

Supports in the spotlight:

A youth-led research project into supporting
BC youth in and from government care



A report prepared by
McCreary Centre Society's
Youth Research Academy



McCreary
Centre Society

SUPPORTS IN THE SPOTLIGHT:

A youth-led research project into supporting BC youth in and from government care

Evidence from the 2018 BC Adolescent Health Survey

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**YOUTH
RESEARCH
ACADEMY**

Copies of this report are available at: www.mcs.bc.ca.
For enquiries about this report, please email: mccreary@mcs.bc.ca.

Youth Research Academy

McCreary Centre Society's Youth Research Academy (YRA) is a group of youth aged 16 to 24 with experience of the government care system. Members of the YRA are trained to conduct research projects of interest to youth in and from government care and the agencies that serve them. More information about the YRA can be found at www.mcs.bc.ca.

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Thank you

Thank you to all the youth with government care experience who completed the 2018 BC Adolescent Health Survey. This report is for you.

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KEY FINDINGS

This report was completed by McCreary's Youth Research Academy, a group of young people with government care experience who are training as community researchers. We hope you will read the whole report but have also selected key findings, which we think are most important for adults to know in order to best support youth in and from care.

- In 2018, 5% of BC students in Grades 7–12 had been in government care or an alternative to government care (including a foster home, group home, or on a Youth Agreement).
- Indigenous youth continue to be over-represented in the government care system, as 34% of those with care experience identified as Indigenous, compared to 10% of all Indigenous youth who completed the 2018 BC AHS.
- Youth with government care experience were more likely than other BC youth to have experienced trauma and upheaval and to have missed out on services and supports. However, there were some improvements compared to five years earlier, as youth who had been in a foster home, group home, or on a Youth Agreement were less likely to have moved (46% vs. 51% in 2013) or run away (25% vs. 33%) in the past year.
- Youth with care experience reported better health and well-being when they had supports in their family, school and community. For example, among youth who turned to a family member for help in the past year, 64% of those whose family member was helpful reported good or excellent mental health (vs. 25% who asked their family for help but did not get the support they were looking for).
- Similarly, when youth with care experience felt their teacher cared about them they were more likely to report good or excellent mental health (63% vs. 31% who did not feel this way), to feel safe at school (75% vs. 19%) and to feel happy there (64% vs. 12%); and were less likely to have skipped class in the past month (32% vs. 57%).
- Community supports and engagement are also important. For example, youth with care experience who had an adult outside their school or family who really cared about them were less likely to have self-harmed (35% vs. 44% who did not have such an adult) and to have seriously considered suicide (33% vs. 46%) in the past year. Also, weekly involvement in sports and cultural activities were associated with more positive mental health.
- Youth who felt the activities they took part in were meaningful to them, and that their ideas were listened to and acted upon in those activities, were more likely than those who did not feel this engaged to feel connected to their community (50% vs. 17%), hopeful for their future (68% vs. 36%), and to report good or excellent mental health (63% vs. 41%).
- Friends also play a role. For example, youth with care experience whose friends would be upset with them if they dropped out of school were more likely to expect to graduate high school (83% vs. 63% of youth whose friends would not be upset for this reason) and to plan to go to post-secondary (77% vs. 54%).
- Similarly, if youth had friends who would disapprove of them using alcohol or cannabis, they were less likely to have tried these substances, or to have used them recently, regularly or heavily. For example, 14% of those who had tried alcohol binge drank the previous Saturday (vs. 30% of youth whose friends would not be upset for this reason).

INTRODUCTION

This report was produced by members of McCreary Centre Society's Youth Research Academy (YRA), a group of youth aged 16 to 24 with experience of the government care system who are training to be community researchers.

We used data from the 2013 and 2018 BC Adolescent Health Surveys (BC AHS) to identify some of the protective factors that can support youth in and from government care to achieve positive health and well-being. The report offers a brief profile of youth with care experience and also shows how resilient they are, before moving on to focus on supports in four key areas: family, school, community, and peers. We included our reflections on the findings, and suggestions for how best to support youth in and from care throughout the report. We also included some quotes from youth with care experience who completed the 2018 survey.

The analyses in this report include youth who had experienced any type of government care or an alternative to care including youth who had been in a foster home, group home, custody centre, and/or on a Kith and Kin Agreement. We also included youth on a Youth Agreement and an Agreement with Young Adults if they were eligible. The analyses included youth who were in care more than a year ago as well as those in care more recently, as other studies have shown that youth with care experience still need support after they have formally left the care system.

As part of the report, we looked at changes over time between 2013 and 2018. However, the question on the BC AHS which asked about the different types of government care youth had experienced changed between 2013 and 2018. For this reason, comparisons across survey years only included youth who had been in a foster home, group home, and/or on a Youth Agreement.

BC Adolescent Health Survey (BC AHS)

In 2018 over 38,000 students in Grades 7–12 (aged 12–19) completed the sixth BC AHS in public schools across British Columbia, including over 1,600 students who had ever been in government care or an alternative to care. Students answered 139 questions about their health and about the risk and protective factors in their lives. The survey has been conducted every five years since 1992.

More information about the BC AHS can be found at www.mcs.bc.ca.

GLOSSARY

The following terms are used in this report:

Binge drinking in this report refers to males who consumed four or more alcoholic drinks within a couple of hours and to females who consumed three or more.

Government care experience, in and from care, and **care experience** are all used to refer to youth who had ever been placed in the care of the BC Ministry of Children and Family Development or a delegated agency (or an alternative), including youth who had experienced a foster home, group home, custody centre, Kith and Kin Agreement, Youth Agreement, and/or an Agreement with Young Adults.

Non-binary reflects youth who did not identify as male or female, or were not yet sure of their gender identity.

Protective factors are relationships and experiences in a young person's life that can support them to overcome risks and can contribute to their healthy development.

Students and **youth** are used interchangeably to refer to BC AHS participants in Grades 7–12.

Where the terms '**ideas listened to**,' '**felt meaningfully engaged**,' '**felt connected**,' '**felt hopeful**,' '**felt their family understood them**,' etc. are used, these refer to youth who felt this way 'quite a bit' or 'very much' unless otherwise stated. Also, the term '**felt happy**' refers to youth who felt happy 'most' or 'all of the time' in the past month.

Limitations

Data from the BC AHS is considered representative of youth aged 12–19 who were attending mainstream schools in BC. It does not include youth who were in most alternative schools, independent schools, were home-schooled, or were not in school on the day the survey was administered. Some youth may also have been excluded because the survey was only available in paper form and in English.

About the results

This report is intended for a community audience, and therefore does not go into detail about the methodology. This information is available at www.mcs.bc.ca or by email from mccreary@mcs.bc.ca.

All reported trends and associations included in this report are statistically significant at least at $p < .05$. This means there is up to a 5% likelihood these results occurred by chance.

Statistically significant associations which are reported show a relation between two variables. This does not prove causation or show the direction of the relationship.

Any percentage that is marked with an asterisk (*) should be interpreted with caution, as it has a higher than expected standard error, but is still within the acceptable range.

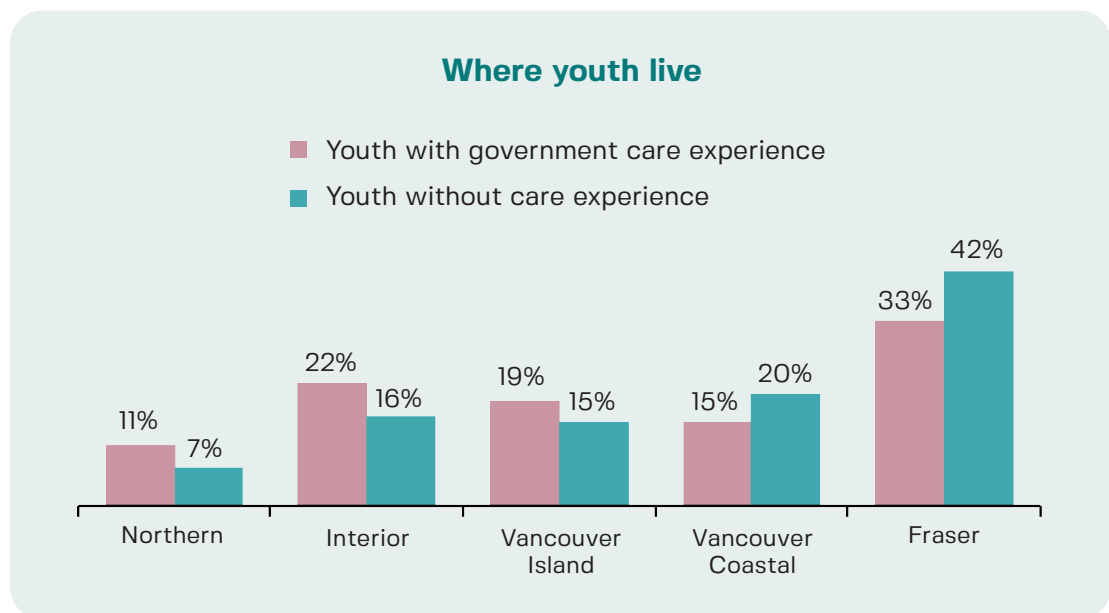
YOUTH IN AND FROM GOVERNMENT CARE

In 2018, 5% of youth aged 12–19 who completed the BC AHS had experienced government care, including 2% who had been in a foster home, 2% on a Kith and Kin Agreement, 1% in a group home, and 1% in a custody centre. Also among those who were eligible, 1% had been on a Youth Agreement and less than 1% had been on an Agreement with Young Adults.

The percentages of youth who had been in a foster home, group home, and/or on a Youth Agreement in 2018 were similar to the percentages in 2013.

Reflecting the pattern for all BC youth, most youth in and from care were in urban areas (84%). However, youth with care experience were more likely to live in rural areas than youth who had never been in care (16% vs. 12%).

Compared to youth never in care, youth with care experience were more likely to live in the Northern, Interior, and Vancouver Island regions and were less likely to be living in the Vancouver Coastal and Fraser regions.



FAMILY BACKGROUND

Family background (among youth with government care experience)	
European	40%
Indigenous	34%
East Asian	9%
Southeast Asian	8%
Latin/South/Central American	5%
South Asian	5%
African	4%
West Asian	2%
Australian/Pacific Islander	2%
Other	3%
Don't know	15%

Note: Youth could choose more than one response.
Note: Youth who chose 'Other' commonly indicated they were Canadian.

Youth who had experienced government care most commonly identified their family background as European, followed by Indigenous.

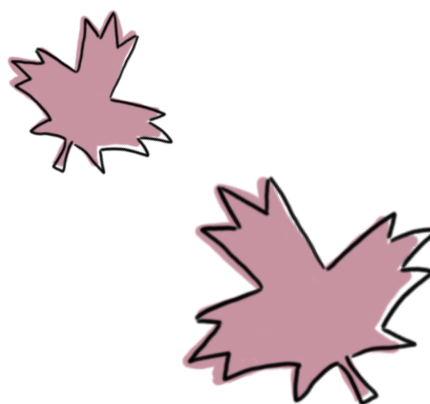
Indigenous youth continue to be over-represented in the government care system, as 34% of those with care experience identified as Indigenous, compared to 10% of all Indigenous youth who completed the 2018 BC AHS.

New Canadians

Reflecting the picture in 2013, most youth in and from care were born in Canada, and 14% were born abroad.

Refugees made up 1% of all BC AHS respondents. However, 15% of youth with care experience who were born outside of Canada had arrived in BC as refugees.

The shorter time youth had been in Canada the more likely they were to have been in government care. Specifically, among youth born abroad, 11% who had been in Canada for less than two years had ever been in care, which was higher than for youth who had been in Canada between two and five years (5% had been in care), and for those who had been in the country for six or more years (3%).



GENDER IDENTITY AND SEXUAL ORIENTATION



I would like to learn more about LGBTQ+.” (12-year-old non-binary youth)

I would like to learn more about being asexual.” (18-year-old male)

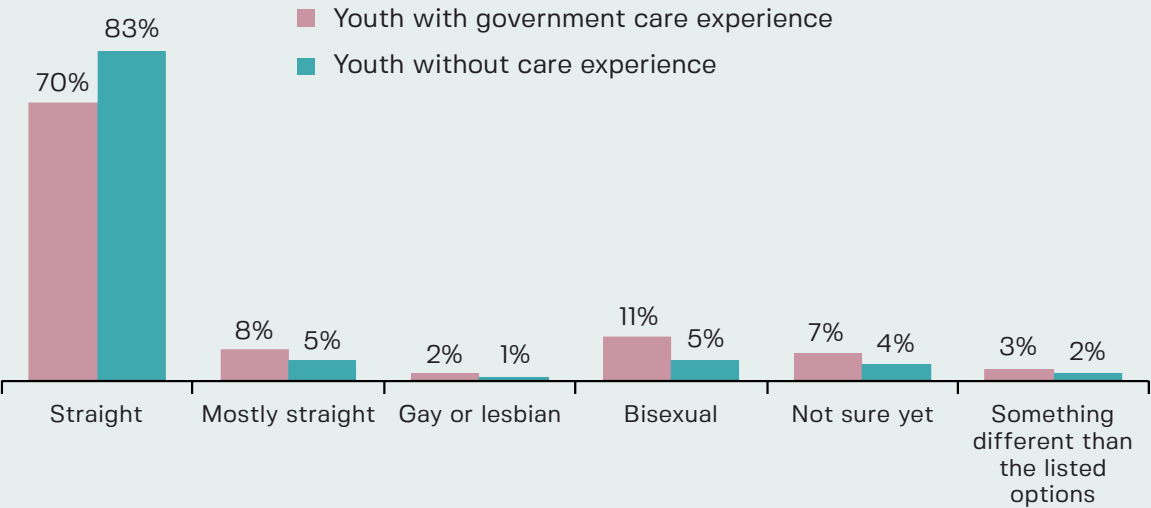
Youth in and from care were more gender diverse than their peers without care experience. Five percent of youth in and from care identified as non-binary (vs. 2% of youth never in care), 1% were transgender (e.g., their birth certificate listed female and they currently identified as male; vs. <1%), while 52% identified as female, and the remainder as male.

Compared to youth never in care, those with care experience were less likely to identify as straight, and were more likely to identify as bisexual, to be unsure of their sexual orientation, and to write in a sexual orientation not included in the list of BC AHS response options, such as pansexual or asexual (3% vs. 2%).

Two Spirit refers to a person who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity. Eight percent of Indigenous youth with care experience identified as Two Spirit (vs. 4% of Indigenous youth never in care).



Sexual orientation



Note: The difference for ‘Mostly straight’ and for ‘Gay or lesbian’ was not statistically significant.

HOUSING EXPERIENCES

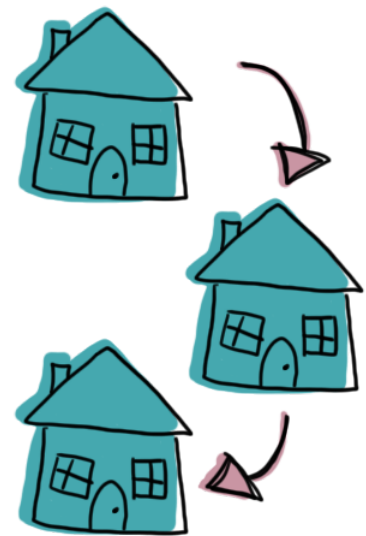
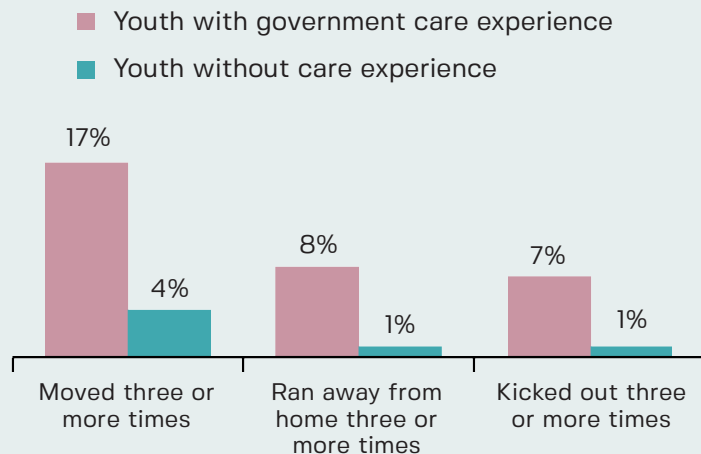
In the past year, youth in and from care were more likely than their peers who had never been in care to have moved from one place to another (47% vs. 21% of youth without care experience), run away (26% vs. 7%), and been kicked out (21% vs. 5%). They were also more likely to have had these experiences on multiple occasions.

Compared to five years earlier, youth who had been in a foster home, group home, or on a Youth Agreement were less likely to have moved (46% vs. 51% in 2013) or run away (25% vs. 33%) in the past year.

Caretaking responsibilities

Youth with care experience were more likely to have regular caretaking responsibilities than their peers. For example, on an average school day, 3% of youth in and from care took care of their own child or children (vs. 1% of youth who had not been in care), 33% took care of another relative (vs. 21%), and 58% took care of a pet or other animal (vs. 52%).

Housing experiences in the past year



HEALTH AND WELL-BEING

Most youth in and from care (64%) described their overall health as good or excellent (vs. 81% who had never been in care), and 53% described their mental health this way (vs. 73%).

Around half of youth with care experience (48%) reported having at least one health condition or disability (vs. 29% never in care). They most commonly reported having a mental health condition (33% vs. 15% of youth never in care), followed by a long-term/chronic medical condition (12% vs. 8%), a learning disability (9% vs. 4%), and/or a sensory disability (7% vs. 3%).

One in five (20%) youth with care experience had missed out on needed medical help in the past year (vs. 8% of youth never in care), which was similar to five years earlier. Also, 31% had missed out on needed mental health services (vs. 18% of youth never in care), which was higher than the percentage five years earlier (22% in 2013).

Sleep

Around 4 in 10 youth with care experience (42%) slept for at least eight hours the night before completing the survey (vs. 49% of youth never in care), while 14% slept four hours or less (vs. 5% of youth never in care).

Youth who slept eight or more hours were more likely than those who slept fewer hours to have woken up feeling rested (62% vs. 33%), and to report good or excellent overall health (78% vs. 54%) and mental health (67% vs. 41%).



YRA REFLECTIONS

We have noticed a huge difference in how we feel when we don't get enough sleep, so this finding makes sense. Sleep especially affects decision-making and mood (e.g., irritability). The data is a good reminder of the importance of getting enough sleep.

Youth should be taught different strategies to help them get a good night's rest and should be reminded of these strategies from time to time. Some things that we've been taught and have worked for some of us include exercising during the day and/or doing exercises before bed to help you slow down and prepare for sleep, like certain types of yoga. These are helpful because it's easier to sleep when your body is tired. We've also noticed an improvement in our sleep quality when we stop using electronics one hour before bed.

YOUTH IN AND FROM CARE ARE RESILIENT



[I would like to learn more about] trauma, mental health, mental recovery, [and] how to love yourself truly + fully." (15-year-old female)



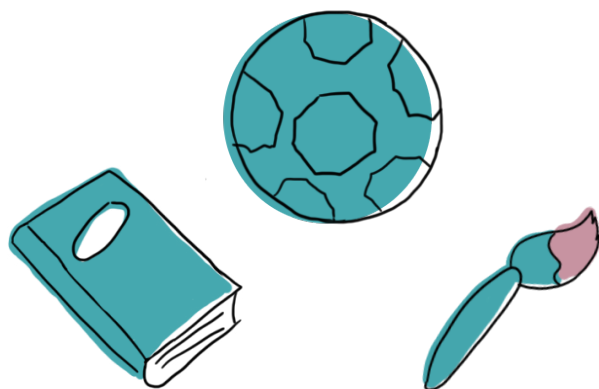
I would like to learn more about handling the stress of adult things, like bills, taxes, and handling adult life." (16-year-old female)



[I would like to learn more about] nutrition. I'm not talking about eating meat + bread + milk, food guide stuff, but real nutrition with meal plans based on actual needs! How to live as a vegan, etc." (18-year-old female)

Feeling competent

Around three quarters of youth in and from care (73%) felt they were good at something (e.g., sports, the arts, school). These youth were less likely than those who did not feel good at something to experience extreme stress in the past month (21% vs. 29%). They were also more likely to report good or excellent mental health (56% vs. 41%), to feel happy in the past month (50% vs. 33%), and to feel hopeful for their future (55% vs. 29% of youth who did not feel they were good at something).



YRA REFLECTIONS

Being able to identify something that you're good at can improve your mental health and self-confidence.

Through practice and perseverance, challenging tasks can become easier and youth can start to feel competent.

To help youth develop a sense of competence and perseverance when they are struggling, adults could remind them of other times when they have overcome things in a way that does not minimize what youth are feeling or struggling with.

Perseverance

Around a third (32%) of youth in and from care reported always pushing themselves to achieve their goals when things went wrong, while 57% sometimes did, and 12% never did. Youth who always pushed themselves to achieve their goals were more likely to expect to graduate from high school and go to college or university, compared to those who persevered less often. They were also more likely to report good or excellent mental health, and were less likely to report extreme stress in the past month (17% vs. 34% of youth who never pushed themselves).



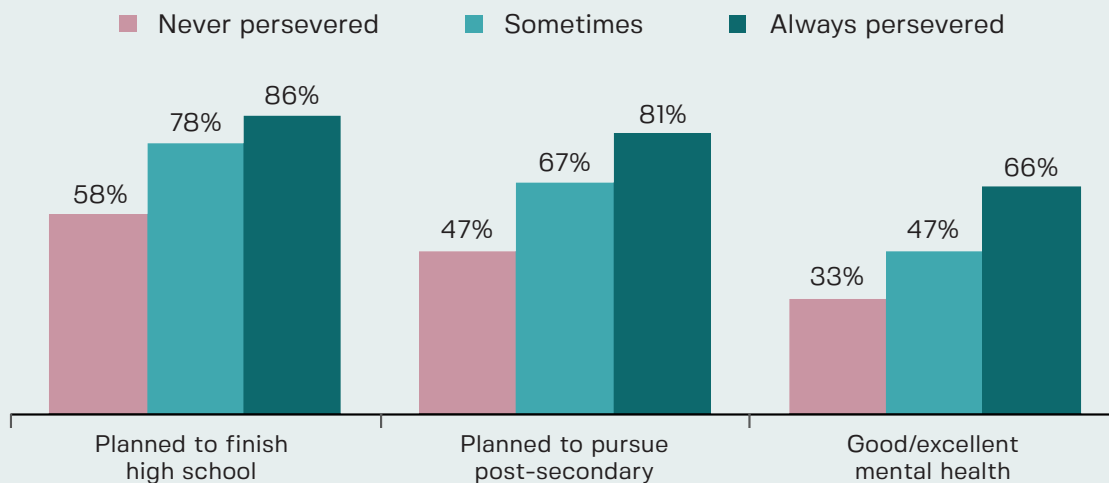
YRA REFLECTIONS

Having aspirations and the ability to put those aspirations into motion by completing things is important. When youth have overcome past struggles, it can make them feel more hopeful and willing to persevere, because they have proven to themselves that it is possible.

Also, sometimes planning everything out and taking action to reach your goals helps to reduce stress because you're taking control of the situation.

One way to support youth to persevere is to support them to set their own goals. This includes teaching youth how to break down a goal or task into smaller steps or goals, and then helping them work their way up to bigger goals.

Youth who persevered when things went wrong in relation to their school plans and mental health (among youth with care experience)



SUPPORTING YOUTH IN AND FROM GOVERNMENT CARE

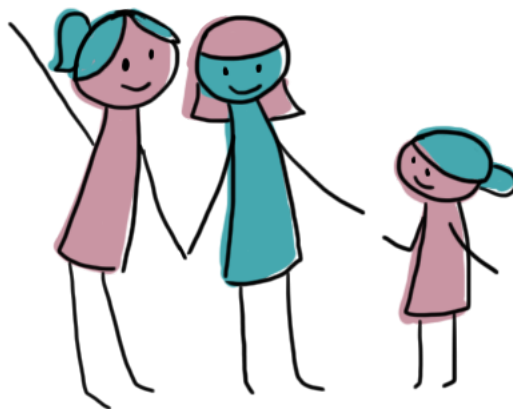
Youth with care experience were generally less likely to have protective factors in their life, so after providing a brief profile of BC youth in and from care and showing their resilience, we wanted to focus on the supports that can help youth to thrive. We focused on four key areas: family, school, community, and friends.

FAMILY

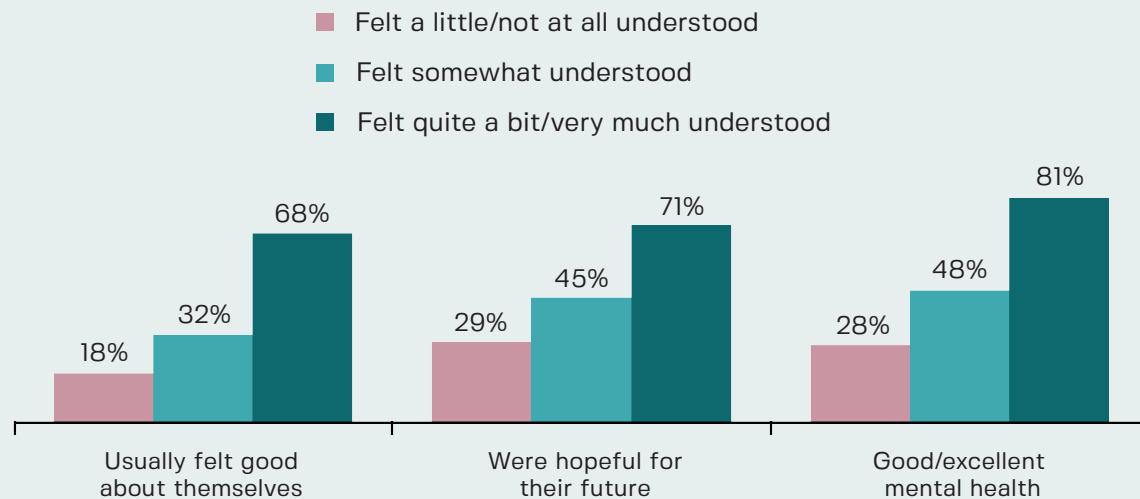
The BC AHS did not define family so youth might have answered the survey questions based on their relationships with their biological family, their foster family, or other people they perceived as family.

Youth with care experience were less likely than those who had never been in care to feel their family understood them (36% vs. 60%), paid attention to them (47% vs. 75%), respected them (55% vs. 77%), and that they had fun with their family (48% vs. 71%).

When youth in and from care felt their family understood and respected them, they reported better health and well-being. For example, 54% of those who felt their family respected them felt good about themselves, which was three times higher than among youth who did not feel respected (18%). Feeling respected was also associated with youth feeling hopeful for their future (61% felt hopeful vs. 26% who did not feel their family respected them).



Feeling understood by their family in relation to well-being (among youth with care experience)



Around two thirds of youth in and from care (65%) had turned to a family member for help in the past year (vs. 73% of youth without care experience). The majority who asked for help (85%) found their family member helpful (vs. 94% of youth never in care).

Youth with supportive family members were less likely than those who did not find their family members helpful to have missed out on needed mental health services (23% vs. 59%), to have run away from home (19% vs. 39%) and to have been kicked out (13% vs. 39%) in the past year; and were more likely to report good or excellent mental health (64% vs. 25%).



SCHOOL

Youth in and from care were more likely to have school-related challenges than youth never in care. For example, they were more likely than their peers to have missed classes in the past month because they had competing appointments (43% vs. 37% of youth never in care), and family responsibilities (30% vs. 14%). They were also more likely to miss classes because of bullying (12% vs. 3%) and their mental health (35% vs. 15%). However, experiencing a supportive school environment was associated with positive health and well-being.

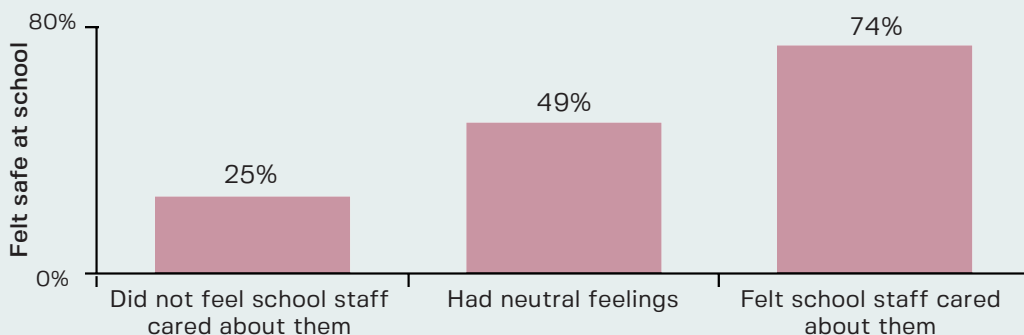


Caring and helpful school staff

Over half of youth with care experience felt their teachers cared about them (56% vs. 66% of youth never in care). These youth were around twice as likely to report good or excellent mental health (63% vs. 31% of youth in and from care who did not feel this way), and were less likely to experience extreme stress in the past month (18% vs. 37%), and to have attempted suicide in the past year (12% vs. 33%).

Youth who felt their teachers cared about them were also more likely to feel safe at school (75% vs. 19% of youth who did not feel their teachers cared) and to feel happy there (64% vs. 12%); and were less likely to have skipped class in the past month (32% vs. 57%). This was also the case if they felt school staff other than teachers cared about them.

Youth who felt safe at school in relation to feeling cared about by school staff other than teachers (among youth with care experience)





I would like to know if a teacher that you know well can become a foster parent." (14-year-old non-binary youth)

The rates of youth with care experience who expected to graduate high school or go on to post-secondary were unchanged from five years earlier. Youth with care experience were less likely than their peers to expect to finish high school (13% of youth with care experience vs. 5% of youth without care experience) and to attend post-secondary education (69% vs. 84%). However, those who felt their teachers cared about them were more likely to expect to finish high school (84% vs. 67% of youth with care experience who did not feel their teachers cared about them) and to plan to go to college or university (76% vs. 59%).

Around half of youth in and from care (49%) had approached a teacher for help in the past year (compared to 55% among youth never in care). Those who found this experience helpful were more likely to report good or excellent mental health (67% vs. 33%* of those who did not find their teacher helpful).

YRA REFLECTIONS

Teachers are particularly important to youth in care because school is a big part of your life and community, so when teachers show they care it can really make a difference. There are times when a caring teacher might be the strongest adult relationship that youth have in their lives.

Teachers should know how much of a difference they can make in a youth's life.



Youth with care experience were less likely than other youth to ask a teacher for support but were more likely to have turned to a school counsellor (40% asked a school counsellor for help in the past year vs. 30% who had never been in care). Those who found their school counsellor helpful were less likely than those who did not find their counsellor helpful to have experienced extreme stress in the past month, and to have self-harmed, seriously thought about suicide, and attempted suicide in the past year.



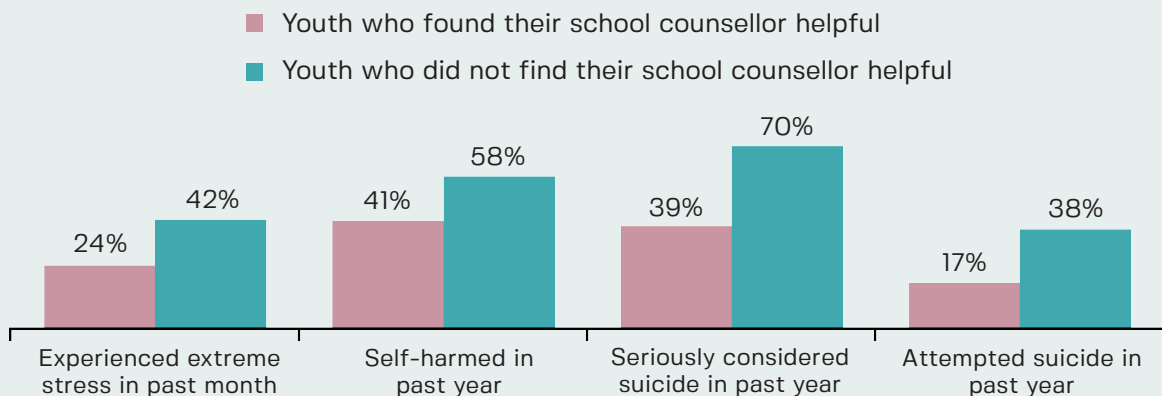
YRA REFLECTIONS

Including caring teachers and school counsellors in school meetings with and about youth in care would be helpful to ensure understanding adults are present when there is a discussion about how the youth can be best supported.

The majority of youth in and from care did not access a counsellor for help. This might be because there are not enough counsellors in schools or because of concerns that a counsellor might have to report what the youth tells them (e.g., about their substance use or mental health). It would therefore be helpful if counsellors shared resources for other people youth could talk to.

Having the same school counsellor throughout high school would be helpful because it would allow youth from care to build a relationship with one person.

Helpfulness of school counsellor in relation to mental health (among youth with care experience who had approached their counsellor for help in the past year)



Feeling safe at school

Youth with care experience were less likely to feel safe at school than those who had never been in care (57% vs. 73%). However, those who did feel safe were more likely to report good or excellent overall health (74% vs. 42% of youth with care experience who did not feel safe at school) and mental health (66% vs. 30%), and to feel hopeful for their future (58% vs. 29%).

Among youth in and from care who had tried alcohol, those who felt safe at school were less likely to have engaged in risky alcohol use in the past month, such as drinking alcohol on 10 or more days (6% vs. 19% of youth who did not feel safe at school) and having five or more drinks within a couple of hours (38% vs. 56%).

Youth in and from care who felt safe at school were less likely than those who did not feel safe to:

- Experience extreme stress in the past month (15% vs. 39%).
- Seriously consider killing themselves in the past year (29% vs. 58%).
- Attempt suicide in the past year (10% vs. 33%).
- Carry a weapon to school (8% vs. 27%).
- Miss school in the past month due to bullying (5% vs. 36% of youth who did not feel safe).

YRA REFLECTIONS

Feeling unsafe at school can cause youth to experience anxiety, and this can be linked to things like lack of sleep, reduced appetite, heavy drinking (to cope with stress), and suicidal ideation. Youth feel safer at school when they know school staff care, won't judge them and will help them, and when a zero-tolerance policy on bullying is enforced.



School staff expect youth to do well

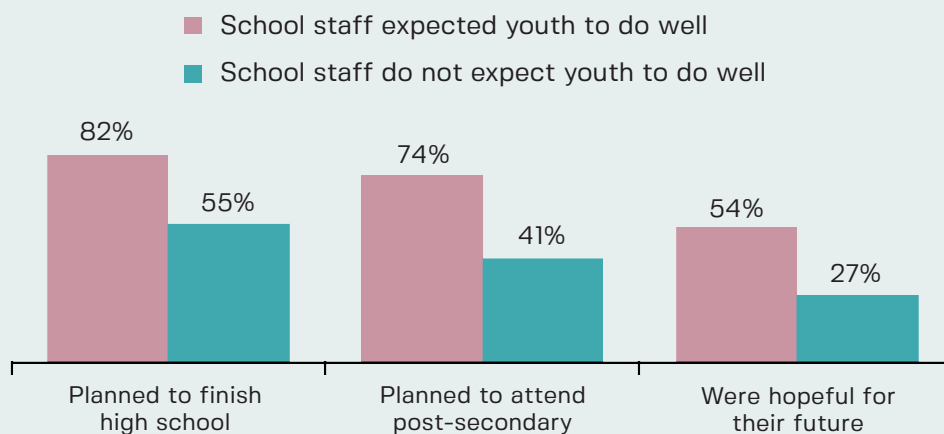
Youth with government care experience were less likely than those without care experience to feel that school staff expected them to do well at school (71% vs. 80%). However, when they did feel that school staff expected them to do well, they were more likely to feel like a part of their school (55% vs. 18% who did not feel that school staff expected them to do well), to feel hopeful for their future, to expect to graduate from high school, and to have plans to attend post-secondary.

YRA REFLECTIONS

These findings show that it is important for school staff not to give up on youth from care and to support them to achieve success. However, expectations should be realistic because if they are too high, youth might feel overly pressured to do well and might sabotage their own success because of fear of not living up to those expectations (e.g., by not doing their schoolwork and/or by shutting down).



Students who felt school staff expected them to do well in relation to how they saw their future (among youth with care experience)



COMMUNITY SUPPORTS

Caring adults in the community

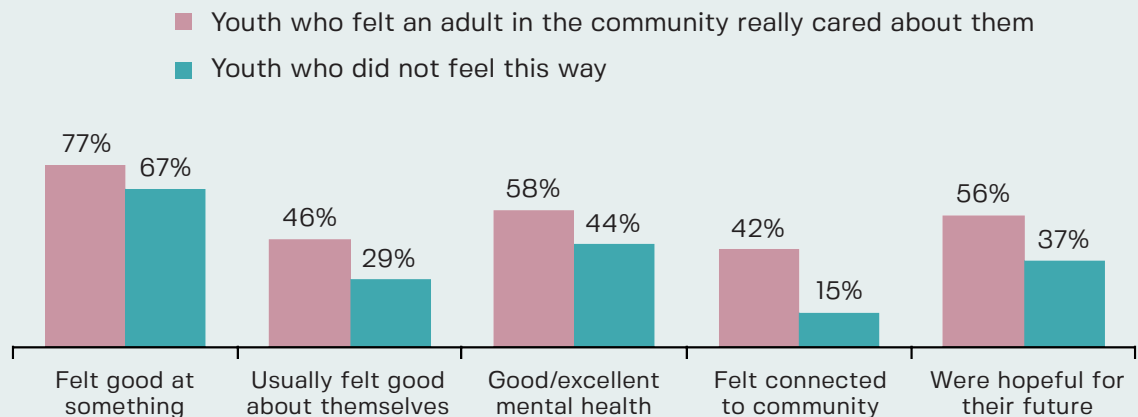
Youth from care may lack traditional family supports and be disconnected from school. This means it may be even more important for them to experience a caring adult in the wider community. For example, youth in and from care were less likely to have an adult in their family to turn to if they had a serious problem (52% vs. 72% of youth never in care), but were more likely to have an adult outside their family they could turn to (33% vs. 28%).



Six out of 10 youth with care experience (60%) reported having an adult outside their school or family who really cared about them. These youth were less likely than those who did not have such an adult in their life to have self-harmed (35% vs. 44%) and to have seriously considered suicide (33% vs. 46%) in the past year. They were more likely to report good or excellent mental health, to feel they were really good at something, to feel good about themselves, to feel connected to the community, and to feel hopeful for their future.

Youth who had an adult in the community who really cared about them were also more likely to plan to finish high school (82% vs. 73% of those without this type of adult in their life) and to go to post-secondary (74% vs. 63%).

Feeling that an adult in the community (outside of youth's school or family) really cared about them in relation to well-being (among youth with care experience)



YRA REFLECTIONS

These findings validate our own experiences that having a caring adult in the community can make a significant difference, in terms of improved mental health, self-confidence, self-worth, resiliency, having a sense of purpose and direction, and feeling connected to the community.

Youth appreciate having someone in their life who they know will be there for them and who will listen, without trying to solve youth's problems.

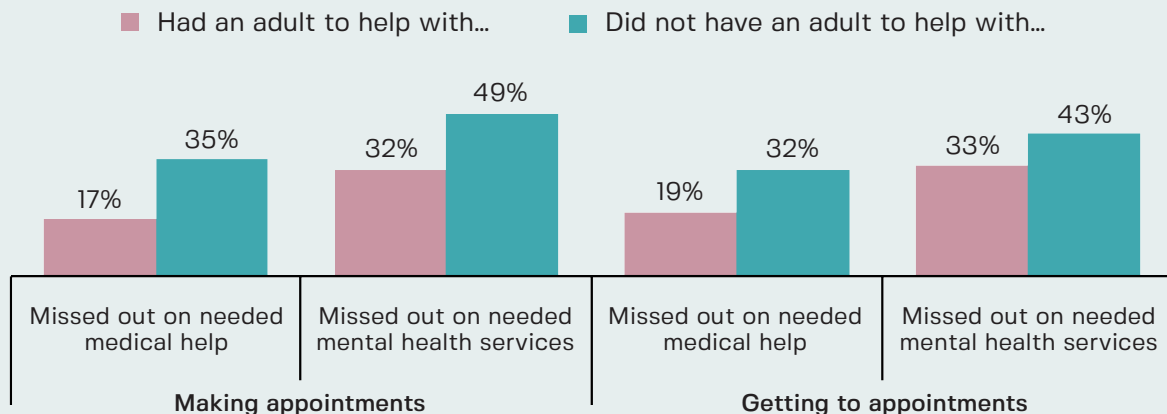
Mentorship programs should be available to all youth in care as they give youth the opportunity to spend time with a caring adult while taking part in activities they want to do.

Youth with care experience were less likely than other youth to have an adult in their life who helped them with things such as homework (52% vs. 64% of youth never in care), making appointments (79% vs. 91%), getting to appointments (81% vs. 91%), preparing for university, college, or trade school (62% vs. 78%), and getting a job (61% vs. 71%).

Among youth in and from care, those who had an adult to help with homework and preparing for post-secondary were less likely to think they would complete their education at the high school level and were more likely to plan to pursue post-secondary education. For example, 72% of those who had an adult to help them with their homework planned to go onto post-secondary, compared to 65% who did not have such an adult in their life. Similarly, 80% of those with an adult who helped them to prepare for university, college, or trade school planned to attend post-secondary, compared to 56% of those who did not have an adult to help them.



Having adult help in relation to missing out on accessing needed medical help or mental health services (among youth with care experience)



Youth with care experience who had an adult to help them with making and getting to appointments, were less likely to report missing out on needed medical help and mental health services.

Around a quarter of youth with care experience (26%) had approached a social worker for help in the past year. Youth who found the social worker helpful were less likely to plan to stop their education at the high school level (10% vs. 19% of those who did not find their social worker helpful); to have experienced extreme stress in the past month; and to have self-harmed, seriously thought about suicide, and attempted suicide in the past year. They were also more likely to report good or excellent mental health than youth with care experience who did not find their social worker helpful.



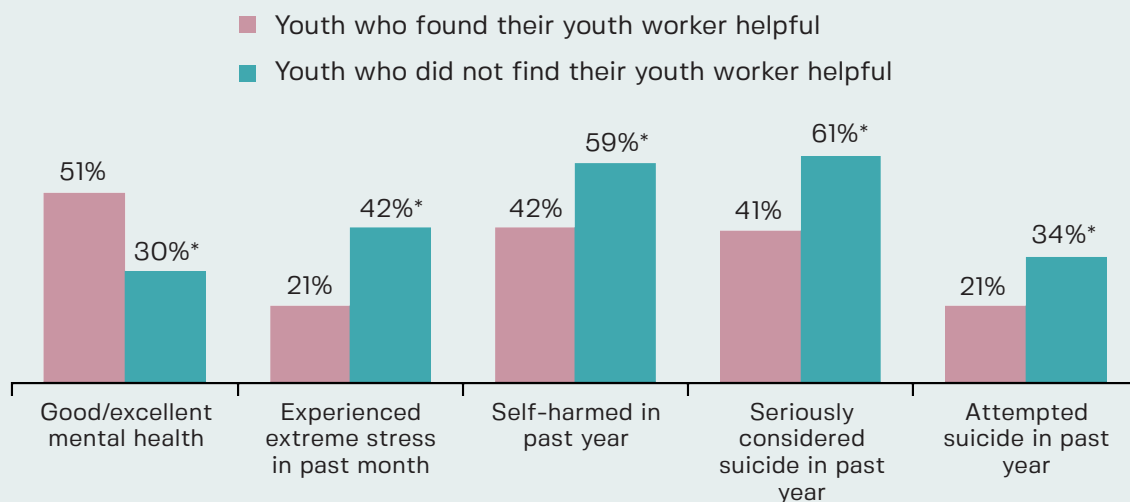
Helpfulness of social worker in relation to mental health (among youth with care experience who asked for help in the past year)



Youth with care experience were more likely than their peers to have approached a youth worker for help in the past year (23% vs. 8% of youth who had never been in care). Those who found the youth worker helpful were more likely than those who did not find them helpful to report good or excellent mental health; and were less likely to have experienced extreme stress in the past month, and to have self-harmed, seriously thought about suicide, and attempted suicide in the past year.



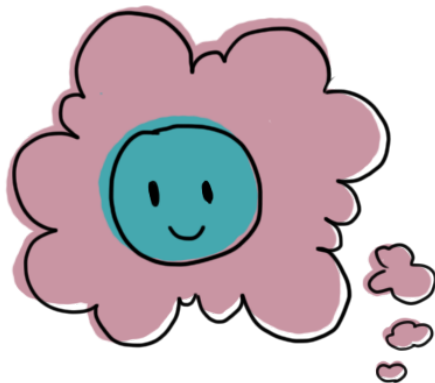
Helpfulness of youth worker in relation to mental health (among youth with care experience who asked for help in the past year)



* Percentage should be interpreted with caution as the standard error was higher than expected but is still within the releasable range.

Feeling connected to the community

Around 3 in 10 youth with care experience (31%) felt quite a bit or very connected to their community (vs. 43% of youth never in care), while 34% felt somewhat connected, and 36% felt very little or no connection to their community. The more connected youth felt to their community, the more likely they were to report good or excellent health and to feel satisfied with their life.

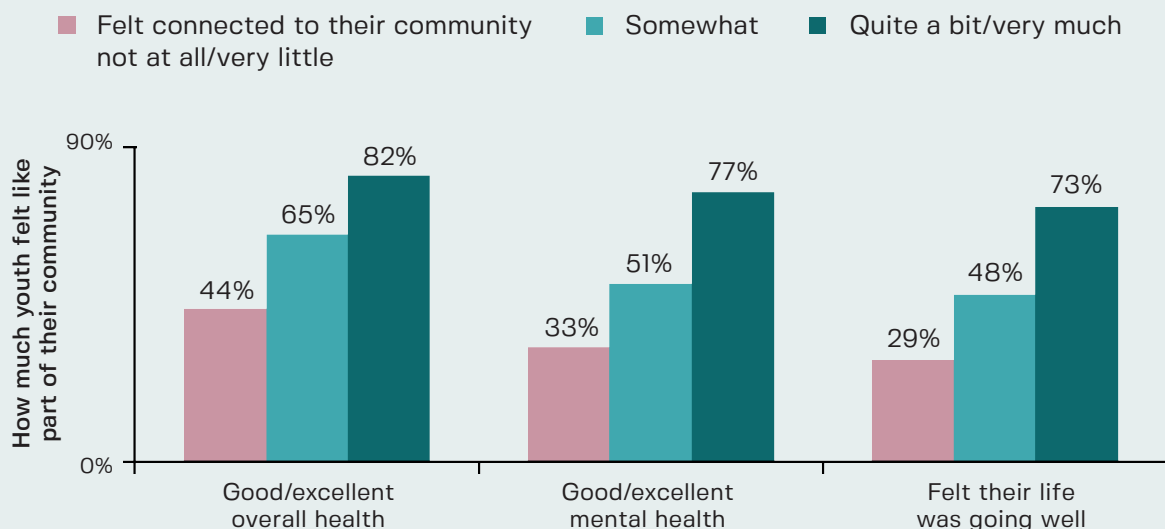


YRA REFLECTIONS

Community can mean many different things, and is unique to each youth, but some of the ways we see community are through things like the people, services or activities that are available to us. Just knowing about what is available can help youth feel like a part of their community. Even if they don't participate in things, knowing that they have the option to connect can lead to a sense of belonging and safety.

Oftentimes youth don't know what programs, services, or activities are available. One way to connect youth to community resources and build their connections could be through outreach. For example, someone friendly and welcoming could visit places where youth spend time (e.g., parks) and let them know about different activities and invite them to participate.

Well-being in relation to community connectedness (among youth with care experience)



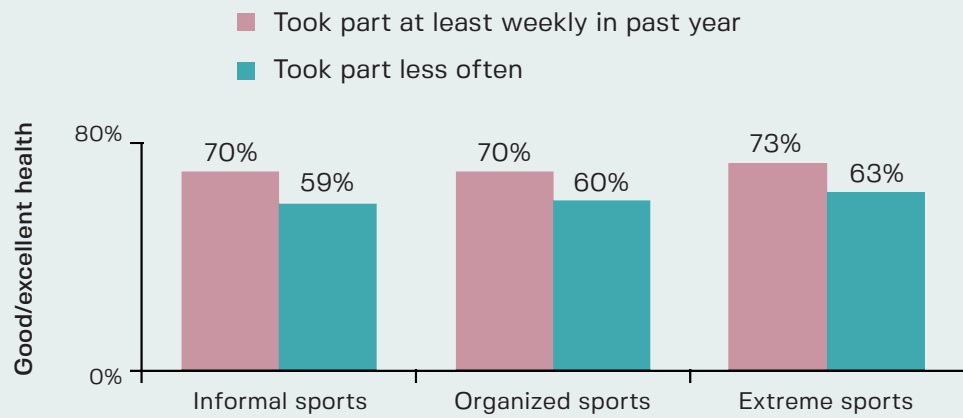
Involvement in community activities

The BC AHS asked about weekly involvement in community activities (e.g., sports; art, drama, or music groups; dance or yoga; cultural activities; and volunteer activities). Youth with care experience were less likely than those who had never been in care to have taken part in weekly after-school activities in the past year, including informal sports (sports without a coach such as hiking, biking, skateboarding; 48% vs. 53% of youth never in care) and organized sports (sports with a coach such as soccer, hockey; 40% vs. 54%), but were more likely to have taken part in extreme sports (such as BMXing, back country skiing; 12% vs. 9%).

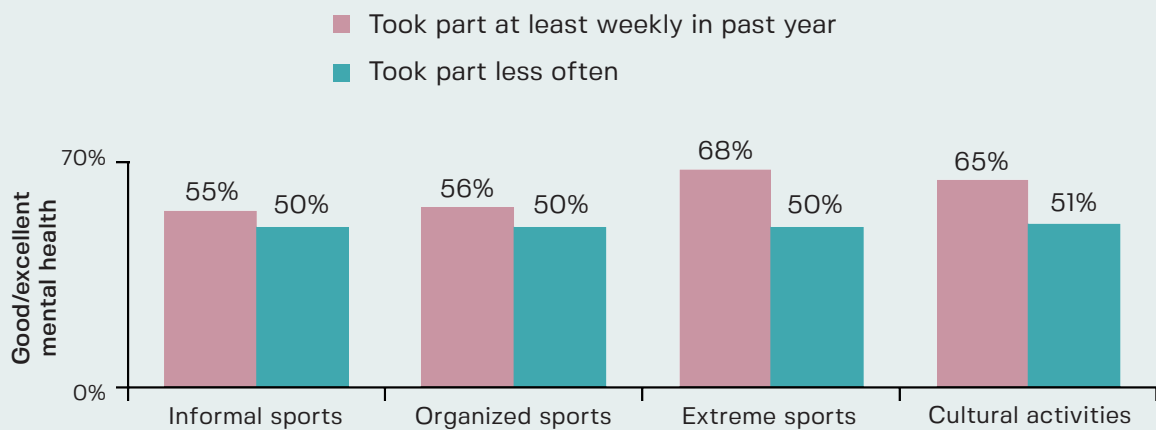
Youth who took part in at least one activity in the past year were more likely to report good or excellent health (66% vs. 54% who did not take part). Weekly involvement in sports was associated with more positive overall health and mental health for youth in and from care, and weekly involvement in cultural activities was also associated with better mental health.



Weekly involvement in sports in relation to good/excellent overall health (among youth with care experience)



Weekly involvement in sports and cultural activities in relation to good/excellent mental health (among youth with care experience)



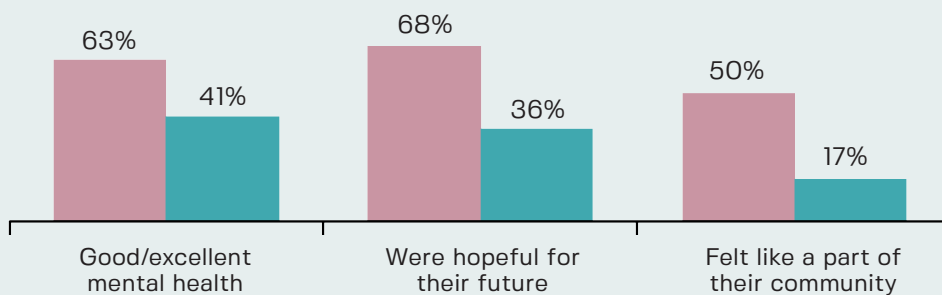
Youth in and from care were more likely to take part in weekly activities if they felt their activities were meaningful. For example, 21% of those who felt their activities were meaningful volunteered on a weekly basis, compared to 9% who did not feel their activities were meaningful.

Additionally, youth who felt the activities they took part in were meaningful to them, and that their ideas were listened to and acted upon in those activities, were more likely to feel connected to their community, hopeful for their future, and to report good or excellent mental health.



**Feeling their ideas were listened to and acted upon
in their activities in relation to well-being
(among youth with care experience)**

- Youth who felt their ideas were listened to quite a bit/a lot
- Youth who felt their ideas were listened to a little/not at all



YRA REFLECTIONS

Youth in and from care should be supported to join sports teams, if they want to. These teams, or other group activities, contribute to building a sense of belonging and feeling connected to their community. It is also another opportunity for youth to connect with a supportive adult, such as a sports coach.

The findings also suggest that when youth feel their activities are meaningful, and when they have a voice in their activities, it can motivate them to take part in those activities more often and to stay engaged.

Being meaningfully engaged means that youth have a choice in what they are involved in. Most of the time if a youth has chosen to be a part of something, they are more likely to feel it is meaningful. This is especially important for youth in and from government care because decisions are often made without their input.

Youth in and from care face barriers to participating in extracurriculars; one of these is having to get in touch with a social worker to sign a permission slip which can be challenging, and sometimes youth don't remember to get the slip signed until it's too late. One suggestion would be to allow foster parents to sign these forms as well. Another suggestion is having teachers call the youth's foster parents about things like field trips to help them get the forms signed in time.

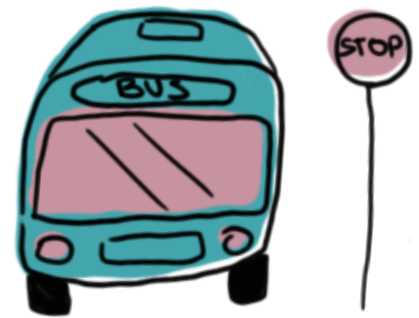
Finances are another barrier to participating in extracurriculars. Foster parents may be given an allowance for the youth to participate in extracurriculars but don't always pass this money onto the youth, and youth may not know they have an allowance, so they don't know to ask for it.



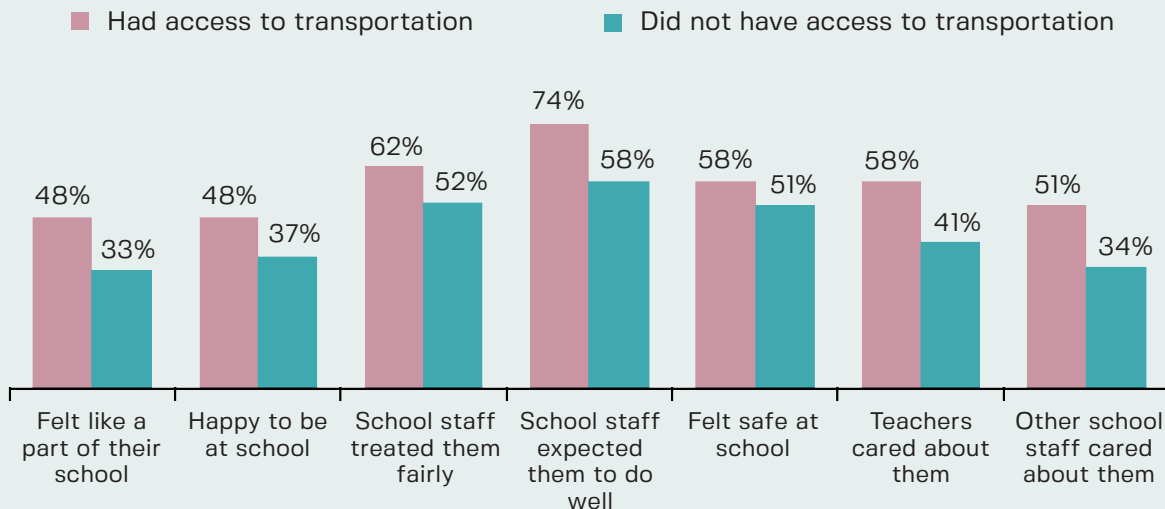
ACCESS TO TRANSPORTATION

Access to transportation can help youth to connect to supports, services, and activities in the community but youth with care experience were less likely to have access (84% vs. 95% of youth without care experience). They were also more likely to miss school (13% vs. 4%), miss out on needed mental health services (16% vs. 10%), and not participate in extracurricular activities (25% vs. 14%) because of transportation issues.

Youth who had access to transportation were more likely than those who did not have access to report feeling safe in their neighbourhood during the day (83% vs. 70%) and at night (54% vs. 41%) and feeling connected to their school.



Youth who felt connected to school in relation to having access to transportation (among youth with care experience)



Note: The difference between 'Had access to transportation' and 'Did not have access to transportation' for 'Felt safe at their school' was not statistically significant.

Having access to transportation was also associated with an increased likelihood of participating in activities. For example, 41% participated in weekly organized sports, compared to 31% who did not have access. Youth with access to transportation were also more likely to feel that the activities they participated in were meaningful to them (53% vs. 39%), and that their ideas were listened to and acted upon (32% vs. 22%).

Youth who had access to transportation were more likely than those who did not have access to report feeling that someone in their community really cared about them (62% vs. 49%). Also, they were less likely than those without transportation to have run away from home (24% vs. 37%) in the past year.

YRA REFLECTIONS

We were interested in looking at access to transportation because it can help youth connect to community programs and services, get to appointments, participate in extracurricular activities, and connect to caring adults in the community.

Without access to transport, youth can be isolated as they may have to travel far distances to see friends, access services, or participate in activities. They might run away to see their friends or access services they are familiar with.

If youth live in a place where they are required to walk a long distance to get to a transit stop, or where transit is infrequent, they might feel unsafe getting home after dark. This may mean they would be less willing to participate in activities that end at a time when they would have to travel home late at night.



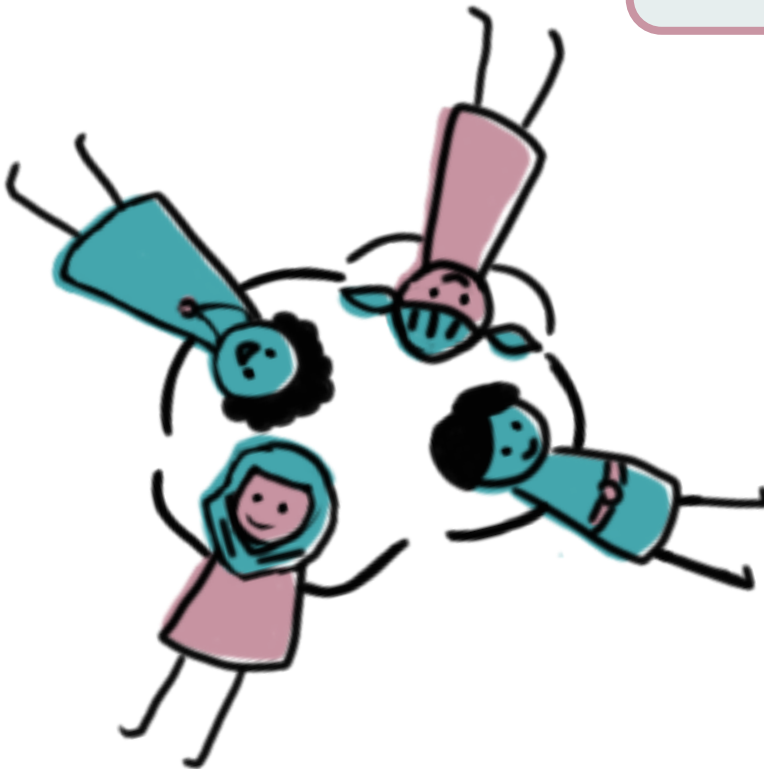
FRIENDS

Youth in and from care were less likely than other youth to have at least one close friend in their school or neighbourhood (93% vs. 97% of youth never in care), and were more likely to have online friends who they had never met in person (50% vs. 33% of youth never in care). Having online friends they had not met did not appear to be protective but youth with care experience who had in-person friends were more likely to report good or excellent mental health (53% vs. 39% of youth with care experience with no close in-person friends) and overall health (65% vs. 54%), and to feel hopeful for their future (50% vs. 23%).

YRA REFLECTIONS

Having at least one close friend is very helpful for youth in care as they need at least one person that they can trust and talk to. For example, if you tend to have lots of negative thoughts or judge yourself and engage in a lot of negative self-talk, your friend can help you by disagreeing with your negative self-talk or giving you space to talk through your thoughts and feelings.

If you're having a bad week and you make plans with a friend, you have something to look forward to. A friend can also encourage you to have hope for the future, and that can help you feel less alone, and like you're in it together.



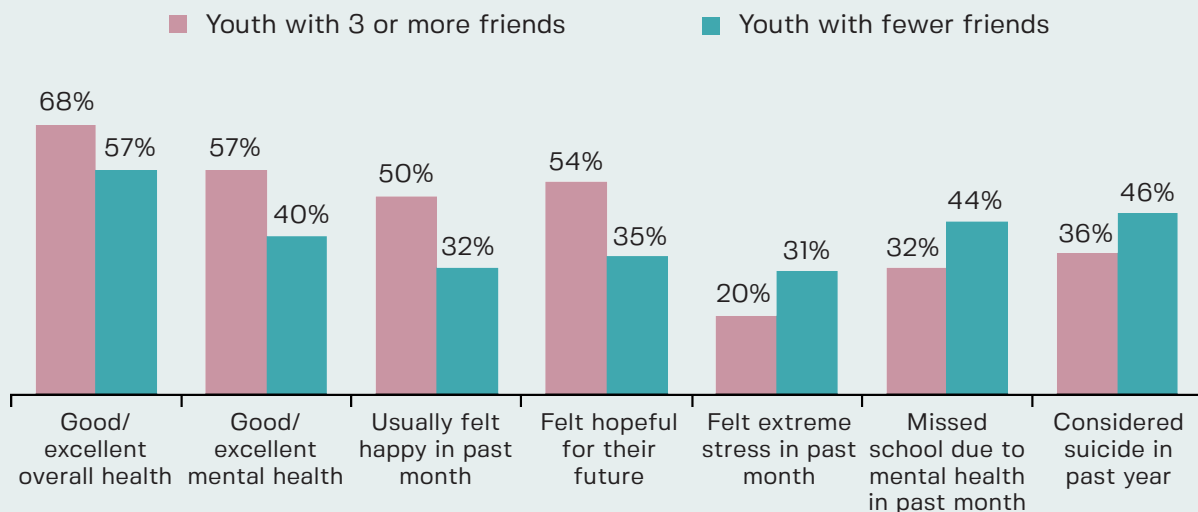
Around 7 in 10 youth (71%) had three or more close in-person friends (vs. 83% of youth never in care). There were additional benefits to having more friends. For example, youth with at least three friends were more likely than those with fewer friends to report positive health and well-being, and were less likely to report extreme stress, to have missed school because of their mental health, and to have seriously considered suicide in the past year.

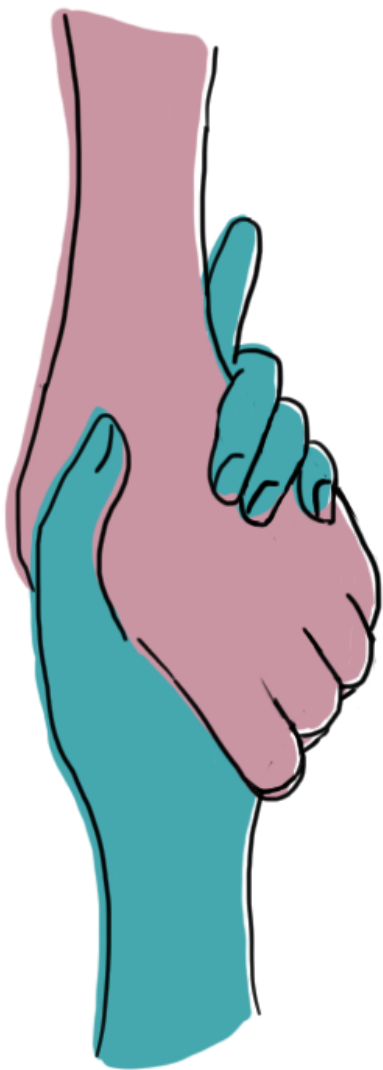
YRA REFLECTIONS

Youth who have been in government care might have attachment issues, so having a group of friends can help them get to a better place. Having more friends also exposes youth to more diverse opinions and experiences, and more people to reach out to.



Having three or more friends in relation to health (among youth with care experience)





Friends with prosocial attitudes

Having friends with healthy attitudes was also protective among youth with care experience. For example, youth with friends who would be upset with them if they dropped out of school were more likely to expect to graduate from high school and to plan to go to post-secondary.

Also, youth with care experience whose friends would be upset with them if they used cannabis were less likely to have tried it (20% vs. 67% of youth whose friends would not be upset for this reason). Among youth who had used cannabis, those with friends who would be upset with them for using it were less likely to have used it recently (19% used it the previous Saturday vs. 47% whose friends would not be upset), as well as regularly (12% used it on six or more days in the past month vs. 35% of youth whose friends would not be upset with them for using cannabis).

Similarly, youth with care experience who had tried alcohol who had friends who would be upset with them if they got drunk were less likely to have binge drank the previous Saturday (14% vs. 30% of youth whose friends would not be upset for this reason).

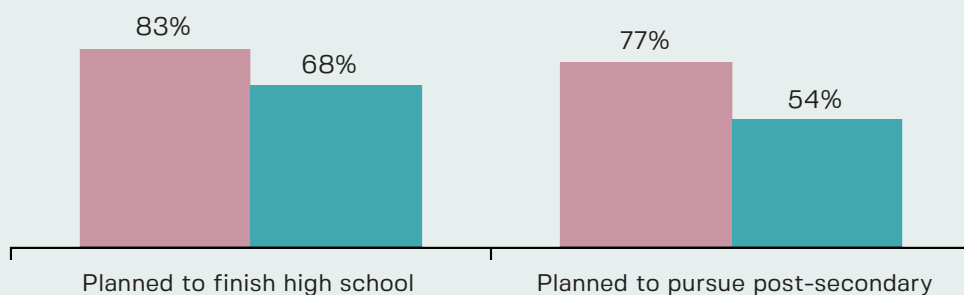
YRA REFLECTIONS

Not wanting to disappoint their friends can be very motivating for youth and can contribute to them engaging in healthy behaviours, if their friends have healthy attitudes. Youth in government care often move around a lot, so making and keeping friends is important because they become your community, and you care about what they think.



Friends' attitudes about school in relation to youth's school plans (among youth with care experience)

- Youth whose friends would be upset with them if they dropped out of school
- Youth whose friends would not be upset for this reason



CONCLUSION

This report shows that while many disparities exist between youth in and from government care and their peers without care experience, there are also many areas of hope.

These findings also add to the growing body of research pointing to the need to focus on promoting protective factors for youth in and from care. They show the value of supporting youth to connect with caring adults like teachers, school counsellors, social workers, youth workers, mentors and coaches; helping them to find opportunities for meaningful engagement, such as through sports or cultural activities, and ensuring that they have the means to participate.

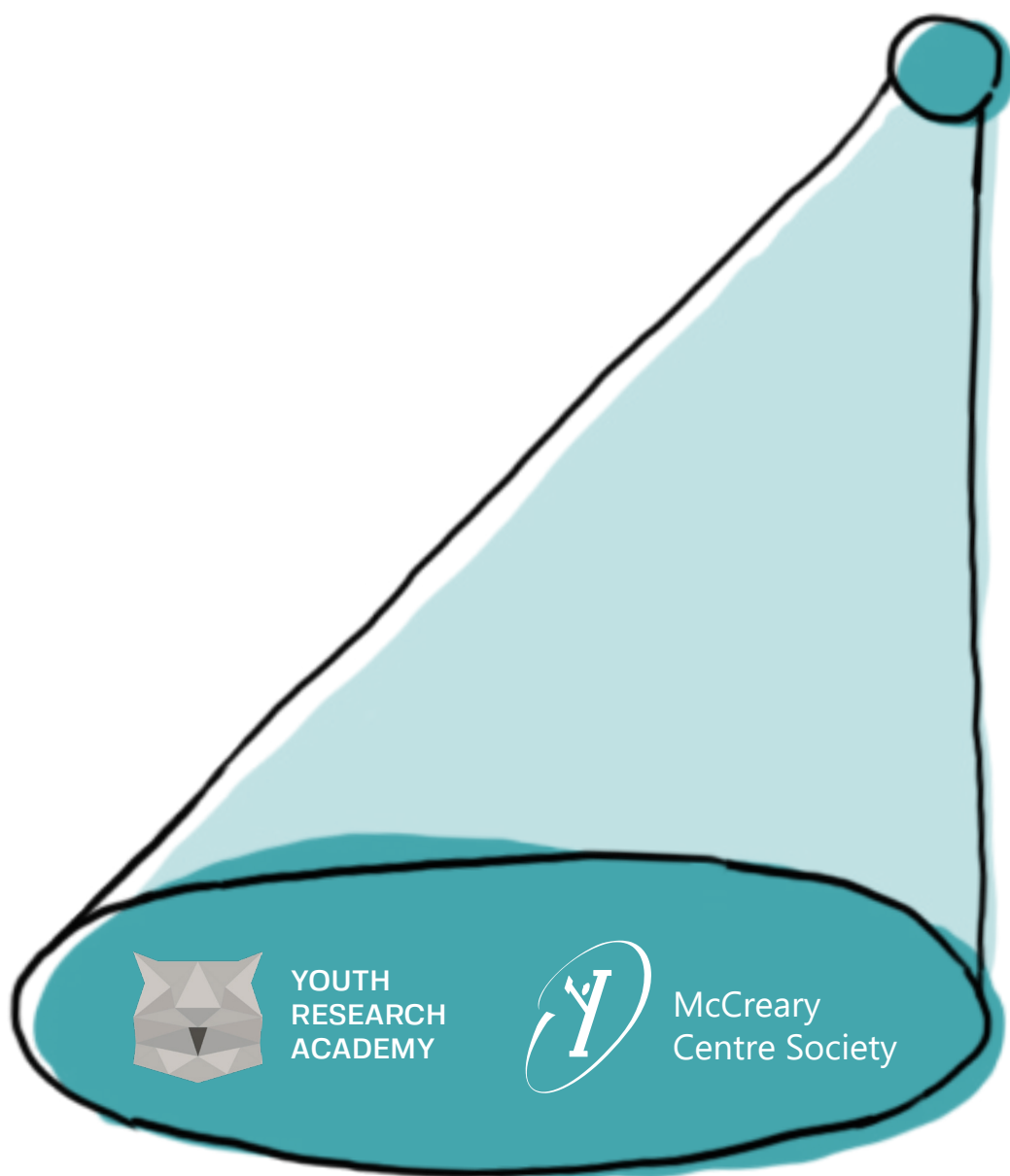
The results also show we need to focus on supporting youth in and from care to access needed health care, get enough rest, and find ways to support them to build resiliency and hopefulness.

We think it is important to share our findings with the adults who we identified can play a positive role in youth's lives. Also, given that certain groups of youth were over-represented among youth in and from care, including Indigenous youth, immigrant youth, and gender and sexual minority youth, sharing these findings with adult supports who work with these youth seems especially important. For this purpose, we have created a presentation that we would be happy to share.

This project also highlighted some areas that we would like to see future research on. These include a more in-depth look at youths' experiences with frequent moves, and an exploration of the reasons behind the moves, as well as a more detailed look at the barriers and supports to positive mental health that youth in and from care experience. The positive role that pro-social peers can play in the lives of youth in care is another area that we would like to see explored further, specifically how to seek out and connect with pro-social peers, and how to recognize unhealthy friendships.

While there is still more work to be done to help support youth in and from care, shining a light on the supports which are associated with positive health outcomes gives us some clear next steps. It is our hope that in sharing our findings, we can all work together to help to create a better system of support for youth in and from care.

If you would like to request a presentation of our findings or would like a printed copy of this report, please contact yra@mcs.bc.ca.





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