

When Youth Age Out of Care - Bulletin of Time 2 Findings



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SECTION ONE - INTRODUCTION

Canadian longitudinal research on outcomes for youth from care is essentially non-existent and has been recognized as a major knowledge gap by researchers, practitioners, and policy makers alike. At the same time, we know from our previous research as well as US and international studies that many youth leaving care lack education, practical skills, personal stability, and support in the form of someone who cares about how they are doing (Tweddle, 2005; Courtney et al, 2004; Rutman et al, 2001). Many of these young people also have experienced significant trauma, abuse and neglect, leaving them attempting to cope with unresolved conflicts. In view of these issues, there is good reason to suspect that when the transition from foster care is not well supported, youth are at risk for poor health, homelessness, sexual exploitation and victimization, and involvement in the criminal justice and child welfare systems.

The *Promoting Positive Outcomes for Youth From Care* project is a BC study designed to examine what happens to youth following their exit from foster care at age 19. The project is sponsored by the UVic School of Social Work and has been funded from 2003-2006 by the Crime Prevention Partnership Program of the National Crime Prevention Centre (NCPC).

The overall goal of the project is to better understand the processes, supports and resources that make a positive difference to youth and that help to lead to successful transitions from care.

Additional project objectives are to:

- examine how policies and programs can affect successful transitions from care;
- examine strategies to provide youth with peer support during the process of exiting care; and
- provide opportunities for youth to voice their perspective on how successful transitions are defined.



In August 2005, we produced *When Youth Age Out of Care: A Report on Baseline Findings*, which provided a profile of the youth participants at Time 1.

Report Purpose

The purpose of this current update, *When Youth Age Out of Care: A Bulletin of Time 2 Findings* is to provide highlights of our findings based on Time 2 interviews with the youth in our study. We also report on topic areas that were not included in our baseline interviews, including youth homelessness.

Research Process and Limitations

The project is a prospective, longitudinal (3-year) study following a cohort of 37 youth in transition from care over a 2.5-year period. Two BC communities are involved: a metropolitan centre and a small city. Youth have been invited to participate in a series of four in-depth face to face interviews, scheduled at approximately 6 to 9 month intervals. The project team is comprised of two researchers with experience undertaking academic and community-based research, and two former 'youth in care' experienced in providing peer support.

In addition, the study is a qualitative exploration of how 'peer support' is experienced and used by youth in their transition from care. Youth participants self-selected whether they wanted to receive peer support, which was offered on an as-needed basis by two young adults who themselves had lived in care. The support focussed on practical, emotional and crisis-oriented issues, and was ongoing, occasional or one-time only. As an aspect of the research, the project is exploring whether and how the provision of 'peer support' makes a difference to youth from care.

Thirty-seven youth participated in the study at Time 1. Over three-quarters of the study cohort were female (78%; n=29), and slightly under one-quarter (22%; n=8) were male. At Time 2, 33 of the 37 youth participants took part in the research interviews; the remaining four youths were lost through attrition. Twenty-seven youth participants (82%) were female and six (18%) were male.

While the number/percentage of youth participants lost to attrition from Time 1 to Time 2 was relatively small (11% of the sample), we anticipated at the outset of this study that participant attrition would likely be an issue given that this is a prospective study. We are also aware that this represents a limitation to the study, as we cannot ascertain how the absence of information from these missing participants affects our findings over time. Subsequent reports will focus on the various methodological issues and lessons associated with our study, including attrition and retention efforts.



For a more in-depth description of the research process, please see Appendix A; the project's methods are also discussed in detail in the Time 1 Report (Rutman, Hubberstey, Barlow & Brown, 2005).

Please note that all names in this report are pseudonyms.

SECTION 2 – BULLETIN OF TIME 2 FINDINGS

Participants' Stories

In our Time 1 Report we began by sharing the stories of two participants, Margo and Cassie. We now provide a brief update on what has been happening in the life of these two young women, 6-9 months after we first met them. As at Time 1, their stories speak to some of the experiences of the study participants as well as the kinds of issues they faced upon leaving care.

Margo at Time 1

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

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

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

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

Upon turning 19 years old, Margo moved out of her foster home and into an apartment of her own. Margo said she felt prepared for leaving care. At the same time, Margo

noted that now that she was on her own, she felt "worried about things": She believed she needed support and information.

Margo at Time 2

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

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

A major event since our first interview was that Margo and her former foster mother took a trip to Africa to visit the country of Margo's birth.

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

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

Cassie at Time 1

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

Cassie defined a successful transition from care as:

Not ending up on welfare. Not being on the streets. Having some kind of education. Having a big screen TV.

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

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

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

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

Cassie at Time 2

Shortly after the Time 1 interview and Cassie's nineteenth birthday we lost contact with her; her Time 1 phone number and that for her foster sister's home were no longer in service. As well, both of the contact people she named (her boyfriend and her

mother) could not be reached by phone or had moved away. Consequently, with consent we contacted Cassie's grandmother who gave us Cassie's older sister's phone number. This number turned out to be the sister's ex-boyfriend's number, and we left several messages before getting hold of him. He gave us the cell phone number of a friend of Cassie's sister. We finally tracked down Cassie's sister, who gave us a cell phone number for Cassie.

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

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

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

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

Housing, Transience and Homelessness

Current Living Arrangements

In keeping with our Time 1 findings, At Time 2 the vast majority of youth participants (n=29 or 88%) did not live with family. This continues to present a very different picture from the general population of young adults, two-thirds of whom, according to the Progress of Canada's Children Report (Canadian Council on Social Development, 1996), live with at least one parent.

Change in residence/transience

At Time 2, 39% of participants (n=13) had changed their type of living arrangement in some way (e.g. moving from a foster placement to an apartment, moving from an apartment to youth housing, or moving from an in-law's home to an apartment). Shifts in living arrangements were expected, however, since by Time 2, only one youth in our sample was still living in foster care (only one youth was under age 19 at Time 2).

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

Homelessness

At Time 2, participants were also asked whether they had ever been homeless, a question not posed at Time 1. **Forty-five percent (n=15) of youth participants reported that they had experienced homelessness at some point in their life;** analysis by gender revealed that 48% (n=13) of the females and 33% (n=2) of the males reported homelessness.

Table 1: Ever been Homeless

	% of sample (n=33)
yes	45
no	55

In terms of when and for how long youth had been homeless, the data revealed that:

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



The circumstances under which youth became homeless varied considerably. For some, homelessness resulted after the young person got into conflict with a parent or caregiver or when a parent was no longer physically able to care for the youth; for others, involvement with drugs or alcohol led to homelessness; for still others, homelessness resulted following a break-up with a partner.

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

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

"I ended up in the Youth Shelter when my Mom went into hospital before she passed away. I was 13 years old. Then I went into a foster home."

Income

Main Sources of Income

At Time 2, employment (either part-time or full-time) continued to be the most frequently reported source of income for participants (38% at Time 1 and 45% at Time 2). **However, a greater percentage of youth were on income assistance at Time 2 (36%) relative to Time 1 (21%)¹.** A contributing factor to this finding was that by Time 2, all but two of the youth in our project had turned 19; as such, they would no longer have been able to access the income support programs (e.g. the Independent Living Program²) for youth in care. Indeed, further analysis of Time 2 findings revealed that of the 8 youth on the IL program at Time 1, 4 were on Income Assistance at Time 2. In addition, two young people whose source of income came through their foster families at Time 1 were on Income Assistance at Time 2.

¹ As discussed in the Time 1 Report, these figures also stand in sharp contrast with statistics showing that 2.5% of all youth age 19-24 in BC were on income assistance as of September 2003 (BC Stats, 2003). However, these differences between youth from care and BC youth overall may in part reflect Income Assistance regulations which require all youth, *except those leaving government care*, to demonstrate that they have worked and lived independently for two years before being eligible to apply for Income Assistance.

² The Independent Living Program is a program which provides financial and emotional support to a temporary or continuing custody child in care 17 years of age and over. Youth under 17 may be approved with additional supports when all other options have been explored. Youth are no longer able to access this program once they've turned 19 years old. Source: Guidelines for Provision of Youth Services: Oct, 2002.

Table 2: Source of Income at Time 1 and Time 2

Source of income	% sample Time 1 (n = 37)	% sample Time 2 (n = 33)
Income assistance	19	36
Work part-time	22	27
Work full-time	14	18
Independent Living Program	22	3
Other	11	9
Youth Agreement	0	3
Family/boyfriend	8	3
Self-employed	5	0

Parenting & pregnancy

At Time 2, 10 of the 33 (30%) youth participants were parents. Five had had a baby in between the Time 1 and Time 2 interviews (two of these participants were a couple), while five participants had been parents at Time 1.



Custody and MCFD Involvement

As at Time 1, all of the young parents in the project had legal custody of their child. Nevertheless, six of the 10 parents (60%) had had some Ministry for Children and Family development involvement in relation to their children between the Time 1 and the Time 2 interviews. In four of these situations, the young parent was investigated by the Ministry, but no further assessment of action was taken. In the two other situations, the young mother's child went into the temporary care of the Ministry.

Physical and Mental Health

Self-reported health

At Time 1, 65% of our participants rated their health as good or excellent, a percentage that is substantially less than that of mainstream youth (86%), as reported in the 2003 BC Adolescent Health Survey (McCreary Centre, 2003).

At Time 2, **55%** of our participants rated their health as good or excellent.³ As shown below, this figure was as low as that reported for any known sub-group of BC youth, and was markedly less than that reported for ‘mainstream’ high school age youth in BC (McCreary Centre, 2003; 2002; 1999; Statistics Canada, 2001).

Table 3: Youth rating their health as ‘excellent’ or ‘good’

	% of sample
2003 Adolescent Health Survey (in school youth sample)	86
2002 Adolescent Health Survey of Youth who have been abused (female only sample)	75
2001 Statistics Canada: Aboriginal Youth living off-reserve age 15-24 (health self-rated as excellent or very good, emphasis added)	69
“Promoting positive outcomes for Youth from care” study – Time 1	65
1999 Adolescent Health Survey of Sexually Exploited Youth (female only sample)	55
“Promoting positive outcomes for Youth from care” study – Time 2	55

Physical & mental health conditions

At Time 1, we asked youth whether they ever had experienced or been diagnosed with a variety of health conditions. The most frequently reported health condition was depression, with 38% (n=14) of the sample reporting that they had experienced or been diagnosed with depression.



At Time 2, we asked participants whether, in the previous 6-9months, they had experienced or been diagnosed with various health conditions. As at Time 1, the most frequently reported health condition was depression. **A total of 48% (n=16) of participants either reported experiencing depression (n=10) or reported mental health concerns related to depression, or that they were currently being treated for depression (n=6).** An additional participant reported a “drug-induced psychosis” that resulted in hospitalization.

Current concerns about physical or mental health

At Time 2, nearly half of the sample of youth reported having a current concern about their physical health. This percentage is higher than that reported at Time 1, when approximately one quarter of the youth indicated that they currently were experiencing a physical health problem.

³ Further analysis of these data revealed that there was no statistically significant change or decline in participants’ self-rated health (paired difference t=0.73, p=.47 (32 df)).

Table 4: Current physical health concerns

Have current physical health concerns?	% of sample Time 1 (n=36)	% of sample Time 2 (n = 31)
Yes	28	48
No	72	52

In addition, the percentage of youth in our study who reported that they currently had concerns about their mental health rose from Time 1 (n = 5 or 14%) to Time 2 (n = 8 or 24%). As well, five youth (15% of the sample) stated that they had had a mental health assessment in the period between the Time 1 and Time 2 interviews. Of these five, four reported that they had had a (previous) mental health assessment, while one person had not had an assessment at Time 1.

Table 5: Current mental health concerns

Have current mental health concerns?	% of sample Time 1 (n=37)	% of sample Time 2 (n = 33)
Yes	14	24
Not sure	3	3
No	84	73

(I feel like I have) mild depression. I can't afford medication, so I just talk to people about it.

I recently had to face issues that I left behind in my childhood. That's hard to deal with right now.



Substance Use

Alcohol & Marijuana Use

Fewer participants reported that they had quit drinking alcohol at Time 2 (n = 3 or 9%), relative to Time 1, when 24% (n = 9) said they had quit drinking within the past 6-12 months. Similarly, three of the six youth who had reported that they quit smoking marijuana at Time 1 reported using or smoking marijuana at Time 2. On the other hand – or perhaps as a corollary to these findings – at Time 2 there was a substantial increase in the number of participants who reported wanting to quit their use of drugs and/or alcohol, from 3% at Time 1 to 36% at Time 2.



Given that several of the youth who at Time 1 had reportedly quit their substance use stated that they had only done so within the previous few weeks, these findings may reflect the reality that lasting behaviour change typically takes place over a long period and relapsing can occur several times.

Use of other street drugs

A higher percentage of youth participants reported using cocaine at Time 2 (n = 5, or 19% of the 26 youth who answered this question) relative to Time 1 (n = 1 or 3%). Of the five youth who reported using cocaine at Time 2, one was the person who reported using it at Time 1 and four were new users. There also was an increase in the percentage of participants who reported using crystal meth at Time 2 (n = 3, or 12% of the 25 youth who answered this question) relative to Time 1 (n = 2, or 5%), and in the percentage of youth who reported using Ecstasy at Time 2 (n = 6, or 24% of the 25 youth who answered this question) relative to Time 1 (n = 2, or 5%).

As at Time 1, however, approximately one quarter of our sample did not answer questions regarding non-marijuana street drug use. Moreover, we are aware that three of the four youth who did not participate at Time 2 (due to attrition) and thus whose experiences are not reflected in the Time 2 data had reported very high drug use during Time 1 interviews. For these reasons, findings related to street drug use at Time 2 should be interpreted with some caution.

Involvement in the criminal legal system & experience of victimization

At Time 1, 68% (n = 25) of project participants reported that they had been arrested for at least one criminal offense. By contrast, three youth (9%) reported committing crimes between Time 1 and Time 2. All three of these youth had reported committing crimes at Time 1.

A total of seven offenses were reported to have been committed between Time 1 and Time 2: two people each reported drug possession and trafficking crimes; as well, theft under \$5,000. and assault were reported by one person each, as was the “other” category of our offense checklist.

In terms of victimization experiences, at Time 1, sexual assault was the most frequently reported offense of which participants reported being a victim/survivor. Forty one percent of our total Time 2 sample (n=15) and 54% of our sample of young women (n = 15), reported that they had experienced sexual assault.

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

Family Relations, Social Supports & Community Involvement

As noted in the Time 1 report, participants in the current study were asked how connected they currently felt toward their mother, father, siblings, and extended family members. Being “connected” was defined as being or feeling emotionally close, regardless of the amount of contact with the person. As a separate question, participants were asked how frequently they were in contact with the individual, either in person or by phone or e-mail. Participants also were asked several questions related to their perceived support networks.⁴

At Time 1, approximately as many youth reported feeling disconnected to their parents as feeling connected. Indeed, nearly half of participants (49%) said they felt disconnected with their mother, and over half (57%) reported feeling disconnected with their father. At the same time, the majority of youth (82%) reported a connection with their sibling(s).



Overall, participants’ degree of connectedness with their parents, siblings, and extended family members did not change from Time 1 to Time 2, nor did the frequency with which they were in contact with family members. Similarly, overall, there was no substantial change in participants’ social support networks from Time 1 to Time 2. While the majority of youth reported that they had close friend(s) and that there were individual(s) in their life who provided them with practical and emotional support, nearly half continued to feel emotionally disconnected with their parents and families. Moreover, there continued to be several youth who reported not having anyone whom they could rely upon for practical or emotional support.

Early experiences post-care

Who has continued to stay involved

⁴ Drawing on Sarason’s Social Support Questionnaire – Short Form (Sarason et al, 1987), these questions included whether they had close and trustworthy friends, whether they had someone on whom they could count for support, as well as the type of support they received (characterized as emotional, financial and practical support), how involved they were in community activities, and how satisfied they were with the types and levels of support they experienced.

As an open-ended question at Time 2, participants were asked whether and how various people (e.g. parents and other family

members, former social worker, former foster parent, and so forth) had remained involved in their life and/or provided help.

Overall, participants spoke most frequently of the involvement and support of their former foster parents and their parents. More than half of participants (n=17 or 52%) stated that their former foster parent was still involved in their life. Some youths noted that their former foster parent(s) provided emotional support on a regular basis - either face to face, by phone or by e-mail - while others indicated that their former foster parent(s) provided material or practical assistance, including baby-sitting, transportation and/or financial help. Slightly less than half of participants (n=16 or 48%) indicated that their parents were still involved in their life; the types of supports provided by parents was similar to that provided by foster parents.

Thirty-six percent of participants (n=12) stated that their former social worker was still involved in their life. Many of these youth indicated that their social worker called them regularly to “check up” on them, providing emotional support when needed:

"We go for coffee and lunch, She calls me still a couple of times a month."

"He is there for me if I need him."

As well, nine participants (27%) reported that their (former) youth worker was still involved in their life, providing emotional support, information about community resources, transportation, and everyday problem-solving.

Best thing about leaving care

Finally, at Time 2, participants were asked what was the best and what was the worst or most challenging aspects of life after care. Many of the themes that were found at Time 1 in response to the question “How do you feel about leaving care?” emerged. In terms of the best thing about leaving care, two primary themes emerged and were reported with equal frequency. Participants expressed that they were enjoying the **absence of the surveillance and controlling aspects of life in care**:

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

"Not having a social worker judging my parenting."

As a second theme, participants expressed that they valued the **autonomy that came from making decisions and setting the rules**. Implicit in their comments was a sense that being able to make decisions for themselves was a relatively uncommon experience:

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

Moreover, some participants' comments suggested that while leaving care promoted positive feelings of independence, the experience made for some ambivalence given the finality of the departure from care:

"I feel more responsible but it's been kind of hard."

"It forces you to be independent and find other ways of learning things."

Worst thing about leaving care

In terms of the worst or hardest aspects of leaving care, as at Time 1, the most frequently reported issue was **financial hardship**: participants emphasized their loss of income and difficulties in obtaining enough money to make ends meet:

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

A second important theme was the **loss of supportive people** in participants' life, and in particular, the loss of involvement by their social worker. One young person poignantly compared her situation to that of young people who grew up in their parents' home:

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

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

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

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

Finally, some youth spoke of feelings of loneliness and conveyed a sense of unease in being on their own at this point in their life.

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

SECTION THREE – SUMMARY AND CONCLUSIONS

In our Time 1 report, we presented findings indicating that, relative to youth who have not lived in care, youth in transition from state care: had a lower level of education; were more likely to be on income assistance at age 19, engaged in higher levels of alcohol and drug use; and had a more fragile social support network, as well as tenuous ties to family.

Based on our Time 2 interviews, the picture emerging of these young people's experiences continues to be disquieting. Key Time 2 findings included:

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

We find the high frequency of depression to be particularly disturbing, along with participants' ongoing concerns about having adequate income to make ends meet. Our findings to date also suggest fragility in the social support networks of many youth. While many youth continued to remain in contact with and receive support from former foster parents and social workers, in other cases, these relationships ended upon the youth's reaching the age of majority and exiting care. Youth noted the unnaturalness, arbitrariness and finality of the severing of these relationships and experienced them as a loss that challenged their successful transition from care. Our analyses of subsequent waves of the data will further probe these emerging trends in our findings, as we continue to explore factors that promote and hinder positive outcomes in young people's transitions from state care.

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APPENDIX A:
TIME 2 RESEARCH PROCESS

RESEARCH PROCESS

Criteria for participation & recruitment

Criteria for participation in the project, the project's recruitment process are discussed in detail in the Time 1 Report (Rutman, et al, 2005).

Participants

Thirty-seven youth participated in the study at Time 1. Over three-quarters of the study cohort were female (78%; n=29), and slightly under one-quarter (22%; n=8) were male. At Time 1, 46% were under the age of majority (i.e. under 19) and 54% were past the age of majority, and therefore had already aged out of care.

At Time 2, 33 of the 37 youth participants took part in the research interviews; the remaining four youths were lost through attrition. Of these four youths, three could not be located or contacted; moreover, the contact people for these young people either could not be located or did not have current contact information for the youth participants. The fourth participant moved to another city in British Columbia. Although the project team was able to speak to this participant by phone and she expressed interest in doing the interview as an e-mail questionnaire, she never completed the survey. The project team left at least three reminder calls and e-mail notes over the course of several weeks and then concluded the data collection period.

Data Collection Instrument

The Time 2 interview guide paralleled that used in Time 1 (which was developed based on a review of the literature and consultations with national colleagues). Topic areas of the Time 2 Interview Guide included:

- Current living arrangements
- Family relations/Connections to family
- Pregnancy & parenting
- Health (i.e., self-rated health, current health conditions, current physical or mental health concerns, physical activities, nutrition, sexual health, dental health, mental health, medication use, and access to health care systems)
- Substance use
- Educational experience
- Training & Employment experience
- Financial/source of income
- Social supports & community involvement
- Involvement in the criminal legal system & victimization experience
- Self-care skills
- Defining a successful transition from care
- Early experience of leaving care & future plans

The Time 2 interview guide was reviewed by the project's Advisory Committee and pilot tested with two youth from care prior to use. Minor revisions were made to both instruments in response to pilot participants' feedback.

Data Collection Processes

Time 2 interviews took place approximately 6 to 9 months after a participant's Time 1 interview. An informed consent process was adhered to prior to commencing interviews. The Time 2 interview took about 60 minutes to complete; all were conducted face-to-face. The interviews were not audio-taped; however, detailed notes were made by interviewers at the time of the interview, with every effort made to record participants' comments in their own words and terminology.

Retention Efforts

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

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