

# OPPORTUNITIES IN TRANSITION:

An Economic Analysis of Investing in  
Youth Aging out of Foster Care in their 20s

**REPORT 1 OF 3:** EDUCATIONAL, ECONOMIC,  
SOCIAL, AND WELLNESS OUTCOMES



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## **FOREWORD:**

For most young people, family is there to lend a hand with things like rent, groceries, and support as they make the first few steps into adulthood. Unless they've been in foster care.

Fostering Change commissioned this research to provide an economic perspective on the challenges and opportunities associated with youth aging out of government care. Over three reports we consider: (1) current educational, economic, social and wellness outcomes; (2) the costs of those outcomes; and (3) the costs of increased supports in relation to the potential savings and benefits they offer.

This series of reports offers important new insights into the economic consequences and issues for youth aging out of care. To our knowledge, no previous study in BC has attempted to estimate the costs of current outcomes and the potential benefits from better preparing and supporting youth from care in the early years of their adulthood.

The findings are very clear. First, youth aging out of government care do not receive the same financial, social and other supports that most young people receive from their parents. Second, educational, economic, social and wellness outcomes are poor for many youth aging out of government care. Third, the immediate and long-term costs of these adverse outcomes are very high — hundreds of millions of dollars every year. Last, the cost of increased supports is small relative to the potential savings and benefits to youth from care, and to society as a whole.

We hope that by providing this research we offer clear evidence that a basic package of support is justified to improve outcomes for youth aging out of foster care across BC.

### **Advisory Committee**

Fostering Change would like to extend special thanks to our advisory committee for their insights, knowledge, and expertise during the development of these reports.

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Fostering Change is an initiative of Vancouver Foundation to improve policy, practice and community connections for young people in British Columbia transitioning from foster care to adulthood. In consultation with community and young people, we are developing and promoting solutions that increase supports for young people aging out of care. For more information about our work please visit [www.fosteringchange.ca](http://www.fosteringchange.ca).

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# EXECUTIVE SUMMARY

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## PURPOSE OF REPORT

Compared to their peers who have not experienced foster or other government care, youth aging out of care tend to have greater emotional and other challenges as well as less financial, family and other support to draw on as they transition to adulthood. The purpose of this phase 1 report is to document what is known about the resulting educational attainment, economic, social and wellness outcomes for youth aging out of care as compared to the general population.

This phase 1 report is followed by reports on: (i) the costs of negative outcomes to the youth themselves, government and society as a whole and (ii) the incremental costs and potential net benefits of support measures that can improve outcomes. The overall study is part of a Vancouver Foundation initiative to increase awareness and to promote support measures that will improve outcomes for youth aging out of care.

## CHILDREN AND YOUTH IN CARE

In 2015 in BC, there were 7210 Children and Youth in Care (CYIC) and 650 youth under Youth Agreements (YAG) for a total of 7,860 children and youth in care or agreements, almost 60% of whom were Aboriginal. For the vast majority (84% of the youth aging out of care in 2015), neglect was a factor in bringing them into care or Youth Agreements in the first place. Neglect in turn has been linked to poverty. Children of families who live in poverty — whose parents are unable to provide essential food, clothing and shelter and who experience related stressors — are at increased risk for child protection concerns.

Children and youth in care have had challenging life experiences affecting their social, emotional, cognitive and physical development, often resulting in their falling behind non-care peers. Grade 4 and Grade 7 skills assessment data, for example, indicate CYIC's are meeting or exceeding reading, writing and numeracy skills expectations at about half the rates of the general population.

**Incidence of poverty for 18-24 year-olds does not tend to persist as youth benefit from the human capital they are developing in those years. That too is much different than for youth aging out of care, who typically are not developing human capital and experience to the same extent as other youth.**

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## AGING OUT OF CARE

- In 2015, 598 young people aged out from care and 426 aged out of Youth Agreements, for a total of 1,024 youth aging out of care. The Ministry of Child and Family Development (MCFD) does not have the legal authority to track or the resources to adequately study what happens to the youth after they age out. However, information MCFD has on youth transition plans indicates that the largest number expect to live independently.
- For many youth aging out of care, and in particular for those going on to live independently, there is an abrupt break when they turn 19 that stands in stark contrast from the experience of other youth. Today many youth in their early to mid 20's are engaged in post-secondary studies, living at home and dependent on family financial support. In contrast, youth aging out of care, as the title of the BC Representative for Children and Youth's 2014 report clearly states, are "On Their Own".
- Youth aging out of care are on their own, despite facing the same economic pressures and societal trends causing youth in the general population to take much longer to transition to independent adulthood, and despite the greater need for support that many youth aging out of care have. Youth aging out of care commonly have unresolved internal conflicts resulting from their life history and care experience. Further, they are generally less prepared to go on to post secondary education or secure well paying employment.
- There is also a disproportionate number of youth aging out of care with special needs as compared to the general population. MCFD identified 22% of the youth aging out of care in 2015 as having special needs. The special needs of about 150 youth (15%) are serious enough to warrant services and support from Community Living BC.
- There are special needs support, income assistance, education-related programs, information and referral as well as community services available to youth aging out of care, but they are limited in relation to the need.

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## OUTCOMES

- Because there is no systematic tracking of youth aging out of care in BC, the outcomes presented in this report must be recognized as approximate only. They are based on a review of longitudinal and other studies, in some cases with relatively small samples that have been undertaken in BC and elsewhere. Despite the limitations in the data, however, clear patterns do emerge with respect to a wide range of economic, social and wellness indicators.
- **Educational Attainment:** The high school graduation rate for youth aging out of care at the time of aging out is far below the general population. Some 32% of BC youth aging out of care had completed grade 12 with a Dogwood diploma at age 19 as compared to almost 84% for the general population. While a significant number of youth aging out of care go on to complete grade 12 after aging out, studies in BC and elsewhere indicate that the graduation rate remains far below that of the general population. Available studies suggest the grade 12 graduation rate is 50-70% for youth aging out of care (most likely in the lower end of that range in BC) compared to over 90% for the general population.

As for post-secondary, the differences between youth aging out of care and the general population are even more marked. Youth aging out of care undertake post-secondary studies at roughly half the rate of the general population and are even less likely to enrol in a university program, with university graduation rates one-sixth or less than the general population.

- **Employment and Income:** Employment rates for youth aging out of care are low and concentrated in low paying jobs; there is a high degree of reliance on government assistance; and income from all sources is very low, often below the poverty line. In the general population, youth aged 20-24 typically have low incomes, but they tend to rely on family or other non-government support. Also, unlike for youth aging out of care, the low incomes do not generally persist as the youth benefit from the human capital they are developing in those years.
- **Housing:** The common lack of family or foster homes to stay in combined with poverty-level incomes often results in inadequate or transient housing for youth aging out of care. By comparison, the majority of 20-24 year-olds and a large percentage of 20-29 year-olds live in their parental homes and the incidence of homelessness is an order of magnitude less.

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## OUTCOMES *Continued*

- **Criminal Activity:** Youth in care have much greater involvement with the criminal justice system than the general population and the higher rates would appear to persist, particularly in the initial years out of government care.
- **Early pregnancy:** Many young adults today are postponing raising a family and are having fewer children than a generation ago due to affordability concerns, education and pursuits and other factors. In contrast, youth aging out of care and youth still in care have relatively high pregnancy and parenting rates, exacerbating the challenges the youth aging out of care face and, in many cases, setting in motion the same cycle of poverty and government care that they themselves faced.
- **Substance abuse:** Available studies do not indicate excessive use of alcohol or disproportionate use of marijuana among youth aging out of care. However, there would appear to be disproportionate use of street drugs among youth in care as well as youth aging out of care. Almost 50% of street-involved youth with substance abuse problems in an on-going Vancouver study have had some care experience. The outcomes for these youth with respect to homelessness, involvement with the criminal justice system, being subject to violent crime and wellness are particularly poor.
- **Physical and mental wellness:** There may be some difference in physical wellness for youth aging out of care as compared to the general population. However, where differences would appear to be much more pronounced is with respect to mental health. A majority of the youth aging out of care in different study samples reported mental health concerns or symptoms. In one U.S. study the incidence of post traumatic stress disorder was higher for youth aging out of care than U.S. war vets.
- **Premature loss of life:** The challenges and mental health condition of children and youth in care as well as those aging out can result, in far too many cases, in premature loss of life. Death rates for youth aging out of care in BC are 6.5 times the general population, or 3.2 to 4.5 deaths per 1000 youth. It is a tragic and unacceptably high rate of premature loss of life.

**And they are on their own** despite economic pressures and societal trends causing youth in the general population to take much longer to leave home and transition to independent adulthood...

# 1.0 INTRODUCTION

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BC youth age out of the child welfare system at age 19. Compared to their peers who have not experienced foster care or other government care arrangements, these youth tend to have greater emotional and other challenges as well as less financial, family and other support to draw on as they transition to adulthood.

One of the goals of Fostering Change, an initiative of the Vancouver Foundation, is to increase public awareness of the issues facing young people transitioning from foster or other government care to adulthood. In consultation with the community and young people, the Foundation is planning to develop and promote support measures that will improve outcomes for youth aging out of care.

A number of studies have examined the nature and costs of negative outcomes for youth aging out of foster and other government arrangements, and the costs appear to be substantial. These costs add to the moral and rights-based call for investing in families starting in the early years to ensure that they have access to the resources and services they all need to thrive. In other words, to substantially avoid the costs of poor outcomes at the time of transition to adulthood, we must create the conditions that support families to be healthy together from the early years, rather than having families experience the conditions (poverty, parental mental health and/or substance abuse, etc.) that may lead to their children entering the child welfare system.<sup>1</sup>

While supporting this long-term goal, the Fostering Change initiative is specifically focused on today's reality: about 1000 youth age out of government care each year in BC, and the evidence shows that they generally lack the support and services that would help them transition as successfully as possible to adulthood. Research from other jurisdictions suggests that, at a minimum, the current government costs associated with poor outcomes (high rates of income assistance, and health care and criminal justice system-related expenditures) could be more effectively spent on transition support and services. Some research suggests that the benefits associated with this re-allocation and re-prioritization of public funds would outweigh the costs over the longer term, particularly if educational outcomes and lifetime employment and earnings opportunities are improved.

The purpose of this study is to: (i) document what is known about the educational attainment, economic, social and wellness outcomes for youth aging out of foster or other government care as compared to the general population; (ii) provide estimates of the costs of negative outcomes borne by the youth themselves, taxpayers and society as a whole; and (iii) identify measures that could improve outcomes and assess the benefits such measures offer in relation to the incremental net costs they entail.

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<sup>1</sup> See Kershaw et al. (2009). *15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment in BC*. Vancouver, BC: University of British Columbia, Human Early Learning Partnership.

## **A number of studies have examined the nature and costs of negative outcomes for youth aging out of foster and other government care arrangements, and the costs appear to be substantial.**

The study is an economic analysis of the policies and programs government can consider to improve the outcomes for youth aging out of government care. It adds an economic rationale to the social and moral argument that society has the same obligation to assist these youth for which we are collectively responsible as individual families do for their own children in their transition to adulthood.

The study has been undertaken in three phases. This first phase documents key educational, economic, social and wellness outcomes for youth aging out of care as compared to the general population. The second phase describes and, to the extent possible, estimates the costs of these outcomes for the youth themselves, government, and society as a whole. The third phase identifies and assesses the incremental costs and potential net benefits of support measures that can improve outcomes.

There is no systematic tracking of the outcomes for youth aging out of care in BC. Once the youth are no longer the responsibility of the Ministry of Child and Family Development (MCFD), there is no legal requirement or authority to track educational, work, housing, wellness and other outcomes. Further, MCFD officials have indicated that there are budgetary constraints preventing them from systematically undertaking voluntary longitudinal studies and/or medical system, criminal justice and other data matching analyses in order to better document what happens to youth after they age out of government care.

The outcomes presented in this phase 1 report must therefore be recognized as approximate only. They are based on a review of longitudinal and other studies, in some cases with relatively small samples that have been undertaken in BC and elsewhere. Despite the limitations in the data, however, clear patterns do emerge with respect to a wide range of educational attainment, economic, social and wellness indicators.

## 2.0 BACKGROUND

### 2.1 CHILDREN AND YOUTH IN CARE OR YOUTH AGREEMENTS

Each year MCFD — the primary Ministry responsible for the protection and safety of young children in BC — receives approximately 37,000 reports expressing concern about the safety of a child or youth under age 19.<sup>2</sup> While MCFD’s goal is to provide support aimed at keeping children safe within their families, sometimes the protection report assessment leads to a Child Protection investigation and a child or youth coming into the care system.

In 2015, there were 7,210 Children and Youth in Care (CYIC), 61% of whom were Aboriginal. In addition, MCFD reports that youth between the ages of 16 and 18 are eligible for a Youth Agreement (YAG) if their safety is at risk and if they do not have a caregiver willing and able to care for them. In 2015, 650 youth received financial and other support under YAG, 38% of whom were Aboriginal.

In this report, we consider youth aging out of care as the youth aging out of both the CYIC and YAG services provided by MCFD. As shown in Table 1, in 2015 there were 7,860 children and youth in care or on agreements in BC, 59% of whom were Aboriginal. The Representative for Children and Youth reports that Aboriginal children are seven times more likely to come into care than non-Aboriginals. While accounting for 59% of the youth in care or agreements, Aboriginal children make up only 8% of the population under 19 in BC.<sup>3</sup> The over-representation of Aboriginal children and youth in the care system in BC is similar to what is observed nationally: “48% of children in foster care are Aboriginal children, even though Aboriginal peoples account for only 4.3% of the Canadian population.”<sup>4</sup>

**TABLE 1 – TOTAL YOUTH IN CARE IN BC**

	<b>2015 Total</b>	<b>Aboriginal (#)</b>	<b>Aboriginal (%)</b>	<b>Non-Aboriginal (#)</b>	<b>Non-Aboriginal (%)</b>
CYIC	7210	4369	60.6	2841	39.4
YAG	650	250	38.5	400	61.5
<b>Total</b>	<b>7860</b>	<b>4619</b>	<b>58.8</b>	<b>3241</b>	<b>41.2</b>

MCFD reports that other than children and youth who were brought into care for special needs (who required support beyond what the family could provide), for the vast majority (84% of the youth aging out of care in 2015), neglect was a factor in bringing them into care or Youth Agreements in the first place. Neglect in turn has been linked to poverty. A range of studies have found that the children of families who live in poverty — whose parents are unable to

2 Unless otherwise noted, MCFD data was extracted from the MCFD Performance Management Report, Volume 6, March 2015 or provided directly by MCFD officials.

3 *Not Fully Invested: A Follow-up Report on the Representative's Past Recommendations to Help Vulnerable Children in BC* (2014), p. 4 [https://www.rcybc.ca/sites/default/files/documents/pdf/reports\\_publications/rcy-recreport2014-revisedfinal.pdf](https://www.rcybc.ca/sites/default/files/documents/pdf/reports_publications/rcy-recreport2014-revisedfinal.pdf)

4 FN Child & Family Society of Canada (2013).

consistently provide essential food, clothing and shelter and who experience related stressors — are at increased risk for child protection concerns.<sup>5</sup>

Once children and youth have entered care, MCFD’s priorities include finding secure placements and achieving permanency. Despite MCFD efforts to support families to stay safe together, to provide secure placements if and when children do enter the care system, and to focus on long-term permanency, the Representative for Children and Youth observes that CYIC “have different life experiences than many of their BC counterparts. Many of them have had adverse experiences which can affect their social, emotional, cognitive and physical development and, as a result, many have fallen behind their non-care peers.”<sup>6</sup>

A comparison of educational progress for CYIC’s relative to the general population highlights the degree to which they’ve fallen behind.

Table 2 below shows the percentage of CYIC in Grades 4 & 7 (between Sept 2013 and Feb 2014, per MCFD 2015 Performance Management Report) who met or exceeded foundation skills assessment (FSA) expectations relative to the general population. FSA performance data has been shown to have high predictive power of high school completion. As the table below shows, CYIC’s are meeting or exceeding reading, writing and numeracy skills expectations at around half the rates of the general population.

## TABLE 2 – FOUNDATION SKILLS ASSESSMENT (FSA) FOR READING, WRITING AND NUMERACY

(% who meet or exceed expectations)<sup>7</sup>

FSA Category	CYIC			Gen Pop		
	All	Aboriginal	Non-Aboriginal	All	Aboriginal	Non-Aboriginal
Gr 4 Numeracy	30.8	30.6	31.0	63.8	43	65.6
Gr 4 Reading	40.2	39.2	42.0	67.2	49	68.8
Gr 4 Writing	40.6	41.4	39.0	69.0	51	70.6
Gr 7 Numeracy	23.8	23.0	25.2	58.3	34	60.4
Gr 7 Reading	31.4	28.6	36.4	63.2	45	64.8
Gr 7 Writing	38.0	36.2	41.1	70.0	53	71.5

5 For example, in considering the factors affecting First Nations’ involvement in child welfare, the First Nations Child & Family Caring Society of Canada Information Sheet: Structural Interventions in Child Welfare (June, 2013, p. 1) states: “Research confirms that neglect fueled by structural risk factors, such as poverty and poor housing, contributes to the over-representation of First Nation children and youth in care. Two sub-types of neglect that are most frequently correlated with poverty, failure to supervise and failure to provide essential care, account for the largest portion of neglect reports. Studies also link the high rates of substance misuse to first-generation and intergenerational trauma caused by the residential school system.

6 BC Representative of Children and Youth (2014), p. 3.

7 The Ministry of Education provides FSA data in two ways: (1) as a % of all students (including those who didn’t write the FSA) and (2) as a % of writers only. Table 2 shows the percentages for all children (including those who didn’t write) to be consistent with the MCFD data. The percentages of only those students who did write the FSA are higher.

## 2.2 YOUTH AGING OUT OF CARE

In 2015, 598 young people aged out from care (CYIC) and 426 aged out of Youth Agreements (YAG), for a total of 1,024 youth aging out of care. Of the 1024 youth, 43% were Aboriginal (49% of the CYIC and 34% of the YAG).

Of the CYIC:

- 80% (479) had been in permanent care arrangements (continuing custody order – CCO), and 76% (366) of CCOs had been in care for more than 5 years; 43% (206) over 10 years.
- 15% (92) were in care with the agreement of their families, either under special needs agreements (57 youth, typically with significant special needs) or voluntary agreements (35 youth). Unlike CCOs, most youth under agreements were in care for a shorter time (71% or 65 youth under 3 years).
- 5% aged out of various, much less frequently used shorter-term legal arrangements.

While MCFD does not monitor or track the youth to determine what actually happens to them after they age out, the Ministry does compile transition plans the youth indicate at the time of aging out. Table 3 summarizes the after care plans for the youth aging out of care in 2015. The Table shows that the largest number of youth were planning to live independently. For a large number (especially for the YAG) the plans were not coded or known.

**TABLE 3 – YOUTH AGING OUT OF CARE TRANSITION PLANS**

Intention	Youth aging out of care (CYIC)	Youth aging out from Youth Agreements (YAG)	Total youth aging out of care	% of Total
Not Coded	51	214	265	26%
Independent Living/ Plan for Independence	227	99	326	32%
Return to Parent/Concurrent Plan/Extended Family	135	97	232	23%
Substitute Care	83	1	84	8%
Mentoring Relationship	52	11	63	6%
Adoption	31	1	32	3%
Placed within Aboriginal Community	16	1	17	2%
Transfer Custody	3	2	5	<1%
<b>Total</b>	<b>598</b>	<b>426</b>	<b>1024</b>	<b>100%</b>

The aging out / transition to adulthood circumstances for youth formerly in care is markedly different from the general population, increasingly so in recent years. Whereas a generation ago most youth tended to finish their schooling, leave home and find full time work in their early 20's, today many more youth in their early to mid 20's are engaged in post-secondary studies, living at home and dependent on family financial support. The BC Representative of Children and Youth reported that in 2011 an estimated 59.3% of youth between 20 and 24 years old were living in their parental home.<sup>8</sup> High housing costs in themselves are an important contributing factor.

Yet, for the most part, and in particular for those youth aging out of care going on to live independently, there is an abrupt break that stands in stark contrast from the experience of other youth. Youth aging out of care are, as the title of the Representative of Children and Youth's 2014 report clearly states: "On Their Own". And they are on their own, despite facing the same economic pressures and societal trends causing youth in the general population to take much longer to leave home and transition to independent adulthood, and despite the greater need for support that many youth aging out of care have.

Youth aging out of care commonly have unresolved internal conflicts resulting from the trauma, abuse and/or neglect that led to their being taken into government care as well as, in some cases, from the care experience itself. They also are generally less prepared to go on to post secondary education or to secure well-paying employment.

MCFD reports that at the time of aging out in 2013/14 only 32% of the youth aging out of care (CYIC) graduated from Grade 12 with a Dogwood Diploma. Another 16% completed a personalized education plan with an Evergreen Certificate, but these plans do not meet the standards for grade 12 graduation. By comparison, the Ministry of Education reports that the grade 12 graduation rate (by age 19) for the general population was 84% in 2014/15. It was 86% for non-Aboriginal and 63% for Aboriginal youth.

In addition to the greater need for support because of life experiences and more limited educational skills and attainment, some 22% (224) of the total number of youth aging out of care in 2015 were flagged in MCFD records as Children and Youth with Special Needs (CYSN).<sup>9</sup> These needs range from moderate to more serious. The almost 6% (57) of youth aging out of care under a Special Needs Agreement tend to have major disabilities. MCFD reports that about 150 youth aging out of care (15%) each year go on to receive services and support at Community Living BC (CLBC). A significant developmental and/or physical impairment is required in order to receive CLBC services and supports.

An internal MCFD analysis<sup>10</sup> of youth who aged out from Continuing Custody Orders (the largest group of CYIC's) and Youth Agreements during 2012/13 provides additional insight into the relatively weaker outcomes at age 19 for these young people. MCFD identified three protective factors believed to influence outcomes: (i) high school graduation, with Dogwood Diploma;

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<sup>8</sup> For a more detailed discussion on the transition to adulthood, see BC Representative of Children and Youth (2014) pp.12-13. See also Clark (2007)

<sup>9</sup> The proportion of youth aging out of care with special needs is much greater than for the general population. The existence of special needs often contributes to the children or youth being in care and not achieving permanency before aging out. As compared to the 22% of youth aging out of care having special needs (15% severe enough to go on to CLBC) the Ministry of Education reports that of the total BC student population approximately 9% have been categorized as having special needs: 6% at the more moderate end of the continuum (sensory, learning or behaviour disabilities) and 3% with more significant disabilities.

<sup>10</sup> Correspondence from Martin Wright, MCFD to Lynell Anderson March 11, 2016.

**Full time employment rates are low for all 20-24 year olds, in large part because of educational or other development activities limiting their participation in the labour force. The employment rates for youth aging out of care, however, are lower still. And this lower employment rate is observed despite the generally lower participation rates in post-secondary education that can preclude full time work.**

(ii) placement stability, while in care; (iii) no educational special needs. The analysis of those under Continuing Custody Orders showed that only 12% (66) of youth had all three protective factors; 32% (173) had none.

## 2.3 INCOME AND PROGRAM SUPPORT SERVICE FOR YOUTH AGING OUT OF CARE

There are some programs and services available to youth aging out of care, but they are limited in relation to the need. The requirement for increased support is addressed in the Phase 3 report. The nature of existing programs and services is briefly described here to provide further background to the circumstances for youth when they age out of care.

### SUPPORT TO YOUTH AGING OUT OF CARE WITH SPECIAL NEEDS

Income assistance is available to persons with disabilities (PWD). The PWD assistance is “an income and asset tested income support program for adults with severe mental or physical impairment that is likely to continue for two or more years, which significantly restricts daily living activities continuously or periodically for extended periods resulting in the need for assistance/supervision.”<sup>11</sup> MCFD data indicate that within 6 months of aging out of care approximately 22% of the youth aging out of care population were receiving PWD benefits (32% of CYICs and 5% of YAGs as of September, 2014).

Access to PWD is a legislated entitlement upon meeting the eligibility criteria. The current maximum monthly PWD rate is \$906.42 for a single person.<sup>12</sup> In addition, a single person may earn up to \$9,600 in each calendar year before a dollar for dollar reduction in PWD payments is implemented. Recipients may also apply for supplemental benefits to cover additional costs in areas such as health and dental care, transportation, etc.

A 2014 report by BC’s Auditor General observed that “the financial support rates for shelter and other basic necessities provided for under this program have not increased since 2007. The audit found that the Ministry has not defined the extent to which basic needs should be met by the program, and has limited information on how effectively the program is meeting the basic needs of its clients.”<sup>13</sup>

Youth aging out of care who have special needs/disabilities may be eligible for a range of support from CLBC adult services, typically in addition to income assistance (PWD).<sup>14</sup> The level of support received reflects the individual needs of each youth aging out of care, subject to funding and service availability.<sup>15</sup> As noted in section 2.2, MCFD reports that on average 150 youth go to CLBC after aging out of care.

11 MCFD 2015 Performance Report p. 69

12 <http://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance/on-disability-assistance>

13 [https://www.bcauditor.com/sites/default/files/publications/2014/report\\_18/report/OAG%20Disability%20Assistance-FINAL.pdf](https://www.bcauditor.com/sites/default/files/publications/2014/report_18/report/OAG%20Disability%20Assistance-FINAL.pdf), p. 4

14 The eligibility criteria or CLBC include: (i) developmental disabilities where an adult has significantly impaired intellectual or adaptive functioning that started before age 18; (ii) significant limitation in adaptive functioning and a diagnosis of Fetal Alcohol Spectrum or Autism Spectrum Disorder. See <http://www.communitylivingbc.ca/individuals-families/support-for-adults/youth-in-transition>

15 See page 2 of <http://www.communitylivingbc.ca/wp-content/uploads/Information-for-Families-Youth-in-Transition.pdf> – “CLBC tries to make sure that everyone who is eligible gets access to supports or funded services in a consistent and fair way. However, requests for service may exceed available funding and it may take some time before your family members is able to access services. Even if your son or daughter has accessed children’s special needs services and is confirmed eligible for adult community living services, CLBC may not be able to provide support as soon as he or she turns 19.”

## INCOME ASSISTANCE

Income Assistance is available for those not eligible for PWD support after they turn 19. The most recent MCFD data, for the six months ended September 2014, indicate that 19% of youth aging out of care went on to claim Income Assistance other than PWD (20% of CYIC's and 18% of YAGs). Since June 2007, the maximum payments for employable singles under age 65 are \$610 per month.<sup>16</sup> Recipients may also be eligible for general supplements on occasion.

## EDUCATION-RELATED SUPPORT

Agreements with Young Adults (AYA) provides financial assistance and support services for young people aged 19 to 24 who are transitioning out of care and into adulthood.<sup>17</sup> These agreements assist young people to implement their post-care plan, which may include finishing high school, learning job and vocational skills, attending college or university and/or completing a rehabilitation program. Financial assistance may include living expenses, child care, tuition fees and/or health care.

MCFD data indicate that 622 young adults received AYA support during the year ended September 2015 (34% Aboriginal and 66% Non-Aboriginal). With a potential pool of approximately 5,000 19 to 24 year-old eligible youth aging out of care, this suggests an uptake rate of 12%. The total expenditures for the same period were \$3.5 million. The average benefit per recipient was \$5,600.

Youth aging out of care may also be eligible for tuition and related post-secondary support, and generally they are to be used in place of Agreements for Young Adults when available.

The Youth Education Assistance Fund (YEOF) provides taxable grants of up to \$5,500 annually for up to four years for 19 to 24 year-olds formerly in permanent care in order to attend university, college, a university-college, an institute or designated private school.<sup>18</sup> Funds can be used for tuition, books or living expenses incurred while working towards a degree, diploma or certificate in academic, vocational and trade programs.

For the year ended August 2015, MCFD reports that 328 youth aging out of care received a YEOF bursary (33% Aboriginal and 61% Non-Aboriginal), or 5% of the eligible population. With total expenditures for the same time period of \$1,799,171, this suggests the average bursary was essentially at the maximum level (\$5,485).

Smaller in scale, the Public Guardian and Trustee Educational Assistance Fund provides maximum annual bursaries of approximately \$3,300 for youth formerly in permanent care in order to attend post-secondary education.<sup>19</sup> Total funding availability depends on investment returns in the fund. A total of \$16,600 was provided to 13 youth aging out of care in 2013/14, for an average of \$1,277 per student.<sup>20</sup>

<sup>16</sup> <http://www.eia.gov.bc.ca/mhr/ia.htm> Support Rate A, Unit 1 = \$235 + \$375 maximum shelter rate

<sup>17</sup> [https://www.mcf.gov.bc.ca/youth/pdf/aya\\_faq.pdf](https://www.mcf.gov.bc.ca/youth/pdf/aya_faq.pdf)

<sup>18</sup> <http://www.mcf.gov.bc.ca/yeaf> See also p. 32 of On Their Own which indicates these funds are “not available to youth for whom the ministry has assumed legal guardianship on a temporary basis or those on a Youth Agreement.”

<sup>19</sup> <http://www.trustee.bc.ca/services/estate-and-personal-trust-services/Pages/pgt-educational-assistance-fund.aspx>

<sup>20</sup> Turpel-Lafond (2014), p. 33.

A growing number of public post-secondary education institutions across BC are now offering various forms and numbers of tuition waivers for youth aging out of care. This benefit has been supplemented by a fund established in 2014 at the Vancouver Foundation to augment the tuition waivers with financial supports for living expenses.

## **INFORMATION, CONNECTIONS & REFERRALS**

MCFD also funds provincial organizations that provide information, connections and referrals for youth aging out of care. For example, the Federation of BC Youth in Care Networks (FBCYICN) is a youth-driven, non-profit organization dedicated to improving the lives of youth in and from care in BC between the ages of 14 and 24.<sup>21</sup> FBCYICN provides programs and services that focus on advocacy, connections and empowerment. Also, the AgedOut.com web site self-describes as a resource “for young adults who were in government care in BC.<sup>22</sup> It’s an up-to-date warehouse of information on resources and services available to young adults and a learning tool to help people feel empowered as they leave care.”

## **COMMUNITY SERVICES**

In addition to the provincial programs described above, many communities across BC provide localized programs and services to youth aging out of care and other vulnerable young adults. Generally with some combination of provincial, philanthropic and municipal funding in place, support may include assistance with housing, employment, life skills, mental health, education, etc.

# **3.0 OUTCOMES**

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The assessment of outcomes in this section is based on a review of longitudinal and other studies that have been undertaken in BC and elsewhere. Two of the more comprehensive studies that were reviewed, albeit with a small sample in the case of the BC study, are Rutman et al. (2007) and Courtney et al. (2011). Rutman et al. tracked educational, economic, social and well-being outcomes for a sample of 37 youth aging out of care in BC (21 by the end of the study period) over a three-year period. Courtney et al. (referred to in this report as the Chapin Hall study) tracked the educational and other outcomes for 712 youth (591 after 3 years) aging out of care in three US Midwest states (Iowa, Illinois and Wisconsin). Pecora et al. (2005), a Northwest study involving 429 youth, and the other studies listed in the References section also provided useful results.

## **3.1 EDUCATIONAL ATTAINMENT**

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As noted in section 2.2 above, the high school graduation rate for youth aging out of care at the time of aging out is far below the general population. Some 32% of BC youth aging out of care had completed grade 12 at age 19 as compared to almost 84% for the general population. While a significant number of youth aging out of care go on to complete Grade 12 after aging out, studies in BC and elsewhere indicate that the graduation rate remains far below that of the

<sup>21</sup> <http://fbcyicn.ca>

<sup>22</sup> <https://agedout.com/about>

general population, and far from a satisfactory level given the critical importance of education not only in securing meaningful employment in today's economy, but also for positive social development and physical and mental well-being.<sup>23</sup>

Estimates of youth aging out of care grade 12 graduation rates include:

- Rutman et al. (2007) — 48% of the youth aging out of care in their BC sample completed grade 12 by age 20-21 (the final time period of their study).
- The Office of the Provincial Advocate for Children and Youth (2012) — some 44% of the youth aging out of care in Ontario are expected to complete grade 12.
- Chapin Hall (2011) — 70.8% of the youth aging out of care in their Midwest study completed grade 12 by age 26
- Pecora et al. (2006) — 56.3% of the youth aging out of care in their U.S. Northwest study completed grade 12 by age 25 or older.

By comparison, for the general population:

- Statistics Canada National Household Survey Highest Educational Attainment (2011) — 91.5% of 20 to 24 year-olds had completed grade 12 or higher levels of education.

While one must exercise caution making inferences from the specific percentages reported in different studies (because of potential biases in study samples and differences in the mix of youth backgrounds, care arrangements and special needs characteristics of the aging out youth populations in the different jurisdictions and time frames), it would appear grade 12 graduation rates for youth aging out of care are in the order of 50 to 70% (most likely in the lower end of that range in BC) by the time the youth reach their mid 20's, as compared to over 90% for the general population.

As for post-secondary education, the differences between youth aging out of care and the general population are even more marked. There are lower rates of enrolment in post-secondary education, and the post-secondary education that youth aging out of care do undertake is more heavily weighted to apprenticeship and college programs than university.

Estimates of post-secondary enrolment and related study results for youth aging out of care include:

- Rutman et al. (2007) — 24% of the youth aging out of care in their sample were enrolled in post-secondary education. The fields of study included child care, home care, anthropology and professional writing.
- Turpel-Lafond and Provincial Health Officer (2015) — 66% of the CCOs who graduate from grade 12 go on to some post-secondary education. With a 32% grade 12 graduation rate that would suggest some 21% of the CYIC aging out of care enrol in post-secondary.
- Turpel-Lafond and Provincial Health Officer (2007) — 7% of youth aging out of care grade 12 graduates are in the academic stream as compared 39% for the general population.

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<sup>23</sup> "Education not only supports economic success in later life, it provides opportunities for improved well-being in physical, intellectual and social domains during critical development periods" National Education FactSheet (2014), p.1.

- Ontario Provincial Advocate for Children and Youth (2012) — of the youth aging out of care in post secondary studies, 84% are enrolled in apprenticeship or community college programs; 16% in university.
- Chapin Hall (2011) — 4.4% of the youth aging out of care in their Midwest study received a 2 year college degree by age 26; 2.5% received a 4 year college degree and 1.3% completed some graduate school studies.
- Pecora et al. (2005) — 21.9% of the youth aging out of care in their Northwest study received a degree or vocational certificate by age 25 or older (three quarters were vocational certificates); 2.7% received a Bachelor’s degree or higher.

By comparison, for the general population:

- Statistics Canada National Household Survey Highest Educational Attainment (2011) — 40.8% of 20-24 year olds successfully completed a post-secondary program; 13.9% received a Bachelor’s degree or higher.
- A 2015 BC Government report “Research Results from the Student Transitions Project” indicates that by age 25, 36% of BC high school graduates received a post secondary credential and 17% a university degree; by age 30, 47% received a post-secondary credential; 23% a university degree.

Again, while the specific numbers must be treated with caution, youth aging out of care undertake post-secondary studies at roughly half the rate of the general population and are even less likely to enrol in a university program, with university graduation rates one-sixth the rate or less than the general population.

## **3.2 EMPLOYMENT AND INCOME**

Despite limitations in the studies and available data, there are clear patterns with respect to employment and earnings for youth aging out of care. Employment rates are low and concentrated in low paying jobs, there is a high degree of reliance on government assistance, and income from all sources is very low, commonly below the poverty line.

Estimates of employment rates for youth aging out of care include:

- Rutman et al. (2007) — 30% of the youth aging out of care in their sample were working full time by the end of their study period.
- Chapin Hall (2011) — 45.8% of the youth aging out of care in their sample were employed at age 26, but almost one third of those were working less than 35 hours per week. Some two-thirds of those employed (approximately 30% of their sample) were working full-time.
- Goodkind et al. (2011) — 30% of the youth aging out of care in their U.S. study sample were employed; another 15% were looking for work.

By comparison, the full-time employment rate for the general population:

- Statistics Canada Labour Force Survey — the full-time employment rate for 20 to 24 year-olds in 2007 was 53.4%; it was 44.7% in 2015.

The full-time employment rates are low for all 20 to 24 year-olds, in large part because of educational or other development activities limiting their participation in the labour force.

The employment rates for youth aging out of care, however, are lower still. And this lower employment rate is observed despite the generally lower participation rates in post-secondary education that can preclude full time work.

Because of the low full-time employment rates and also a concentration of employment in relatively low-paying service sector jobs<sup>24</sup>, average incomes for youth aging out of care are generally low. Rutman et al. (2007) for example reported annual incomes in their sample between \$9600 and \$18000. By comparison, Statistics Canada reported that the average income for all 20 to 24 year-olds was \$19,700 in 2007.

Youth aging out of care are heavily dependent on government assistance.

- Rutman et al. (2007) — 40% of their sample reported that government income assistance was their main source of income.
- MCFD (2015) — 45.6% of CYIC and 32.2% of YAG accessed income assistance or Persons with Disability government support.
- Chapin Hall (2011) — 67% of youth aging out of care women and 42% of youth aging out of care men received food stamps; over 75% of the women and less than 50% of the men received one or more means tested government benefit.

By comparison, reliance on income assistance in the general population is low.

- BC Statistics — 3.7% of 19 to 24 year-olds received income assistance in 2007; 4.4% in 2015.

With low employment rates and earnings, and heavy dependence on government income assistance (where benefit rates in BC and elsewhere have been severely limited by government policy for many years), the total income for many youth aging out of care is below designated poverty lines.

- Rutman et al. (2007) — all of the participants in their study had incomes below Statistics Canada measures of the poverty line.
- Chapin Hall (2011) — 54.4% of their sample at age 26 had incomes below \$10,000, well below the poverty threshold of \$11,702.
- Pecora et al. (2005) — one third of their sample lived at or below poverty thresholds of \$9,000 per year for singles and \$11,569 for two person households, three times the national rate.

In the general population youth aged 20 to 24 typically have low incomes, but commonly rely on family or other non-government support. Based on the National Household Survey, Statistics Canada reported the prevalence of low income among unattached 15 to 24 year-olds to be 20.3%, a significant percentage but much lower than for youth aging out of care. Also as Feng et.al. (2007) concluded in their study of the incidence of poverty among unattached individuals in different age groups, the incidence of poverty for 18 to 24 year-olds does not tend to persist as youth benefit from the human capital they are developing in those years. That too is much different than for youth aging out of care, who typically are not developing human capital and experience to the same extent as other youth.

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<sup>24</sup> Goodkind et al. (2011), for example, noted that the jobs reported in their sample were in food service, retail, cleaning, security, painting and landscaping.

**Employment rates are low and concentrated in low paying jobs, there is a high degree of reliance on government assistance, and income from all sources is very low, commonly below the poverty line.**

# The differing housing circumstances for youth aging out of care and the general population is perhaps **the most basic disadvantage youth aging out of care face.**

## 3.3 HOUSING

As noted in section 2.2, the largest number of youth who age out of care plan to live independently. For another large number of youth aging out of care, post-care living plans are not coded or known by MCFD. Not surprisingly, the common lack of family or foster homes to stay in combined with poverty-level incomes often results in inadequate or transient housing conditions.

- Rutman et al. (2007) — Approximately 90% of the youth aging out of care in their sample did not live with their parents or other family members. Of the participants aged 19+ at the time of the first interview, 82% reported living with friends, partners, low income housing; 45% had experienced homelessness at some point (a large number while still in government care under youth agreement).<sup>25</sup>
- Chapin Hall (2011) — over 80% of their Midwest sample did not live with their biological or foster parent or other family member.
- Pecora et al. (2006) — 22.2% of their Northwest sample was homeless within a year of leaving care.
- Reilly (2003) — 35% of their sample reported moving 5 or more times since leaving care.

By comparison, for the general population, the majority of 20 to 24 and a large percentage of 20 to 29 year-olds live in their parental home and the incidence of homelessness is an order of magnitude less than for youth aging out of care.

- Statistics Canada Census (2011) — 59.3% of 20 to 24 year-olds live in their parental home; 42.3% of 20-29 year-olds live in their parental home.
- Pecora et al. (2005) — As compared to the 22.2% of youth aging out of care who were homeless within one year, 1% of the general population is homeless.

The differing housing circumstances for youth aging out of care and the general population is perhaps the most basic disadvantage youth aging out of care face. Trends in living at home have changed dramatically for the general population in response to changing economic circumstances (high costs of housing) and needs (post-secondary education). For youth aging out of care, resources or systematic programming have not kept up.

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<sup>25</sup> Based on baseline reporting for the Rutman et al. study which was published in 2005.

## 3.4 CRIMINAL ACTIVITY

Youth in care have much higher rates of involvement with the criminal justice system than the general population. Turpel-Lafond (2009) reported that 35.5% of youth in care had some involvement with the criminal justice system by age 17 (44% for males and 27.2% for females). This compares to 4.4% of the general population in that age group (5.8% for males; 2.9% for females).

Much higher rates of involvement with the criminal justice system for youth aging out of care as compared to the general population would appear to persist particularly in the initial years out of government care.

- Rutman et al. (2007) — 68% of the youth aging out of care reported involvement with the criminal justice system in the first time period after aging out; 9%-20% in the next three time periods in their study.
- Chapin Hall (2011) — 68.2% of the males and 41.6% of the females in their study reported being arrested at least once between their first interview after aging out and age 26; 57.6% of the males and 21.7% of the females reported being convicted.
- Reilly (2003) — 45% of the youth aging out of care reported being involved with the criminal justice system.
- Goodkind (2011) — 26% of the youth aging out of care reported being involved with the criminal justice system.

While comparable data on involvement with the criminal justice system are not available for the general population, data on admissions to correctional facilities clearly indicate the involvement is much less. Statistics Canada reports that in the last 5 years less than 1.2% of 20 to 24 year-olds were admitted to Corrections custodial service.<sup>26</sup>

One must be cautious in applying the results of U.S. studies to circumstances and outcomes for youth aging out of care in BC or elsewhere in Canada. Policing practice and laws are different in many respects. However, the clear fact remains that in Canada as well as the United States: the incidence of criminal activity, involvement with the criminal justice system, conviction and incarceration are much higher for youth aging out of care than other youth their age. This imposes significant costs, not only for government, but also society as a whole.

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<sup>26</sup> Statistics Canada, Table 251-0023.

### 3.5 **EARLY PREGNANCY**

Many young adults today are postponing raising a family and are having fewer children than a generation ago due to affordability concerns, education, career commitments and other factors. In contrast, youth aging out of care and youth still in care have relatively high pregnancy and parenting rates. This is especially challenging for these youth considering their limited financial resources and family support, and their need for further education to improve what otherwise will be quite poor economic prospects.

- Turpel-Lafond and the Provincial Health Officer (2006) — 17% of the female CCOs under age 19 had received pregnancy services as compared to 4% for the general population.
- Rutman et al. (2007) — 61% of their sample were pregnant or parenting by age 21 (the final time period on their study); 19% were expecting their second child.
- Chapin Hall (2011) — 79% of the women in their sample had been pregnant at least once by age 26; 32% had been pregnant before aging out.
- Oshima et al. (2013) — 42% of their sample reported being pregnant or making someone pregnant by age 19.
- Goodkind et al. (2007) — 35% of their sample were pregnant or parenting; 4% reported having their children removed by Child Welfare services, which was a major concern expressed by many in their interviews.

High pregnancy and parenting rates are observed in all of these studies, clearly exacerbating the challenges the youth aging out of care face and setting in motion in many cases the same cycle of poverty and government care that they themselves faced.

### 3.6 **SUBSTANCE ABUSE**

The available BC data do not indicate that youth aging out of care have significant or disproportionate problems with alcohol abuse. Rutman et al. reported 5% or less of their sample consumed alcohol daily. Regular marijuana use was much greater but not necessarily disproportionate to other youth in that age group. Rutman et al. reported 21% to 27% of their sample consumed marijuana daily over their study period. Statistics Canada reported that for BC youth aged 15-24, 39.8% had consumed marijuana, with 10.1% at ‘abuse’ levels (Community Health Survey, Table 105-1101).

Where there would appear to be disproportionate substance consumption and abuse both for children and youth in care as well as those who have aged out is with street drugs.

- The McCreary Centre Society — 21% of youth with care experience had tried cocaine by age 17, 27% ecstasy, 33% prescription pills.
- Barker et al. (2014) — 49% of the UHRI At Risk Youth Study (ARYS) sample of 937 street-involved youth in Vancouver with substance abuse problems (some ‘hard’ drug use) had care experience; street-involved youth with care experience are significantly younger at first time of substance abuse: 12 to 15 years old as compared to 14 to 17 years old for other youth.

- Rutman et al. (2007) — up to 19% of their sample consumed cocaine in their reporting periods; up to 15% crystal meth, and up to 24% ecstasy.

By comparison:

- Statistics Canada Community Health Survey (Table 105-1101) — 9.4% of BC youth aged 15 to 24 had tried drugs other than marijuana over a 12 month period (18.9% over their entire lives); 3.5% at ‘abuse’ levels.

The street-involved youth aging out of care (as well as children and youth still in care or under youth agreement) with substance abuse problems face many challenges at significant cost to themselves as well as government and society as a whole.

Youth from the Vancouver area UHRI *At Risk Youth Study* who reported previously being in government care show very high rates of homelessness, failure to complete high school, reliance on welfare, sex-trade activity, involvement with the criminal justice system, being a victim of violent crime and self-reporting of fair or poor health. The results for a sample of 141 youth formerly in care at the baseline interview (as early as 2005) and the most recent follow-up interview (2015) are shown in Table 4.

**TABLE 4 – SURVEY RESULTS FOR ARYS SAMPLE WITH CARE EXPERIENCE (%)**

	Baseline Interview	Most Recent Follow-up
Homeless in Last 6 mo.	70.9	46.1
High School Drop-out	80.0	80.0
On Income Assistance	70.2	86.5
Sex-trade Activity	9.9	12.8
Jail Time in Last 6 mo.	14.3	11.3
Subject to Violent Crime	47.8	25.7
Fair or Poor health	27.7	29.0

### 3.7 PHYSICAL AND MENTAL WELLNESS

The majority of youth aging out of care do not perceive themselves to have physical health problems. In Rutman et al.’s 2007 study, 52% to 72% of the sample reported no physical health concerns over the study period. McCreary Centre Society (2011) reported 68% of the children and youth in care to have good or excellent health.

There may be some difference in physical wellness for youth aging out of care as compared to the general population. Statistics Canada (Table 105-0501) reports that 61-70% of 20 to 33 year-olds reported very good or excellent health; 5.3-7.5% reported fair or poor health over the past 12 years. However, where differences would appear to be much more pronounced is with respect to mental health.

- Turpel-Lafond and the Provincial Health Officer (2006) — 63% of the females and 67% of the males in care received services for mental health disorders, 4 times the rate for the general population.
- Rutman et al. (2007) — 44% to 57% of their sample reported the presence of mental health conditions or symptoms over their study period.
- Pecora et al. (2006) — 54.4% of their sample reported mental health problems between ages 20 and 33, the most common being post traumatic stress disorder (PTSD), depression, and social phobia; the percentage who experienced PTSD (25.2%) was higher than the percentage for US war vets and over 6 times higher the percentage for the general population.

For the general population in Canada:

- Statistics Canada Health Survey (Table 105-1101) — 8.1% of 20 to 33 year-olds perceive their mental health condition to be fair or poor.

Youth in care and those aging out clearly are more likely to experience mental health disorders than the general population. This contributes to many of the adverse outcomes for youth aging out of care and, without attention and treatment, leads to significant costs for the youth themselves, government and society as a whole.

### **3.8 PREMATURE LOSS OF LIFE**

The challenges and mental health condition of children and youth in care as well as those aging out can result, in far too many cases, in premature loss of life.

The McCreary Centre Society (2011) reported that 21% of youth in care had made a suicide attempt. Turpel-Lafond and the Provincial Health Officer (2006) reported that between 1997 and 2005, there were 266 deaths of children and youth who were or who had been in care; two-thirds of these deaths were youth who had aged out of care.

Statistics Canada (Table 105-0504) reports that the death rate for youth between the age of 20 and 24 ranged from .5 to .7 per thousand people. Turpel-Lafond and the Provincial Health Officer (2006) stated that the death rate for youth aging out of care is 6.5 times the general population, suggesting a death rate of 3.2 to 4.5 youth per thousand youth aging out of care in that age group.

Put more directly, the data suggest that of the 1000 youth aging out of care each year, 3 to 4 will be dead before age 25. It is a tragic and unacceptably high rate of premature loss of life.

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