yes, twice or more
Water	15%	23%	62%
Pop/soda	44%	36%	20%
Fruit	29%	40%	31%
Green salad or vegetables	34%	41%	25%
Dairy products	21%	40%	39%
Energy drinks	71%	15%	14%
Cookies or other sweets	36%	44%	20%
Pizza, hot dogs, etc.	44%	35%	21%
Coffee-based drinks	60%	22%	19%

^Among youth with experience of government care.

# Body weight and body image

## Body weight

Over two-thirds of youth with recent or previous care experience (69%) had a body mass index (BMI) that fell into the healthy weight category for their age and height.

Among youth without a care history, males were more likely than females to report being overweight or obese; however, no such gender difference existed among youth who had ever been in care. Unusually, among youth with care experience, males were also more likely than females to report being underweight (10% vs. 4%).

## Body image

When it came to their own perception, 55% of youth with care experience felt comfortable with their weight, while 32% considered themselves to be overweight (41% of females and 22% of males) and 13% saw themselves as underweight (18% males and 9% of females).

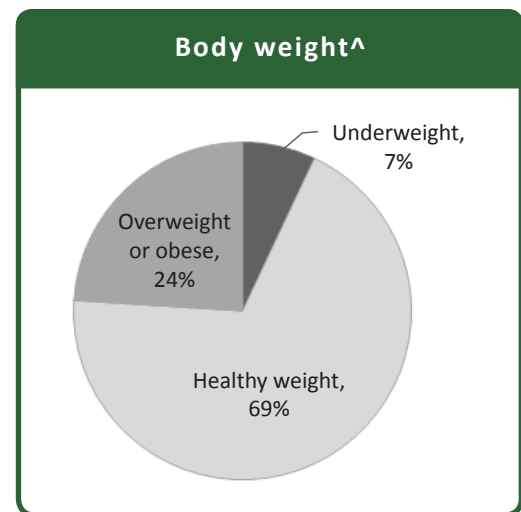
Having a positive body image had other healthy associations. For example, youth who felt comfortable with their weight were more likely to like school than those who felt they were underweight or overweight, and were less likely to have been involved in a pregnancy.

Other studies have shown that a history of childhood trauma and current life stresses can contribute to the development of eating disorders. In the past year, 37% had dieted, 41% reported binge eating and 22% had

intentionally vomited after eating (purged).

Youth who had been in care in the past year were more likely to report bingeing at least twice a week (15% vs. 8% with previous care experience), or purging at least twice a week (11% vs. 4%).

Some youth were more likely to report behaviours associated with eating disorders such as binge eating and purging, including those who had run away three or more times in the previous year, and those who were bullied (teased, excluded or assaulted at school). Also, youth who often or always went to bed hungry because there was not enough food at home were more likely to have binge eaten than those who never went to bed hungry (60% vs. 32%).



<sup>^</sup>Among youth with experience of government care.



# Sexual behaviour

“ [There] should be more education around this stuff. ”

Forty-four percent of youth with care experience had ever had sexual intercourse, and the same percentage had participated in oral sex. The most common age for first having sex was 14 years old (when 20% of those who were sexually active reported first having sex), but 18% had their first sexual encounter before turning 12 years old.

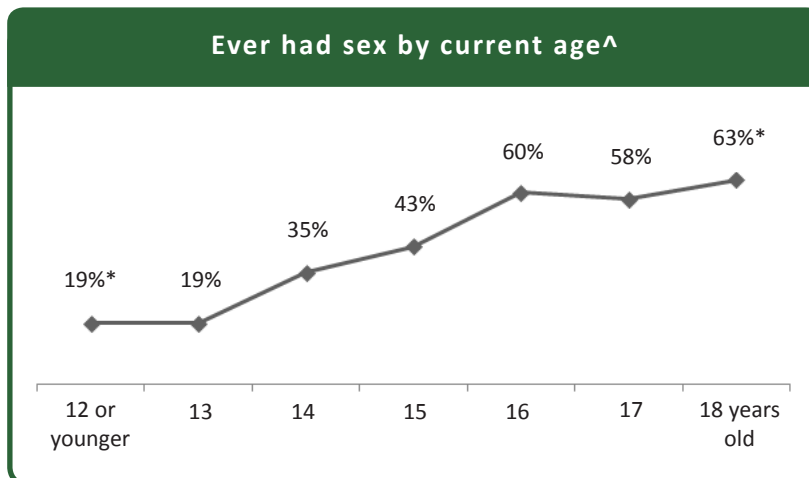
Males were more likely to report risky sexual behaviours, such as drinking alcohol or using drugs, the last time they had sex (57% vs. 46% of females).

The last time youth had sex, 52% reported using condoms to prevent pregnancy, and 34% reported using birth control pills. However, 8% reported using withdrawal as their only method and 18% reported not using any method to prevent pregnancy. Youth who had been in care in the past year were less likely than those whose care experience was less recent to have used condoms (42%

vs. 60%) and were more likely to have used no method to prevent pregnancy (26% vs. 13%).

Sexually active youth who had been the victims of violence were less likely to have used a condom the last time they had sex. For example, 49% of those who were physically assaulted at school (or on the way to or from school) had used a condom compared to 61% who had not been assaulted. Those who had been physically hurt by their boyfriend or girlfriend in the past year were also less likely to have used a condom (35%\* vs. 67% of youth in a non-violent relationship).

Among youth with care experience who had not had sex, the most common reasons were waiting until they met the right person (50%), not feeling ready (43%), and not wanting to get pregnant or cause a pregnancy (35%).



<sup>^</sup>Among youth with experience of government care.

“ [The local store] won’t sell you condoms if you are under 18. ”

### ***Sexually transmitted infections***

Eighteen percent of sexually active males and females had been told by a doctor or nurse that they had an STI. Youth who reported not using a condom the last time they had sex were more likely to report having had an STI (28% vs. 8% who used a condom).

### ***Pregnancy involvement***

Among youth who ever had sex, 19% reported having been pregnant or caused a pregnancy, with a further 6% not sure if they had. Males were more likely than females to report having been involved in more than one pregnancy (18% vs. 6%).

Among sexually active youth, those with a history of pregnancy involvement were less likely than those without such a history to report having accessed needed medical or mental health services. This may be linked to the finding that youth with pregnancy experience were more likely than those without this experience to seek help from a school counsellor, other school staff, youth worker, doctor or nurse, religious leader and social worker, but were generally less likely to find these experiences helpful. Youth with a history of pregnancy found a third of the professionals they approached to be helpful, compared to youth with no pregnancy experience who reported that 62% of the professionals they approached were helpful.

Beyond approaching professionals for help, youth involved in a pregnancy were less likely to have any adults to turn to for support when they had a serious problem. Fifty-nine percent of sexually active youth who were never involved in a pregnancy reported they had an adult outside their family they could confide in, compared to 45%\* of youth who had been pregnant or caused a pregnancy. Furthermore, those with a pregnancy history were nearly half as likely as those without such a history to have an adult in their family to talk to (31%\* vs. 60%).

The less youth had skipped or missed school, the less likely they were to have been pregnant or to have had an STI. For example, among sexually active youth, \*44% of youth who skipped school on 11 or more days in the past month reported a history of pregnancy compared to 10% of youth who did not skip.

Youth with care experience who had been pregnant or who had caused a pregnancy were more likely to have engaged in risky sexual behaviours. For example, among sexually active youth, those with a history of pregnancy involvement were more likely than those who had not been pregnant to have used drugs or alcohol the last time they had sex (71%\* vs. 45%) and less likely to have used a condom last time (43%\* vs. 62%).

# Violence and abuse



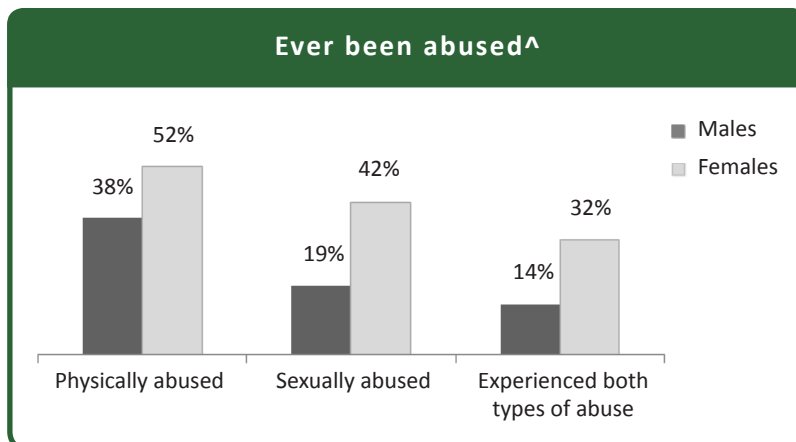
## Physical and sexual abuse

Reflecting the fact that youth who enter the government care system are often there because they are in need of support and protection, 46% of these youth had ever been physically abused, 31% had ever been sexually abused and 24% had experienced both types of abuse. Females were more likely than males to report either physical (52% vs. 38%) or sexual (42% vs. 19%) abuse. Youth with recent care experience were more likely to have ever been physically abused than those whose care experience was less recent (51% vs. 42%), but there was no difference in sexual abuse rates.

## Bullying

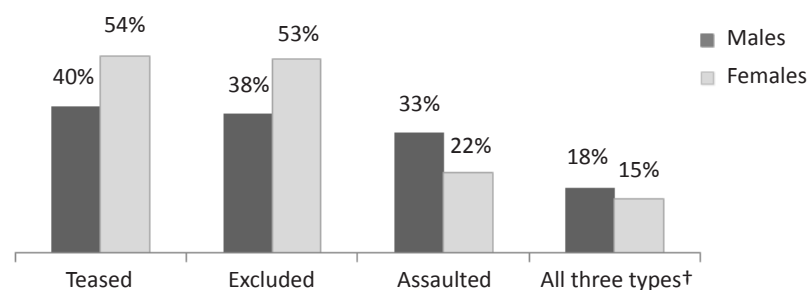
Forty-seven percent of youth with care experience had been teased, 46% had been purposefully excluded and 28% had been physically attacked or assaulted on the way to or from school in the past year. Seventeen percent of male and female youth had experienced all three of these types of bullying in the past year.

Youth with recent care experience were more likely to report having been assaulted in the past year (33% vs. 24% of youth with previous care experience), but were no more likely to have been teased or excluded.



<sup>^</sup>Among youth with experience of government care.

### Victim of school related bullying in the past year<sup>^</sup>



<sup>^</sup>Among youth with experience of government care.

<sup>†</sup>Indicates that the difference between males and females was not statistically significant.

Thirty-one percent of male and female youth with care experience had been the victims of cyber-bullying. Youth who had been in care in the past year were more likely to have been cyber-bullied than those who were in care more than a year ago (36% vs. 28%).

### **Relationship violence**

Nineteen percent of youth with care experience who had been in a romantic relationship had been the victim of relationship violence in the past year. There was no gender difference in rates of relationship

violence, but youth who identified as lesbian, gay or bisexual were more than three times as likely as heterosexual youth to have been hit, slapped or deliberately hurt by their boyfriend or girlfriend (48% vs. 15%).

### **Discrimination**

Twenty-eight percent of youth who had been in care reported that they had been discriminated against because of their race or skin colour, and 18% because of their sexual orientation. Over a third of youth (34%) felt they had been discriminated against because of their physical appearance.

# Substance use

“ Sometimes people drink to cope with their emotions. ”

## Alcohol

Two-thirds of youth who had experienced government care had tried alcohol, with no difference between those with recent or previous experience, or between males and females. By the time they were 17 years old, 77% of youth had drunk alcohol, which was similar to the percentage for 17-year-olds in the province overall.

The most common age for youth (with or without care experience) to first try alcohol was 13 or 14 years. However, 19% of youth who had been in care first drank when they were less than nine years old (25% of males and 15% of females).

Most youth who had tried alcohol had drunk in the past month (71%), and 31% had drunk on six or more days (37% of males

and 26% of females). More than half of youth who had tried alcohol reported binge drinking in the past month (54%), and 26% of males and 16% of females had been regular binge drinkers.

Fifty-nine percent of youth with care experience who had ever tried alcohol also reported drinking on the Saturday before they took the survey. Among youth who drank last Saturday, 81% had mixed different types of alcohol, with 53% having mixed at least three types of alcohol. Also, 80% had five or more drinks that day. There were no gender differences; however youth who had recent care experience were more likely to have reported risky alcohol use last Saturday than those whose care experience was less recent (including mixing drinks and consuming five or more drinks).



<sup>^</sup>Among youth with experience of government care who had tried alcohol.

<sup>†</sup>Indicates that the difference between beer and coolers was not statistically significant.

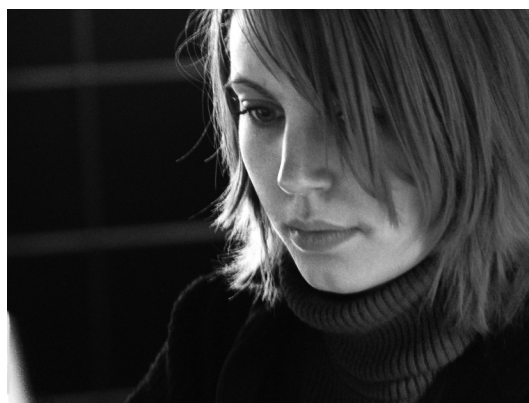
## *Marijuana*

Fifty-four percent of male and female youth with care experience had tried marijuana.

As with alcohol, the most common age for first trying marijuana was 13 or 14 years old (34%). However, half had first tried marijuana before this age, with 14% first using at 8 years old or younger (17% of males and 10% of females).

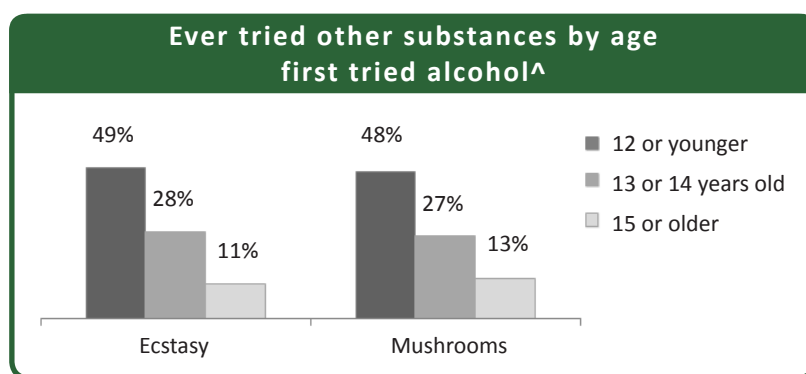
Students who had first tried marijuana at 12 or younger were more likely to report having self-harmed (59% vs. 40% of those who first used at 13 or 14) or seriously considering suicide in the past year (45% vs. 29%). They were also more likely to have tried a number of other substances, including amphetamines, hallucinogenic mushrooms and other hallucinogens.

Most youth (70%) who had tried marijuana had used it in the past month, and 45% were regular users (52% of males and 37% of females). Thirty-eight percent of males who had tried marijuana went on to use it on 20 or more days in the past month, compared to 20% of females. More than half of those (55%) who had tried marijuana had used it on the Saturday prior to taking the survey.



## *Other substances*

Alcohol and marijuana were the most commonly used substances among young people with care experience, but some youth had tried a range of other substances. Twenty-one percent had tried cocaine, 27% had tried ecstasy and 33% had used prescription pills without a doctor's consent. Youth who had recent care experience were more likely to have used many of these substances than those whose care experience was more than a year ago. For example, 36% of youth who had been in care in the past year had tried hallucinogenic mushrooms, compared to 23% of those whose care experience was less recent.



<sup>^</sup>Among youth with experience of government care who had tried alcohol.

Youth who had tried alcohol or marijuana were more likely to have used other drugs than youth who had not tried either substance. However, the majority had not tried any other substances, and if they had tried another substance, had not done so more than a couple of times. For example, 39% of those who had used alcohol or marijuana had not tried any other substances (such as ecstasy or cocaine). Males were more likely than females to have used cocaine (24% vs. 17%), heroin (15% vs. 10%), and steroids (15% vs. 8%) or to have injected drugs (15% vs. 8%).

Youth who had used alcohol or marijuana at a younger age were more likely to have used other substances. For example, youth

who had been in care and who had first tried alcohol when they were 12 years old or younger were more likely to have tried ecstasy (49%) than those who had waited until they were 13 or 14 (28%) or 15 or older (11%).

Finally, 49% of youth with care experience had ever tried smoking, with similar rates for males and females. Twenty-six percent of those who had ever tried smoking were current daily smokers.

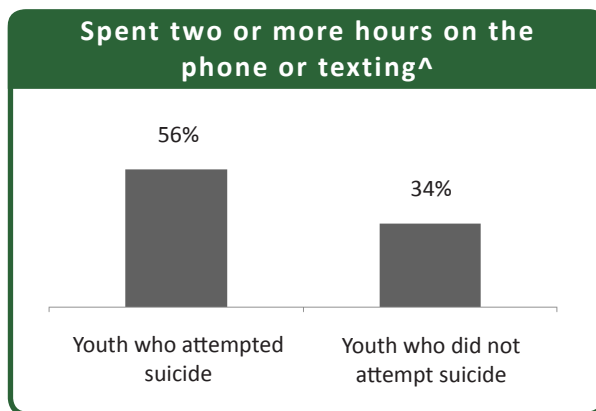
Also, 52% were exposed to smoke in their homes on a regular basis, and one in four experienced second-hand smoke daily or almost daily.

# Relationships

## Romantic relationships

Approximately three-quarters (74%) of students who had been in care had been in a romantic relationship in the past year, compared to 56% of those without care experience. A romantic relationship may be particularly attractive to young people who lack supportive family relationships or stability in their lives, as 77% of youth with care experience who had either moved or run away from home in the past year reported being in a romantic relationship, compared to 66% of those who had a more stable home.

However, these relationships may not always be healthy, even among youth who reported that their relationship was not a violent one. For example, 17% of youth who were in a non-violent relationship attempted suicide in the past year, compared to 11% of those who were not in a romantic relationship.



<sup>^</sup>Among youth with experience of government care.

## Phone use

Youth with previous or recent care experience were more likely to be regular phone users (two or more hours on an average school day) than youth with no care history (39% vs. 31%), and to report the greatest amount of time (four or more hours) on the phone or texting. Females were more likely to be regular texters or phone users (43% vs. 34% of males).

Family and school connectedness were lower among youth who spent two or more hours on the phone each day. Also, males who did not have a supportive adult in their family were more likely to be on the phone or texting for two or more hours than those who had a family member to talk to about their problems.

Forty-seven percent of youth who had considered suicide in the past year had spent two or more hours on the phone or texting on a typical school day, compared to 36% of those who had not thought about suicide. Similar results were seen in relation to suicide attempts (56% vs. 34%).

Among youth who had considered suicide, those who were on the phone two or more hours a day were less likely to have asked a number of professionals for help, including other school staff (33% vs. 48% of youth who had thought about suicide but had not spent as much time on the phone or texting), a doctor or nurse (32% vs. 52%), or religious leaders (27% vs. 43%). Youth who had considered suicide and who spent two or more hours on the phone were also less likely to have an adult in their family to talk to if they had a problem (32% vs. 46%).



“ Be safe [online] – just be friends with your friends. ”

## Online

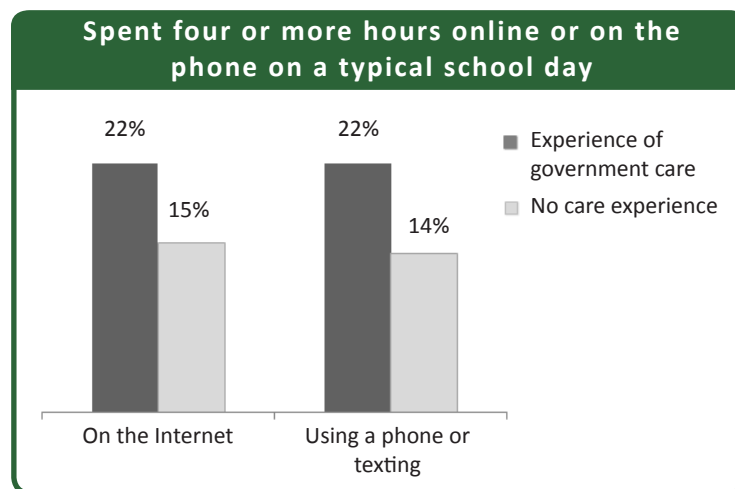
Similar to phone use we found that youth with experience of care were more likely to report high levels of Internet use than their peers with no care history.

Females were more likely to have spent at least two hours a day of their leisure time on the Internet (58% vs. 49% of males). However, males and females were equally likely to report that their time was spent safely.

Young people who are separated from their families and friends find other ways to stay in touch and to make new connections. Youth who spent two or more hours a day on the Internet were less likely to report having other sources of support to turn to. For example, 66% of youth with care experience who spent less than two hours online had an adult in their family they could talk to if they had a problem, compared to 52% of those who spent more time online.

Youth who were experiencing mental health challenges such as self-harm and suicidality were more likely to spend time on the Internet than those without these issues. For example, 37% of youth who attempted suicide spent four or more hours on the Internet compared to 18% who had not attempted suicide.

When youth who used the Internet a lot were able to spend their time online safely, this appeared to reduce their health risks. For example, although rates of considering suicide were highest among young people who were online for two or more hours a day and had unsafe experiences (43%), rates were similar between youth who were online safely for the same amount of time (21%) and youth who did not use the Internet.



# School and work

*“ Sometimes it’s hard when you don’t have parents to help you with your homework... or be at a nice graduation day. ”*

School can play a particularly important role for young people who are lacking stability in other areas of their lives. Despite the challenges they faced, youth with care experience reported similar rates of doing three or more hours homework a day on the computer as youth without care experience. In general, 7 out of 10 youth who had ever been in care spent time doing their homework on the computer on an average school day.

However, youth who had ever been in care also reported high rates of skipping full days of school. Over half of youth (55%) who had been in care in the past year had skipped school in the past month, as had 42% of those with previous care experience.

In 2008, 57% of youth who had ever been in care had definite plans to carry on their education beyond high school (64% of females and 50% of males), and 20% did not know when they would complete their education. Youth who were no longer involved with the care system were more likely to report post-secondary aspirations than those whose care experience was more recent (61% vs. 52%). Urban youth were more likely than rural youth to have post-secondary educational aspirations (60% vs. 46%).

Although post-secondary education is not for everyone, having education plans beyond graduating high school is linked to other positive health indicators. For example, students who planned to go on to college, university or trade school were more likely to report good or excellent health (74% vs. 56%) and to have exercised three or more days in the past week (67% vs. 53%) than their peers who expected that their schooling would end when they graduated from high school or before. They were also less likely to have ever self-harmed (28% vs. 44%) or to have used alcohol or marijuana the previous Saturday (37% vs. 62%).

Sixty-three percent of youth with previous care experience and 56% of those with recent experience reported that they often or always felt safe at school. The positive effects of feeling safe and connected at school and having post-secondary aspirations will be discussed in detail in the next section. However, the presence of caring teachers in their lives increased the chances that students planned to complete their high school education and to graduate. Few students (3%) did not plan to graduate high school if they felt their teachers cared about them at least somewhat, whereas one in five of those who did not feel their teachers cared about them expected to drop out before high school graduation.

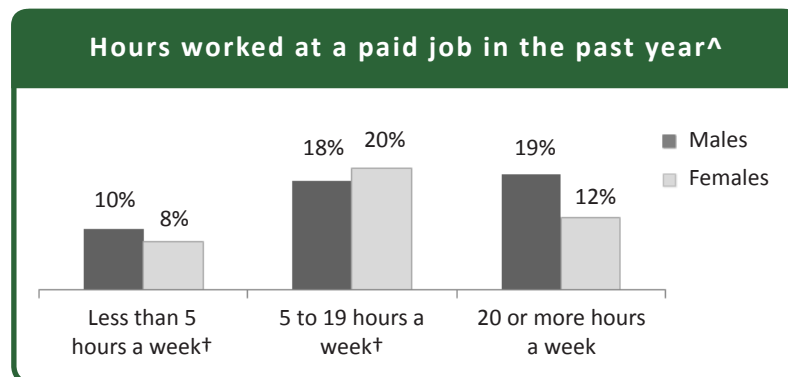
*“ Problem is that in foster care, you move around a lot so it’s hard to start up school again. ”*

In addition to their schooling, many youth with care experience were also employed and/or engaged in volunteer work. Forty-three percent of youth who had ever been in government care had worked at a paid job in the past year, similar to the rate of youth without care experience. Twenty-nine percent volunteered in their community on a weekly basis. Males who had ever been in care were more likely to have volunteered weekly than those with no care experience (30% vs. 22%).

Volunteering appeared to give youth access to another avenue of support, as those who volunteered were more likely to report having a supportive adult outside their family who they could talk to when they had a

problem. This was particularly important for those who lacked supportive adults inside their family, as 47%\* of those who lacked family support who volunteered weekly indicated they had an adult outside their family to talk to, compared to 33% who did not volunteer.

Among youth who were employed, 47% of those with recent care experience had worked 20 or more hours a week, compared to 27% of those whose care experience was over a year ago. Overall, males were more likely to have had a job in the past year and to have worked 20 or more hours a week. There were no differences in the rates of having a job between urban and rural youth with experience of care.



<sup>^</sup>Among youth with experience of government care.

†Indicates that the difference between males and females was not statistically significant.

# *FOSTERING PROTECTIVE FACTORS*



*“ Friends are what helps you through. ”*

The previous section of this report showed that youth who are in need of government care are among the most vulnerable in the province, reporting high levels of abuse, distress, and health-compromising behaviours. It also noted some of the elements that appear to be connected to better health outcomes such as high self-esteem, healthy diet, school attendance and healthy body image.

In this section, we will further explore how we can support these young people in their

homes, schools and communities, as we look in detail at the protective factors which are present in the lives of youth who are overcoming the sometimes enormous challenges they face.

Our research and other studies have shown that children and youth need supportive environments and positive assets in their lives to ensure their healthy development, and youth with care experience are no different.

# Support networks

“ *Drinking [alcohol] – if your friends don’t, you don’t.* ”

## **Friends**

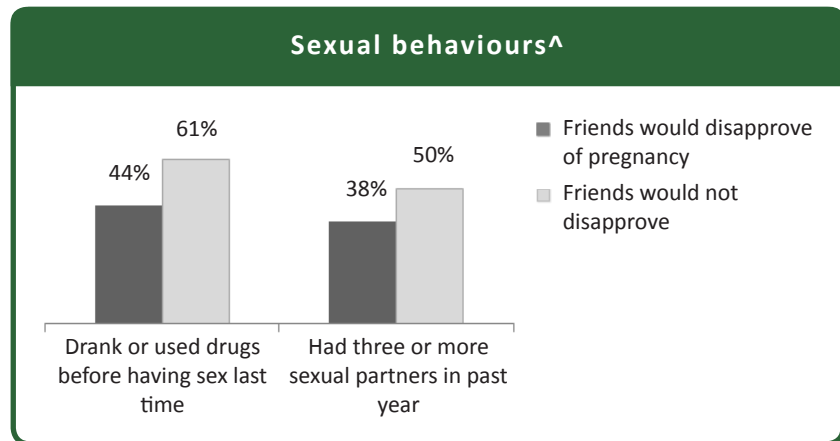
Many youth with care experience can feel let down by adults, or mistrustful of them; others may be living without the presence of adults in their home (for example, if they are on a Youth Agreement). As a result, friends can play an even larger role than they might for youth without care experience.

The majority of youth had asked their friends for help in the past 12 months, and most found the support of their friends to be helpful (79% with recent care experience and 90% with previous experience). Overall, females were more likely than males to ask their friends for help (88% vs. 74%) and also more likely to find them helpful. Younger youth were less likely to have asked their friends for help than older youth. For example, while 87% of 18-year-olds had asked their friends for help in the past year, 68%\* of those 12 years old or younger did so.

Students who had helpful friends were at least half as likely as those whose friends were not supportive to have considered or attempted suicide in the past year, and they also reported higher self-esteem.

In addition, males with supportive friends were more likely than those without supportive friends to have post-secondary educational aspirations, to report good or excellent health and to feel skilled at sports. They were also less likely to engage in regular binge drinking or marijuana use in the past month and to report negative effects of their substance use in the past year.

Youth were also asked about their friends’ attitudes toward risky behaviours, such as whether their friends would be upset with them if they got drunk or used marijuana. Young people with friends that would be upset with these behaviours were at least half as likely to engage in regular binge drinking or marijuana use. Compared to those without such support, males with friends who would be upset if they got drunk were also more likely to recognize if they needed help for their alcohol use (22%\* vs. 9%).



<sup>^</sup>Among sexually active youth with experience of government care.

Having friends with healthy attitudes toward risky behaviours also appeared to lower the likelihood that youth would be involved in violent situations. For example, youth with friends who would disapprove if they were arrested were less likely to have been in a fight in the past year than youth with friends who would not disapprove (43% vs. 55%).

Peers also appeared to play a role in sexual health promotion. Sexually active youth with care experience who reported that their friends would disapprove of them getting pregnant or causing a pregnancy were less likely to have had multiple partners in the past year, or to have used alcohol or drugs before the last time they had sex, and were more likely to have used a condom.

### *Adult to talk to*

When asked about adults they could turn to for help if they were having a serious problem, 58% of youth with care experience had an adult in their family and 54% had an adult outside their family they could talk to. While males and females were equally likely to have access to family support, females were more likely than males to have a supportive adult outside their family (62% vs. 44%).

In terms of feeling comfortable turning to a family member for support, there was no consistent pattern by age. However, rates for males declined between the ages of 13 and 16, whereas rates for females increased from 15 to 17 years of age. Age had no bearing on whether males had access to a supportive adult outside the family. However, female youth aged 17 or older were more likely than younger youth to have such an adult to turn to.

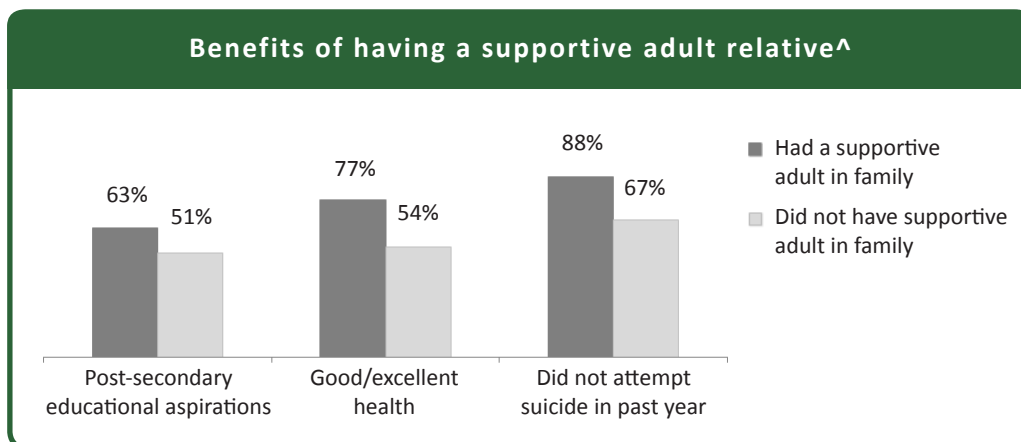
*“ I feel like I am one of the lucky foster children. ”*

Having an adult inside their family that they could turn to for support was linked to many positive health outcomes. For example, those with family support were more likely than those without to report good or excellent health, higher self-esteem, and aspirations for a post-secondary education. They were also more likely to report feeling good at something (such as sports) and less likely to have considered or attempted suicide, to have engaged in regular binge drinking or marijuana use, or to have experienced negative consequences due to their substance use.

Youth who had been physically or sexually abused were less likely to report having an adult in their family whom they could talk to (53% vs. 64%), but were more likely than non-abused youth to be able to access an adult outside of their family for support (59% vs. 48%).

Having a supportive adult outside the family also appeared to have benefits. Youth who had an adult to talk to outside the family reported higher self-esteem than youth without this source of support. In addition, males with non-familial support were more likely than those without such support to feel they had positive skills in areas such as sports, school and the arts, while females with supportive adults outside the family were less likely to have attempted suicide.

The presence of an adult mentor or support made a positive difference particularly for youth with recent experience of the care system. For example, if youth with recent care experience had an adult outside their family they could talk to about a serious problem, they were less likely to engage in regular binge drinking in the past month (15% vs. 25%), and they reported higher self-esteem



<sup>^</sup>Among youth with experience of government care.

compared to those without such an adult in their lives. Furthermore, females with recent care experience who had support available outside their family were less likely than those without this support to have considered suicide (30% vs. 47%\*) or attempted suicide (28% vs. 45%\*) in the past year and were more likely to have educational goals beyond high school (63% vs. 45%\*).

External support was also particularly important for young people without access to family support. Females with care experience who lacked supportive adults in their family but had an adult outside their family they could confide in reported a range of positive health outcomes. For example, they were less likely than those without this outside support to have self-harmed (47%\* vs. 65%) or considered suicide in the past year (37%\* vs. 58%), and were more likely to have post-secondary educational aspirations (67%\* vs. 49%\*) and to have higher self-esteem. Males who had outside support but no adult support in their family also had higher self-esteem and were more likely to report being good at something such as sports, compared to their peers who had no such support.

### ***Professional support***

Youth were asked about a number of other potential sources of support that they might access. Those with care experience indicated seeking help from a range of professionals in the past year, including teachers (53%), school counsellors (46%), doctors or nurses (42%), youth workers (38%), social workers

(38%), other school staff (35%) and religious leaders (33%). Males and females were equally likely to seek support from each of the different professionals in their lives. When youth sought professional help, the number of youth who found the support to be helpful ranged from 41% for other school staff to 59% for teachers.

Youth with previous and recent care experience were equally likely to seek help from teachers and other school staff. However, youth who had been in care more recently were more likely to have sought help from school counsellors, youth workers, doctors or nurses and religious leaders. Youth with recent care experience were less likely to find the support of doctors or nurses helpful when compared to youth with a less recent care history (50% vs. 62%).

When youth found professionals' support helpful, it was linked to positive outcomes. For example, youth who felt supported by teachers or school counsellors reported higher self-esteem and were less likely than those who had sought help but not found it helpful to have considered or attempted suicide, engaged in regular binge drinking or marijuana use in the past month or experienced negative consequences as a result of their substance use. Helpful support from teachers was also associated with having post-secondary educational aspirations and good or excellent general health; while helpful support from school counsellors was associated with male youth reporting good or excellent health and feeling competent and skilled.



“ It’s their job –our lives. ”

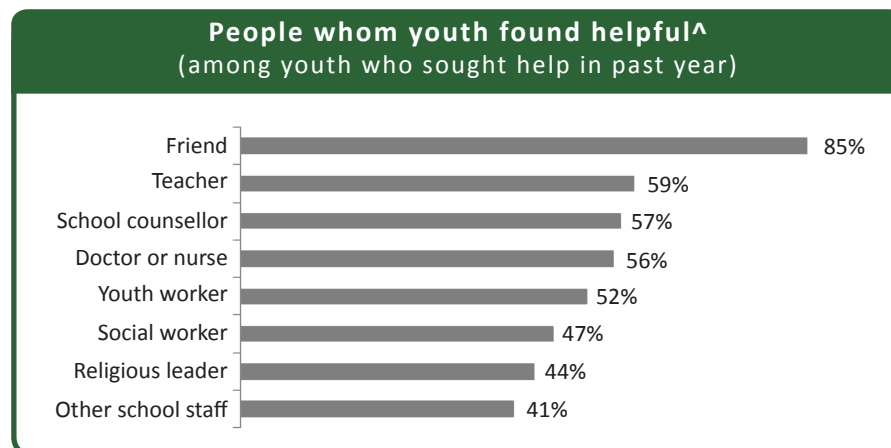
Social workers can be a particularly important source of support for youth in care, and youth with any care experience were three times more likely than youth with no care experience to seek help from a social worker. Youth who had been in care recently were more likely to seek help from social workers than youth with previous care experience (52% vs. 29%).

Youth with care experience who found the support they received from social workers helpful were more likely than youth with unhelpful support to have higher self-esteem and to report good or excellent health (74% vs. 54%), and were less likely to have considered suicide (20% vs. 44%) in the past year. For youth with recent care experience, those who had sought help from a social worker and found them helpful were less likely to report suicide attempts (21% vs. 47%\* who

did not find the support helpful), regular binge drinking or regular marijuana use.

If youth had found social workers and other professionals they approached helpful, they were less likely to report foregoing needed medical services. For example, 41% of youth who unsuccessfully approached school counsellors for support indicated not accessing needed medical services, in contrast to 25% among youth who received helpful support from these professionals.

Similar results were found in relation to accessing needed mental health services. For example, 37% of youth who did not find their teachers helpful missed out on needed mental or emotional health care, compared to 18% who had helpful support from their teachers.



<sup>^</sup>Among youth with experience of government care.

# Healthy diet

“ If there was a fruit drive-thru, I’d use it. ”

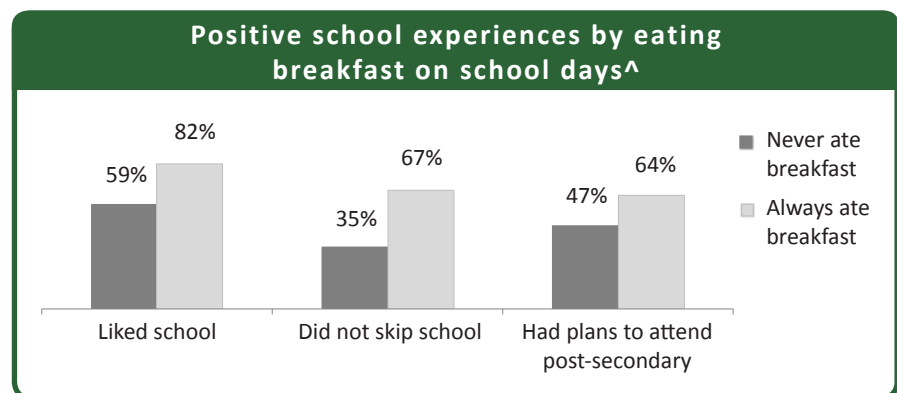
## Healthy diet

Youth with care experience who reported eating a more balanced diet also reported more positive mental and physical health. For example, they were less likely than youth who consumed less than two portions of water, dairy, fruit and vegetables to report self-harm (21% vs. 35%) and suicide attempts (16% vs. 29%). Youth who had eaten fruit or vegetables at least once on the day before the survey were also more likely to be at a healthy weight than those who had no fruit or vegetables (72% vs. 58%\*).

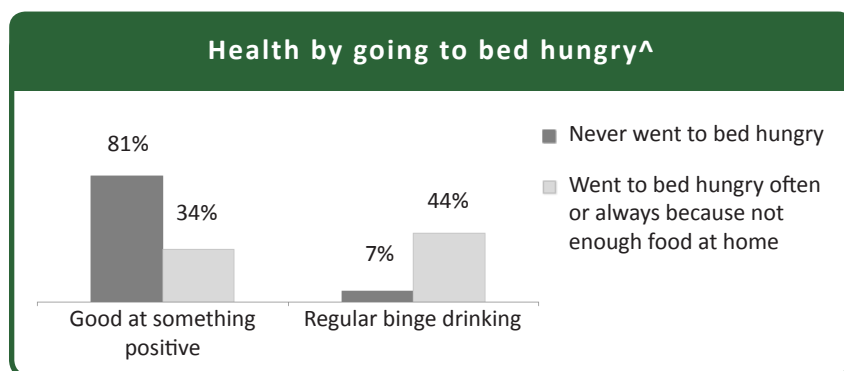
Beyond being more likely to report good or excellent health than youth who never ate breakfast on school days (77% vs. 44%), youth who always ate breakfast were less

likely to have tried appetite suppressants like amphetamines (11% vs. 31%), or to have had energy drinks the day before (21% vs. 39%). Furthermore, youth who always ate breakfast on school days were more likely than those who never ate breakfast to report positive school experiences such as liking school and not skipping classes.

Youth with care experience who lived in homes that always had enough food were more likely to report eating fruit and vegetables than those who went to bed hungry often or always (90% vs. 52%). They were also less likely to consume stimulant drinks, which can act as appetite suppressants. For example, 8% of youth who never went hungry because of a lack of food at home had



<sup>^</sup>Among youth with experience of government care.



<sup>^</sup>Among youth with experience of government care.

consumed two or more energy drinks on the previous day, compared to 38% who experienced hunger at home often or always.

Never having to go to bed hungry was also associated with higher rates of having post-secondary plans, reports of good or excellent health, having competencies and higher self-esteem. For example, whereas 76% of youth who never went to bed hungry felt they were in good or excellent health, 40% of those who experienced hunger often or always felt this way about their health.

Youth with care experience who had a healthy lifestyle—that is those who exercised daily, did not smoke and had a diet which included water, fruit or vegetables on the day before they took the survey—were more likely than peers whose lifestyle was less healthy to report liking school, and having plans to continue their education beyond high school.

Although we were only able to ask youth about what they ate yesterday, there were positive associations between eating fruit or vegetables and positive school experiences, which were not present among those who reported eating less healthy food (such as sugary snacks and other junk food) or drinking two or more sodas. For example, youth who had at least one fruit or vegetable were more likely than those who had none to say they liked school (80% vs. 51%) and did not skip school (58% vs. 31%). On the other hand, youth who ate two or more portions of fast food (pizza, hot dogs, potato chips, French fries, etc.) were less likely to enjoy school (58% vs. 77%), and more likely to have skipped school (60% vs. 32%).

# Youth engagement

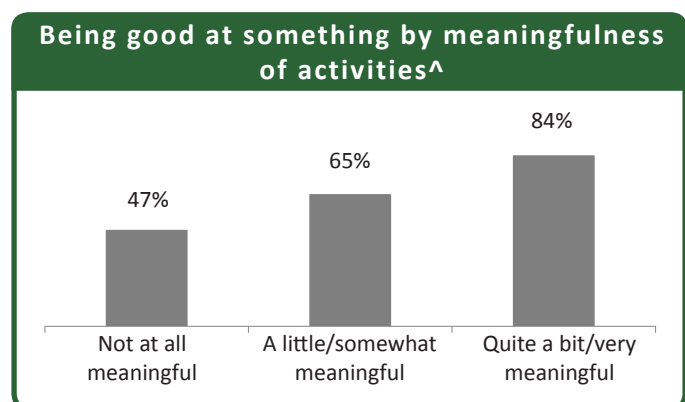
Youth were asked about their participation in extracurricular activities and also about how meaningful these activities were to them and to what extent they felt that their ideas were listened to and acted upon. Among male and female youth with care experience, 16% stated they were involved in activities that were not at all meaningful to them and 25% found their activities to be very meaningful. Also, 21% reported they had no input into their activities and only 11% felt they had a lot of input.

Youth who played organised sports were more likely than youth who did any other activity to report that their ideas were valued and listened to. In addition, the more youth took part in an activity, the more likely they were to report high levels of youth engagement. For example, 68% of youth who played organised sports at least once a week felt that their activities were meaningful compared to 36% who played less frequently.

When youth were engaged in the activities in which they took part, they were more likely to report having positive skills or a sense of competency. For example, 46% of youth who did not have any input into their activities felt that they were good at something, compared to 80% of those who felt they had a lot of input. Even when youth felt they only had a little input, or that their activities were only a little meaningful, they reported feeling more skilled than if they were not engaged in their activities at all.

Although having input into activities was associated with feeling skilled and competent for both genders, the impact of having no input was greater for males.

Youth engagement was associated with many other positive health indicators including higher self-esteem, and a greater likelihood of reporting post-secondary educational aspirations and good or excellent health. It was also linked to a reduced likelihood that youth would report suicidal



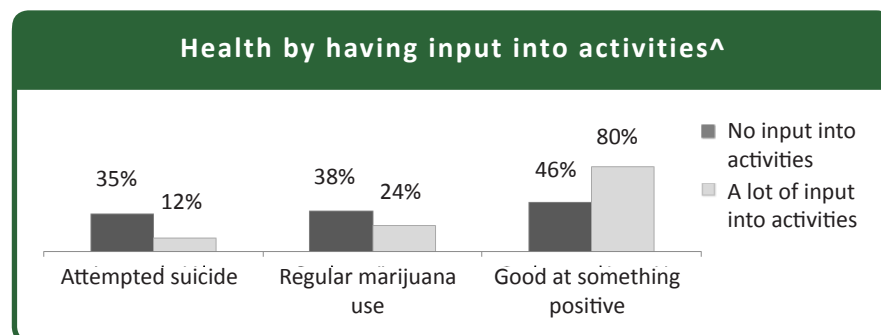
<sup>^</sup>Among youth with experience of government care.

ideation or attempts, regular binge drinking or marijuana use and negative effects of substance use.

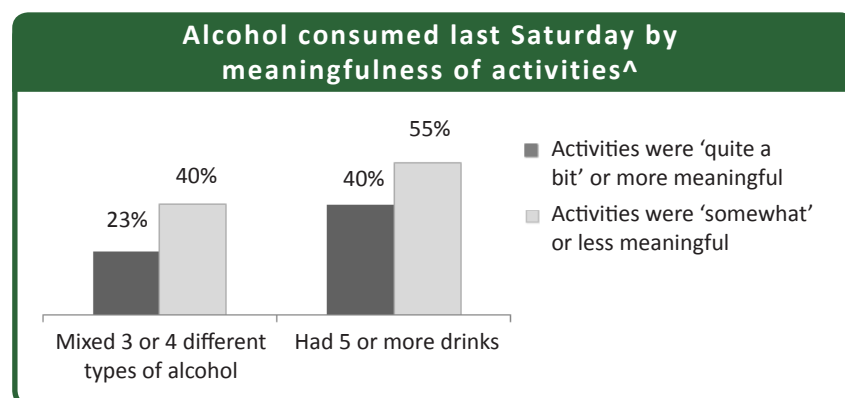
Again, in many instances even a little engagement appeared to make a difference. For example, among youth who rated their activities as not at all meaningful, 46% had good/excellent health, compared to 66% among those who found their activities a little meaningful, and 80% who found them very meaningful.

We have seen that youth who were currently experiencing challenges were more likely to have needed the support and protection of the care system within the past year. Yet,

as with other youth, if these young people felt valued in the activities they took part in and if these activities had meaning to them, they reported better health than those who did not feel engaged, despite their circumstances. For example, among youth who had care experience in the past year, those who reported a high level of engagement were less likely to run away multiple times, consider or attempt suicide, engage in regular binge drinking or marijuana use or to report negative effects of substance use. They were also more likely than their peers who did not feel engaged to have post-secondary educational aspirations, good or excellent health and higher self-esteem.



<sup>^</sup>Among youth with experience of government care.



<sup>^</sup>Among youth with experience of government care who had tried alcohol.

## More stable home

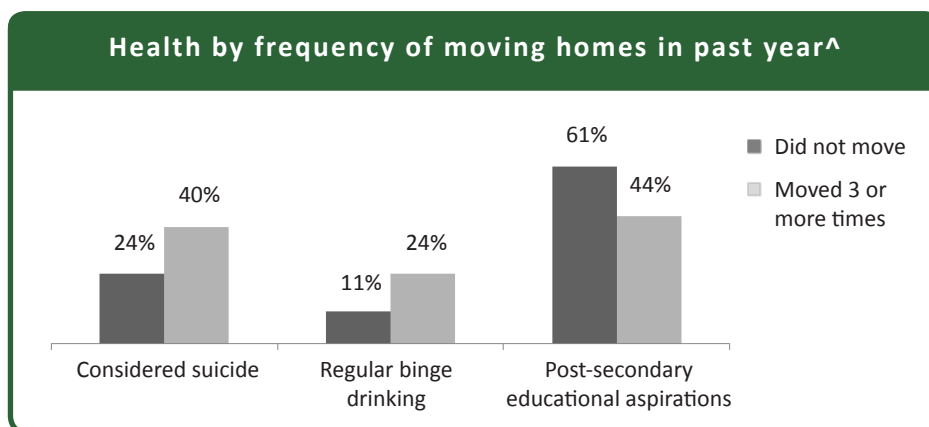
“ Everyone needs one stable home. ”

Although not an ideal measure, we looked at the stability of youths' home lives by determining how many times they ran away from home or moved home in the year prior to completing the survey.

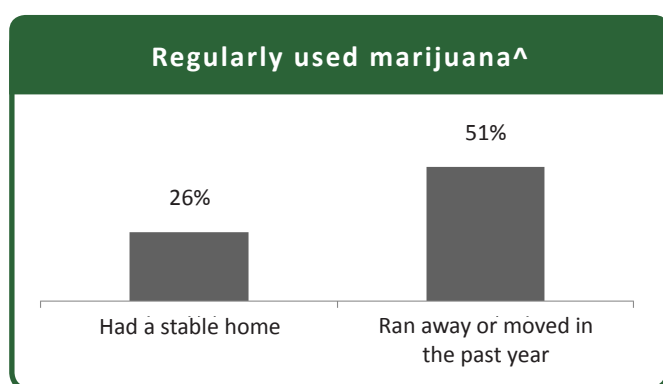
When youth have a stable home, they have the opportunity to build connections with their school, community and peers. In general, youth with care experience reported better health if they had moved less than three times in the past year. For example, among youth whose care experience was within the past year, 58% of those who had moved three or more times reported good

or excellent health, compared to 75% who had moved just once in that time period.

Youth who moved less frequently were also less likely to report suicidal ideation and attempts, regular substance use or negative effects of substance use and STIs. Additionally, the chances of a young person having self-harmed were more than halved if they had not moved or run away in the past year. Twenty percent of youth who had not moved or run away in the past year had self-harmed, compared to 41% of those who had.



<sup>^</sup>Among youth with experience of government care.



<sup>^</sup>Among youth with experience of government care who had used marijuana.

Even moving one less time over the course of the year was associated with better health. For example, youth with care experience who moved once were less likely than those who moved twice to report regular binge drinking (4% vs. 18%) or regular marijuana use (13% vs. 27%) in the past month, or negative effects of substance use (17% vs. 42%\*) in the past year. Also, youth who moved twice reported higher self-esteem and lower rates of attempted suicide (20% vs. 35%) than those who moved three or more times.

As was the case with moving, the fewer times youth ran away the better their health. For example, 7% of youth who had not run away had attempted suicide, compared to

32% of youth who had run away once or twice, and 54% who had run away three or more times. Youth who had not run away were also the most likely to report high self-esteem and the least likely to report regular substance use or negative effects of substance use. Among youth who had experienced government care in the past 12 months, the less often they had run away, the less likely they were to have attempted suicide in the same time frame.

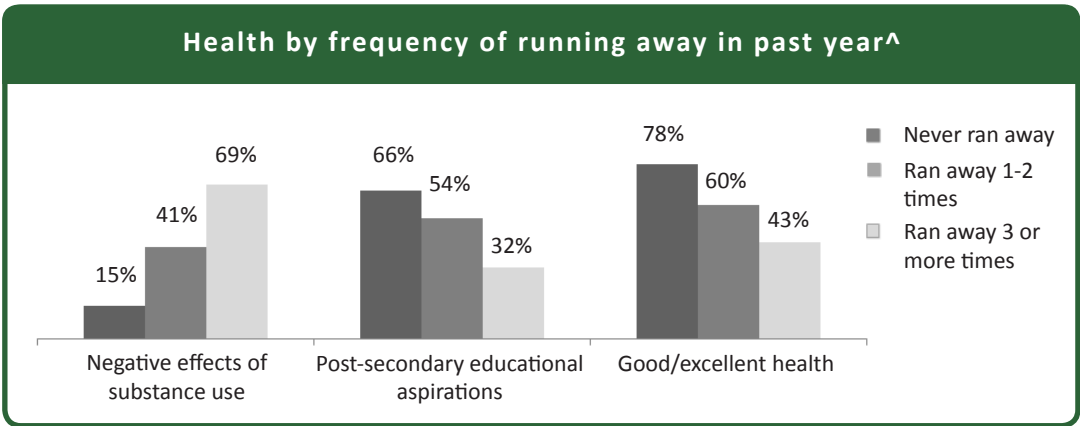
Having an adult in the home may also provide stability for youth. Youth who lived with at least one adult were less likely to have seriously thought about or attempted suicide in the past year than their peers who did not live with any adults. For example, around

half of those not living with any adults had attempted suicide in the past year, compared to 17% who lived with at least one adult.

The presence of an adult in a young person’s home was also linked to better eating behaviours and greater body satisfaction. Youth who lived with one adult (either related to them or not) were more likely to report feeling they were about the right weight than those who did not live with any adult (59% vs. 37%\*). Even among youth who were a healthy weight, those who lived in a

household with adults present were around four times less likely to intentionally vomit after eating than if they lived with no adults (12% vs. 46%).

Having an adult present was also related to other lower health risks. For example, sexually active youth who lived with at least one adult (such as a foster parent, relative or adult not related to them) were less likely to report they had ever had an STI than youth who had no adults present in their home (10% vs. 55%).



<sup>^</sup>Among youth with experience of government care.



## *Feeling safe*



For youth with care experience, feeling safe at school was an important factor in positive mental health. For example, 21% of youth who often or always felt safe at school reported that their stress was at the point where they were having difficulty coping, compared to 38% of those who felt safe at school less frequently.

Feeling safe at school was also linked to lower substance use. For example, 17% of those who often or always felt safe at school had used marijuana on six or more days in the past month, compared to 35% of those who felt safe only sometimes or less.

Feeling safe at school did not increase the likelihood that students would seek out the help of teachers or other school staff, but it did increase the chance that they would find this experience helpful. Seventy-five percent of youth who always or often felt safe at school and had asked a teacher for help reported finding that support to be helpful, compared to only 33% of those who felt safe at school less often. Youth who felt safe were also more likely to find school counselors or other school staff helpful.

## Feeling skilled



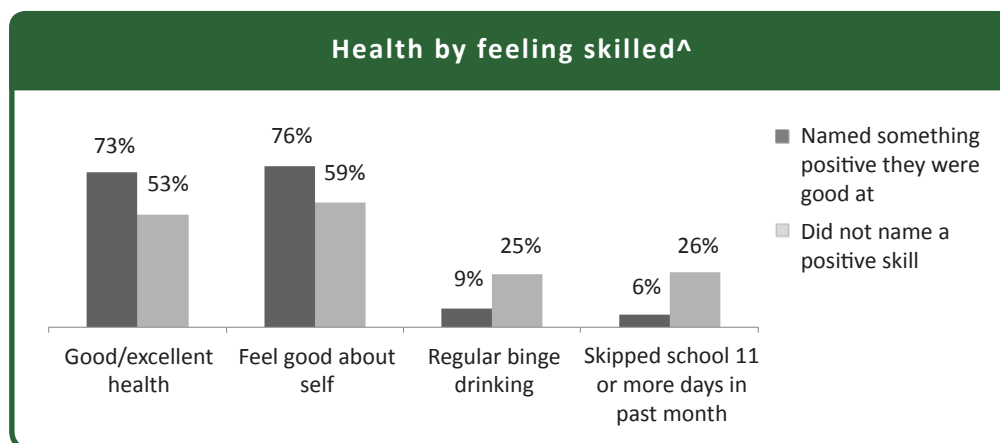
Youth were asked if they could think of anything that they were good at, and if so, what that was. Seven out of ten youth who had been in care (62% of males and 78% of females) could name at least one positive thing they were good at. These included feeling skilled at sports, being proficient at one or more school subjects, being good at trades like car mechanics or plumbing, having a musical or other arts talent, and being a good friend or a good listener.

Male and female youth were equally likely to report feeling that they were good at sports and leisure activities. Males were more likely than females to report feeling skilled in trades and computers or video games, and females were more likely to feel proficient in areas such as school-related skills, the arts, relationship and life skills.

### Positive skills youth felt they were really good at<sup>^</sup>

Sports (e.g., individual, team, competitive and informal)	38%
Arts (e.g., drawing, poetry)	18%
School-related skills (e.g., reading, math)	14%
Relationship skills (e.g., good friend, good listener)	13%
Music (e.g., playing an instrument, singing)	12%
Life skills (e.g., cooking, managing money)	9%
Acting and dancing	8%
Leisure (e.g., pool, board games, interacting with animals)	8%
Computer/video games	7%
Trades (e.g., working on cars, woodwork)	2%

<sup>^</sup>Among youth with experience of government care.



<sup>^</sup>Among youth with experience of government care.

Youth who reported having one or more of these positive skills reported better physical and mental health. For both males and females, feeling skilled at something positive was associated with lower rates of regular binge drinking, regular marijuana use, having negative consequences of substance use, skipping school and previous pregnancy involvement or STIs. In addition, youth who had positive skills were more likely than those who did not to have higher rates of better general health and higher self-esteem.

Feeling skilled at something positive appeared to be particularly protective for males' mental health. For example, when compared to males who could not name a positive skill, those who reported a talent

also reported lower rates of extreme stress, extreme despair, self-harm and suicide attempts. For females, feeling that they had positive skills was not linked to these mental health outcomes in the same way as it was for males.

In general, youth who identified anything positive they were good at were more likely to have post-secondary educational aspirations. However, in terms of specific skills, relationship skills were only linked to post-secondary aspirations for females, while art-specific skills were only linked for males.

# Leisure activities

“ Football, rugby – the equipment is so expensive. ”

Youth with government care experience participated in a number of different extra-curricular activities on at least a weekly basis in the past year. Fifty-nine percent engaged in informal sports (such as hiking, cycling, hacky sack), 44% took part in organised sports (such as team sports), 24% took dance or aerobics classes, 29% took part in art, drama or music outside of school, 20% participated in clubs or groups and 52% did a hobby or craft at least weekly. Additionally, 63% exercised three or more days in the previous week.

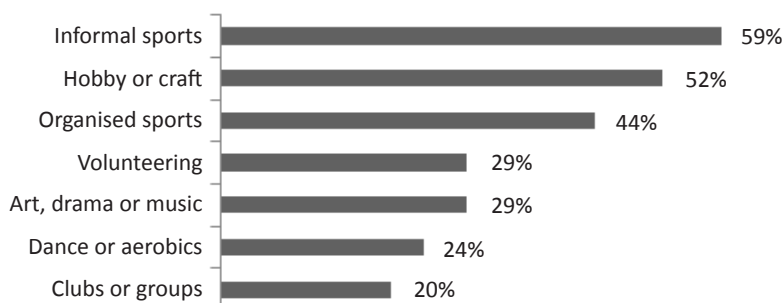
Males were more likely to have played weekly informal sports (65% vs. 54% of females). Females were more likely to have been in dance or aerobics (28% vs. 19%) and to have been engaged in a hobby or craft (55% vs. 47%).

Youth with experience of government care were less likely to have played weekly informal or organised sports compared to their peers who had not been in care, but were more likely to have been involved in clubs or groups. Unlike youth with no care history, youth with care experience were more likely to have done hobbies or crafts than to have played organised sports.

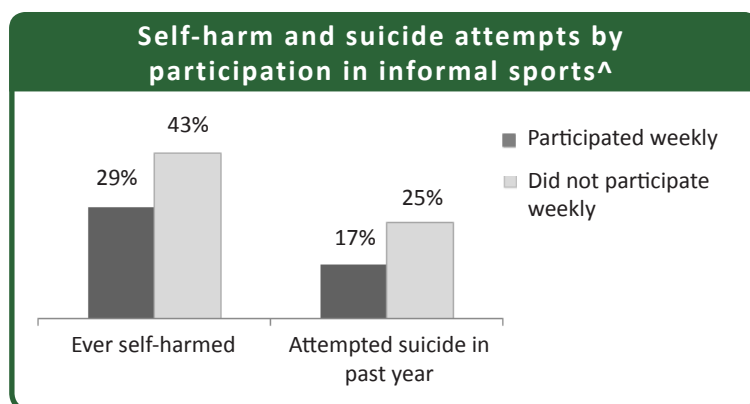
Youth who had been in care in the past year were less likely to have played organised sports weekly than those whose care experience was more than a year ago (39% vs. 47%), but there were no other differences in participation rates between the two groups.

Participation in organised sports was also lower among youth who went to bed hungry because of a lack of food at home (30%)

## Weekly participation in activities in the past year<sup>^</sup>



<sup>^</sup>Among youth with experience of government care.



<sup>^</sup>Among youth with experience of government care.

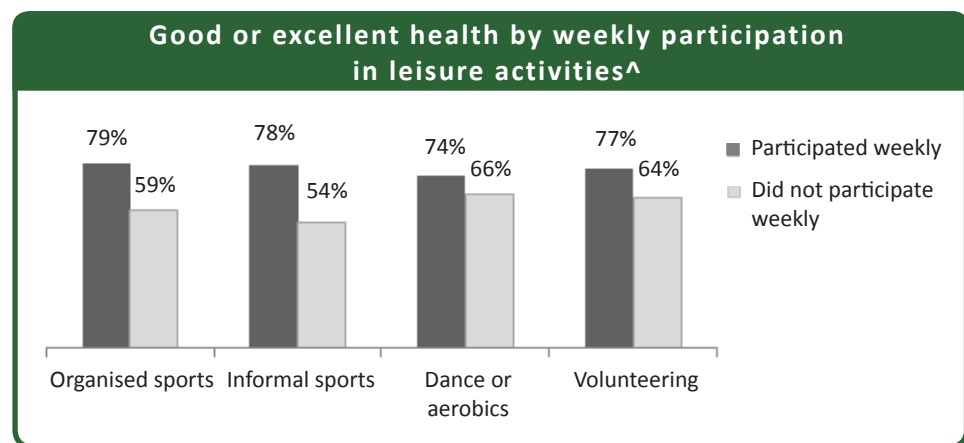
vs. 48%) although this group participated in other leisure activities at the same rate as youth not living in such extreme poverty.

Generally, the more stable a youth's home life was, the more likely they were to be engaged in physical activity. For example, half of youth who had run away three or more times in the past year took part in weekly informal sports compared to 62% who had not run away.

There were many benefits associated with regular participation in leisure activities and particularly physical activities. For example, 74% of those who exercised three or more days in the week prior to taking the survey were a healthy body weight compared to 59%\* who had not exercised. Playing informal sports at least weekly was also associated with being more likely to report a healthy body weight and also with being less likely to report self-harm and suicide attempts.

There was a link between playing weekly organised sports and lower rates of self-harm (30% vs. 39% among youth who did not play weekly), suicide attempts (25% vs. 14%), and the use of substances such as ecstasy (20% vs. 33%) and cocaine (13% vs. 25%). Playing organised sports on a weekly basis also appeared to be associated with a reduced likelihood of being the victim of physical violence. For example, youth who played weekly organised sports were less likely than those who participated less frequently to have been the victim of relationship violence (14% vs. 24%, among those in a relationship) or to have been assaulted in the past year (23% vs. 32%).

Sports were not the only activities linked to better health. Youth who were in dance or aerobics weekly were more likely to report good or excellent general health, as were those who volunteered weekly and those



<sup>^</sup>Among youth with experience of government care.

who exercised regularly (77% of youth who exercised 3-7 days in the previous week vs. 60% of those who exercised one or two days).

Youth who took part at least weekly in a hobby or craft were more likely to have plans for a post-secondary education (64% vs. 52%), as were youth who volunteered (65% vs. 56%) or played sports when compared to youth who did not engage as frequently in such an activity.

For youth with care experience, organised sports was the activity most consistently linked with having positive peer relationships, such as having friends who would disapprove if youth beat someone up, got arrested or got pregnant. However,

participating regularly in informal sports, a hobby or craft, or volunteering at least weekly was also linked to having friends who would disapprove of them dropping out of school.

In some cases, even occasional participation in extracurricular activities was associated with benefits. For example, youth who volunteered less than once a week were more likely than youth who never volunteered to have plans to continue their education beyond high school (66% vs. 50%) and to have good or excellent health (74% vs. 57%), and they were less likely to report regular binge drinking (7% vs. 19%), regular marijuana use (16% vs. 33%) and negative effects of substance use (23% vs. 38%).

# Family connectedness

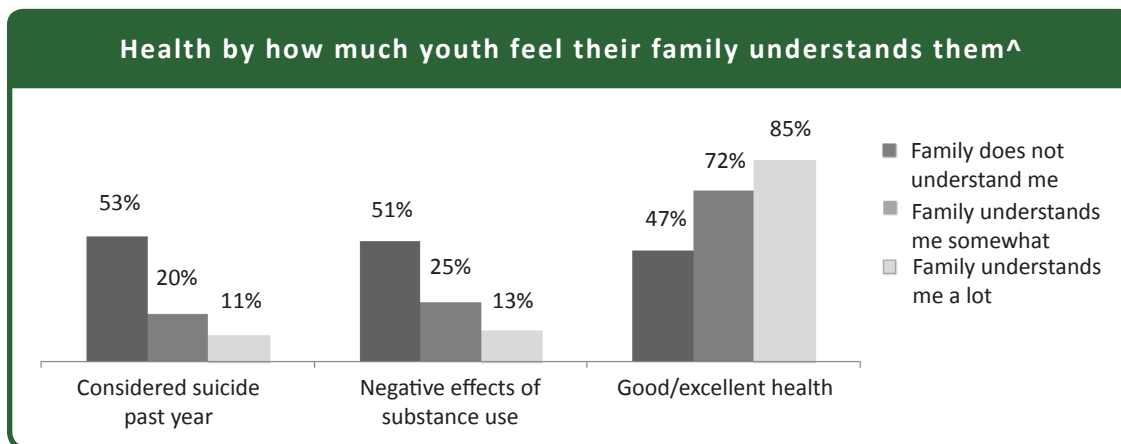
*“ My foster parents don’t want the money, they want me and treat me like their biological child. ”*

McCreary research has consistently shown the value of family connectedness. Youths’ sense of connectedness to their families refers to their relationships with their parents and other family members. It also includes the people youth think of as their parents, even if these are not their biological parents, such as foster parents and adoptive parents. It includes feelings of caring, love, closeness, satisfaction and understanding.

Young people with care experience who were more highly connected to the people they thought of as their family reported better health and were less likely to engage in risky behaviours. For example, youth who were more highly connected were more

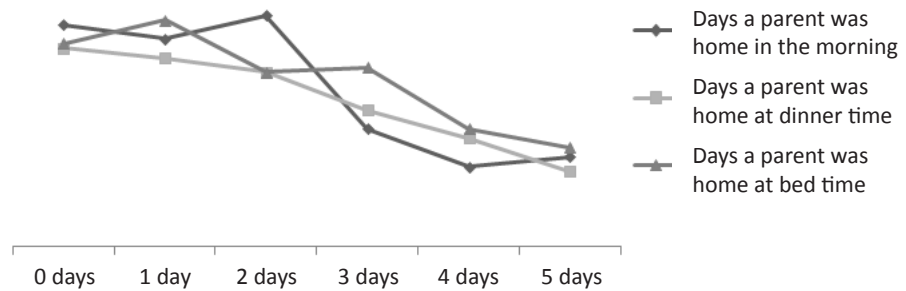
likely than less connected youth to have good or excellent health and to report higher self-esteem. They were also less likely to have had suicidal thoughts or attempts, to have engaged in regular binge drinking or marijuana use or to report negative effects of substance use.

Highly connected youth were also more likely to feel they had a sense of competency. Specifically, both males and females who were connected to their families were more likely than peers who were less connected to feel they were good at sports, and males were also more likely to report feeling skilled in school and in computers and video games.



<sup>^</sup>Among youth with experience of government care.

### Youth who seriously considered suicide in the past year by presence of parental figure during past school week



Even a small increase in family connectedness was linked to better mental health and less risky behaviour in the lives of youth with care experience. For example, when youth felt they were not at all cared about by their mothers or the person that they thought of as their mother figure, less than half could name something positive that they were good at. However, if they felt their mothers cared a little about them, this figure rose to almost three quarters. This association also held for young people's relationship with their father figure: 37% of youth who felt that the person they thought of as their father did not care about them reported regular binge drinking, compared to 10% who felt their father cared at least a little.

Having a parental figure present at key times during the day was protective against suicidal ideation. Youth who had been in care and had a parent figure with them while they ate dinner on all of their past five school days were less likely to have seriously considered suicide than those who had a parent with them for one of the past five dinners (16% vs. 40%\*). Also, the more frequently parents were present when young people woke up or went to bed on school days, the less likely they were to report suicidal thoughts or attempts.



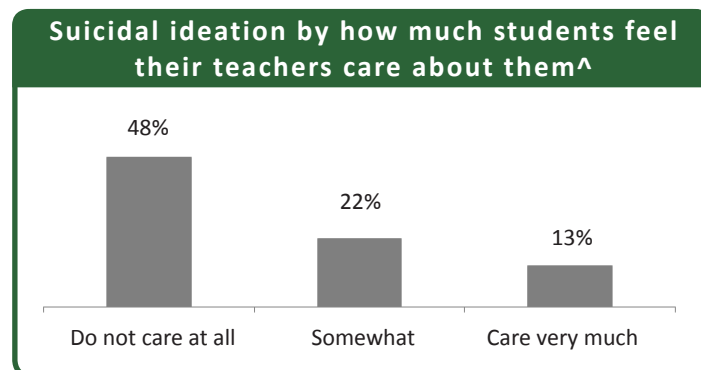
# School connectedness



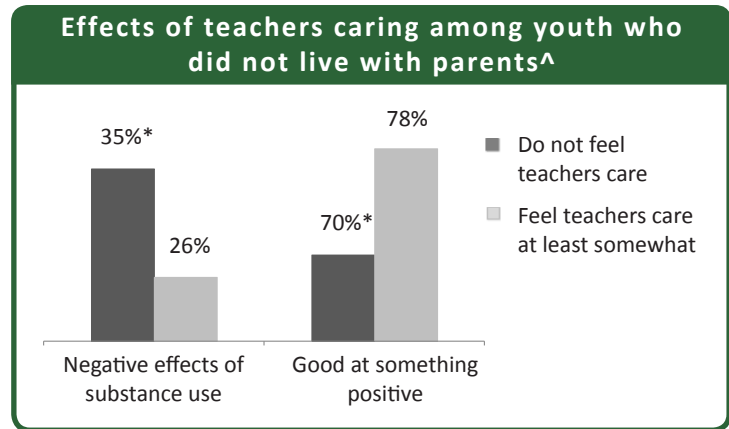
School connectedness refers to youths' feelings about school and their relationships with peers and teachers. For young people who lack caring and supportive adults in their home life, connectedness to school can be particularly important. For example, when youth stated they did not have an adult family member they could confide in, those who were highly connected to school were more likely than less connected youth to report having an adult outside their family they could speak to about their problems.

Students who were more connected to school were also more likely to have peers with healthy attitudes to risk behaviours such as dropping out of school, beating someone up or getting arrested.

As with family connectedness, youth with care experience who were more highly connected to their schools reported better physical and mental health and were less likely to engage in health risk behaviours than youth who were less connected to school. They



<sup>^</sup>Among youth with experience of government care.



<sup>^</sup>Among youth with experience of government care.

were less likely to have used substances on a regular basis and more likely to not only plan to complete high school but also to have post-secondary educational aspirations.

As was the case with family connectedness, school connectedness was related to a sense of feeling skilled. Both males and females who were more highly connected to their schools had a greater likelihood than those who were less connected to report having skills in sports and school-based subjects. In addition, males with care experience who were highly connected to school reported that they felt skilled in the trades, music and computers or video games; while young women who were more highly connected were more likely to report that they had good relationship skills.

Being more connected to school was associated with greater self-care. Sexually active youth who were more highly connected to

their schools were more likely to have used a condom the last time they had sex and were less likely to have a history of pregnancy or STIs. More highly connected youth were also less likely to have unwanted sex as a consequence of alcohol or drug use.

The greater the level of connectedness, the more likely youth were to report better health, but even a low level of connectedness was better than none at all. For example, the rate of skipping classes decreased as youth felt more cared about by teachers, from 75% when youth felt teachers did not care, to 50% when teachers cared a little, and 39% when teachers cared at least somewhat.

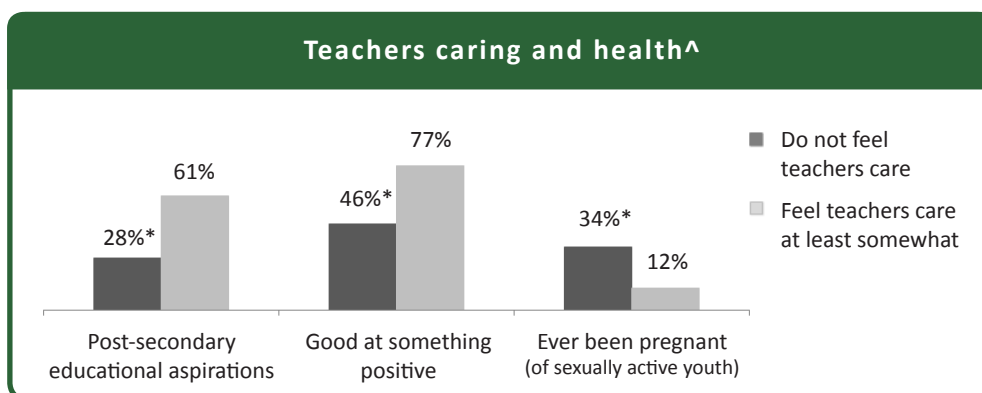
Having caring teachers was associated with a greater likelihood of having post-secondary educational plans. Among students who felt their teachers did not care about them, 38% planned to continue their education beyond high school. However, when youth felt their

teachers cared a little, 51% reported having these aspirations and when they felt their teachers cared somewhat or more, 64% had these plans.

Feeling that their teachers cared about them was important even for youth whose attendance at school was affected by outside issues. For example, youth with a health condition or disability were less likely to miss school as a result of their condition if they felt their teachers cared about them at least somewhat (13% vs. 34% who did not feel that their teachers cared). Similarly, these youth were less likely to skip classes (81% vs. 47%). Among youth with a limiting health condition or disability, feeling cared about by a teacher also seemed to be linked to reduced reporting of physical ailments which may be linked to stress (such as headaches, stomach aches, backaches, dizziness) in the past six months.

As we noted earlier, school connectedness can be particularly important for young people who do not have supportive families in their lives. For example, whilst having a teacher who cared about them was protective for all youth, it was particularly important for those who did not live with their parents. Sixty-one percent\* of those who lived outside the family home had seriously considered suicide if they felt that their teachers did not care at all, compared to 20% who felt that their teachers cared at least somewhat.

It is also important to note that although youth with recent care experience can be particularly vulnerable to negative health outcomes, when they are connected to school, they report all the same positive associations of better health and reduced risk behaviour as other youth.



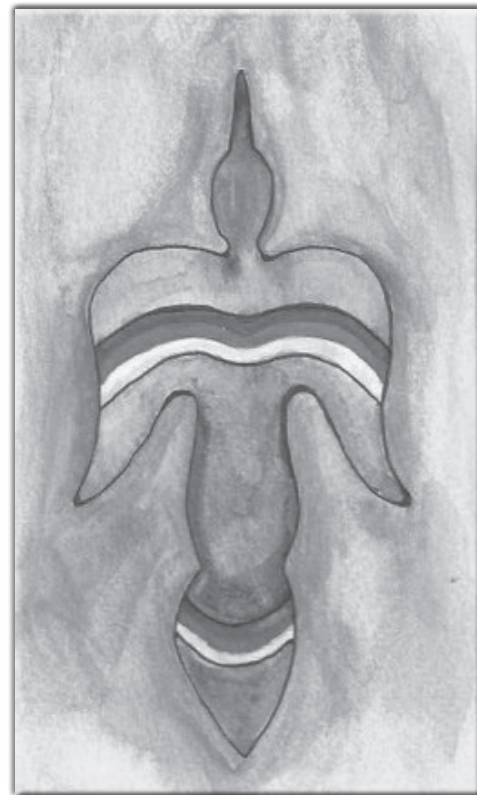
<sup>^</sup>Among youth with recent care experience.

# *Connections to culture or ethnic group*

Sometimes when youth enter the care system they may become separated from their culture or ethnic group. We therefore considered the role of cultural connectedness in promoting positive health. For the purpose of this report, cultural connectedness refers to youths' sense of belonging to their ethnic or cultural group and the extent to which they participate in and learn about their group.

Youth with care experience who were more highly connected to their cultural or ethnic group were more likely than less connected youth to report good or excellent health and were less likely to engage in regular binge drinking, regular marijuana use and to report negative consequences of their substance use. Cultural connectedness was also linked to higher self-esteem and reduced risk of suicide attempts among males and to having positive skills among females.

Cultural connectedness did not appear to be protective for some vulnerable groups of youth, such as lesbian, gay and bisexual youth. However, it was associated with lower rates of STIs among Aboriginal females. Cultural connectedness was also protective for immigrant youth. For example, higher connectedness was associated with lower



rates of regular marijuana use and skipping school for all immigrant youth. It was also associated with a lower likelihood of regular binge drinking among males and lower rates of self-harm and higher rates of post-secondary educational aspirations among female immigrant youth.

# *Increasing the chances of post-secondary aspirations*



*“ I wanna go [to college], it’s good to have an education. ”*

The percentage of youth leaving the care system who do not go on to post-secondary education has been highlighted as an area of concern in other BC research.

Throughout this report we have identified a number of risk and protective factors which increased or decreased the likelihood that young people would plan to continue their education beyond high school. In this section we took a closer look at which of these factors had the strongest influence on educational aspirations and considered whether the presence of one or more protective factors could override the effects of the risk factors which might be present in young people’s lives.

In order to do this we did some complex statistical analyses and produced what is known as a probability profile (the detailed description of the process and full results

are available at [www.mcs.bc.ca](http://www.mcs.bc.ca)). A probability profile estimates the chances of an outcome, such as continuing in school, with different combinations of risk factors (that lower the chances) and protective factors (that increase the chances). For the analyses, we looked at risk and protective factors that previous research had shown were linked to educational aspirations.

The protective factors that we looked at included connectedness to school, family and culture, as well as perceived school safety, peer influence, engagement in activities, feelings of competence, adult support, extracurricular involvement, and healthy romantic relationships.

We wanted to see if those protective factors could overcome the negative effects of a number of risk factors which we knew reduced the chances of youth planning to

continue their education beyond the high school level. These risk factors included reporting various mental health challenges, being bullied or harassed, having an unstable home, missing school, substance use, pregnancy and experiencing relationship violence.

For males, the three strongest risk factors for not continuing their education after high school were living in an unstable home, skipping school and being a regular marijuana user, and the single most potent protective factor was school connectedness.

Males who did not report any of the three major risk factors but reported high school connectedness were more likely to have post-secondary aspirations than those with low school connectedness. However, the positive influence of school connectedness was seen even in the presence of the most challenging risk factors. For example, if males had all three of the identified risk factors but had high school connectedness, the chances that they planned to continue their education were more than double that of youth who reported the same risk factors but had low school connectedness.

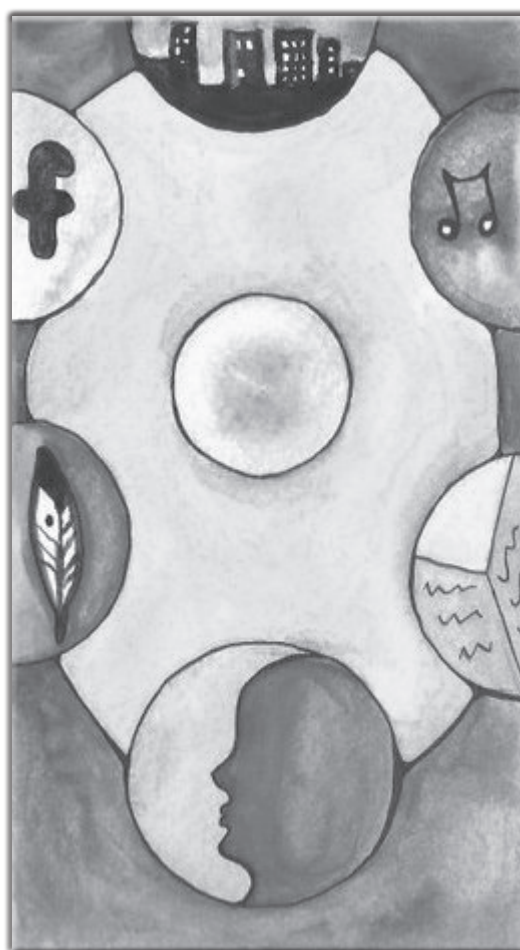
For females, school connectedness was an important protective factor, but being involved in meaningful activities and having friends who would be upset if they dropped out of school were also strongly associated with post-secondary goals. The two major risk factors for females not continuing their education were regular marijuana use and going to bed hungry because there was not enough food at home.

Similar to males, females who reported the key protective factors were more likely to have post-secondary goals even if the major risk factors were present in their lives. For example, when females who regularly used marijuana and went to bed hungry at least sometimes also had all three of the protective factors (school connectedness, meaningful activities and pro-social friends), their chances of having post-secondary educational goals were almost three times higher than for females who did not have those same protective factors. Finally, if females had the three protective factors and neither of the risk factors they were almost certain to have post-secondary plans.

# YOUTH'S SUGGESTIONS

McCreary has conducted many focus groups and workshops with youth to discuss the results of the 2008 AHS. Many of these focus groups have included youth with experience of government care, and several groups have been held specifically with young people currently under the care of the BC government. A selection of their suggestions for improving the lives of youth who enter the care system are highlighted below, and further information can be found in the McCreary report *Treat Us Like We Matter: Youth's response to the data on growing up in BC* (2010) which was produced as part of a project with the Provincial Health Officer and the Office of the Representative for Children and Youth.

- Target support services at younger youth and their families to prevent them from going into government care.
- If children and youth do have to go into government care, do not separate them from their siblings. Also, put them in a placement that is in or near their home community.
- Improve training and screening for foster parents and people seeking to adopt.
- Teach foster parents and group home staff relationship-building skills.



- Offer more structure to youth in government care placements.
- Ensure foster parents and group home workers are positive role models and let youth feel that they care.





- Encourage foster parents and group home staff to give youth a curfew so they are not out late partying.
- Offer practical help with things like getting up in the morning for school to youth without parents present.
- Recruit foster parents who will treat their foster children the same as they treat their own children by including them in family vacations and family meals.
- Offer more school-based support to youth in foster care and group homes so they can do their homework (e.g., schools should offer homework clubs and other opportunities for youth in care to study and do school work).
- Allow youth to be in school but not fully participating in class if they are having a tough time at home.
- Make sure every youth has an adult who will support them with college applications, attend their graduation or help them pick a prom outfit.
- Make post-secondary education more accessible.
- Children and youth should get free food from the government when they need it (e.g., if they are living alone).
- Make foster placements longer so that youth can connect to the community, school and foster family.
- Provide safe, affordable housing to all families.
- Have a pet for youth to lean on if there are no safe adults in their life.



# SUMMARY

The government care system aims to support and protect the most vulnerable youth in the province and this report has shown that youth who enter the care system in British Columbia usually do so having gone through negative experiences and challenges in their lives. They are often dealing with ongoing issues such as disconnection from family, the trauma of an abuse history, and feeling like they do not have a settled and stable home.

The findings in this report show us how we can assist these young people to recognize their strengths, build on their already impressive resilience and maximize their potential as they transition into adulthood.

We can support these young people in very practical ways, by helping them to find and maintain a stable home, ensuring they have enough food to eat, engaging them in a meaningful way in extracurricular activities, and being there to offer support and help when they need it.

We can also ensure they do not miss out on the opportunity to gain skills and information. For example, the report has shown that youth who miss out on schooling also seem to be less able to practice health promoting skills such as safer sex. When we have shared these results in focus groups and workshops, youth tell us that by missing school they missed sex education classes. As one young parent with a history of government care put it, *“I was pregnant before I knew anything about contraception.”*

Conversely, we saw that although youth with a history of government care were less likely to be involved in organised sports, when they do play, they report a whole host of positive health outcomes, including feeling that they have skills and are good at something, which in turn is linked to other positive outcomes.

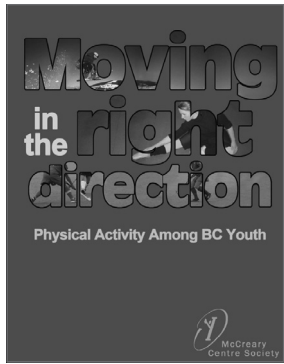
Youth who are living with adults, even adults not related to them, report better health than those who live independently. This may suggest that young people who are living without adults (for example, on Youth Agreements) would benefit from access to supportive adults and peers, whether through tailored professional support or through opportunities to participate in meaningful activities.

There have been a number of headlines recently about the lower likelihood of youth graduating if they are in the government care system. Our analyses have identified some key factors that may increase the chances that youth with a care history not only plan to complete high school but also go on to university, college or a trades program or apprenticeship, even if they have a number of previous and current risk factors in their lives.

This report has clearly shown that like all other young people, youth in government care need connections, support, the chance to develop skills and feel competent, and the opportunity to feel part of their school and community to foster their healthy development.

# ADDITIONAL McCREARY RESOURCES

For any of these, or other materials by McCreary Centre Society, visit our website at [www.mcs.bc.ca](http://www.mcs.bc.ca).



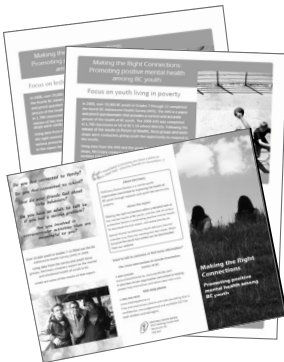
## ***Moving in the Right Direction: Physical activity among BC youth (2011)***

This report shares the results of a study of physical activity among youth who completed the 2008 BC Adolescent Health Survey. The report highlights the many benefits of physical activity for young people but also identifies barriers to participation as well as risk and protective factors.



## ***Making the Right Connections: Promoting positive mental health among BC youth (2011)***

This report gives an overview of youth mental health in British Columbia and looks at some of the risk and protective factors for developing positive mental health. The report shows that the majority of Grade 7-12 students in BC report positive mental health and low rates of mental health challenges.



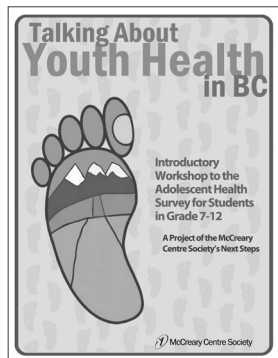
## ***Making the Right Connections summary profiles and youth fact sheet (2011)***

Eight summary profiles of youth who may be considered at risk of not developing positive mental health are available as a supplement to the report *Making the Right Connections: Promoting positive mental health among BC youth* (2011). A 'by youth for youth' summary of the key findings in the report is also available.



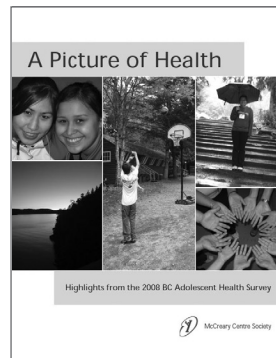
## ***What a Difference a Year Can Make: Early alcohol and marijuana use among 16 to 18 year old BC students (2010)***

This report uses data provided by 16- to 18-year-olds who completed the 2008 BC Adolescent Health Survey. The study examines the different health behaviours and outcomes between those who use alcohol or marijuana at a younger age and those who wait longer to try these substances.



## ***Talking About Youth Health in BC: Introductory workshop to the AHS for students in Grade 7-12 (2010)***

The *Next Steps* youth health workshop toolkit is designed to assist those interested in running their own *Next Steps* workshop introducing young people to the results of the 2008 BC Adolescent Health Survey. This condensed version of the *Next Steps* contains everything needed to organize a workshop and can be tailored to reflect the needs of diverse groups.



## ***A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey (2009)***

This report summarizes findings from the fourth BC Adolescent Health Survey. Conducted in 2008 the survey asked over 29,000 youth about their physical and emotional health and about factors that can influence health. The report highlights trends in youth health, and identifies risk and protective factors for positive health.



