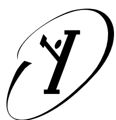
McCreary Centre Society

We all have a role:

Building social capital among youth in care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Building social capital among youth in care

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Founded in 1977, McCreary Centre Society is a non-governmental not-for-profit organization committed to improving the health of BC youth through research, evaluation, and youth engagement projects.

Copies of this report are available at: www.mcs.bc.ca

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Foreward

Through our Fostering Change initiative, Vancouver Foundation is working to improve policy, practice and community connections for young people transitioning from foster care to adulthood. We're pleased to be working with McCreary Centre Society and other partners to improve awareness and understanding of issues facing BC youth in foster care, and strategies to support their ability to thrive.

Our relationships matter. As obvious as this might seem, they're too often forgotten when considering how our communities create conditions for healthy, meaningful connections between people. Social capital – the presence of social supports, connections and networks – has been linked to more positive health, and can be particularly important for young people who are taken into the care of the government and have lost key family and social connections.

For young people, healthy relationships with friends, family, school and community are fundamental building blocks of long-term health and well-being. Taking a deep dive into the 2013 Adolescent Health Survey, our friends at McCreary have revealed some of the relationship subtext that supports (or impedes) the ability of young people in care to find the strength to succeed on the path to adulthood.

I hope findings of this report help enrich the public conversation about the important role of social relationships in the lives of young people in care. As British Columbians, we need to ensure all young people feel meaningfully connected and engaged in their relationships with peers, family, schools and communities.

KEVIN MCCORT

President/CEO

Vancouver Foundation

Executive Summary

Research has shown the value of social capital in relation to an individual's health, happiness, and improved life expectancy, as well as the benefits to a community of having social networks that can come together to support the community and make positive change happen.

Using data from the 2013 BC Adolescent Health Survey which was completed by over 1,000 youth who had ever been in government care, this report highlights some of the barriers that these young people face to building and maintaining social capital. It also shows the positive associations that can occur when youth have healthy relationships and supports within their family, school, community, and with peers.

The report also affirms the resilience of youth in the care of the BC government. Youth who enter government care have often experienced trauma and loss. For example, 36% of youth in care had been physically abused, 26% had been sexually abused, 30% had a friend who had attempted suicide, and 22% had a family member who had done so.

Once they enter government care, youth can experience additional stressful events, such as moving house, which can impact their ability to develop and maintain social capital. For example, almost 6 out of 10 youth in care (59%) had moved from one home to another at least once in the previous year.

The percentage of youth in care who changed address in the past year was lower in 2013 than 2008, as was the percentage who moved frequently. There were many other improvements from 2008, including a decrease in the percentage of youth going to bed hungry, lower rates of youth attempting suicide, and a greater percentage of youth rating their health positively.

The importance of ongoing support and stability was shown when youth who were currently in care sometimes reported better health outcomes than those who had previously been in care.

Similarly, the more moves experienced by youth in care, the lower their sense of connection to school. Yet the results show us that youth who felt safe at school and had good relationships with staff and peers reported better health and a greater likelihood of planning to go on to post-secondary education.

Findings also show that youth are reaching out for help; and when that experience is a positive one, it appears to have benefits. For example, the risk of youth attempting suicide was more than halved if they found a social worker they approached to be helpful, compared to if they did not find the experience helpful.

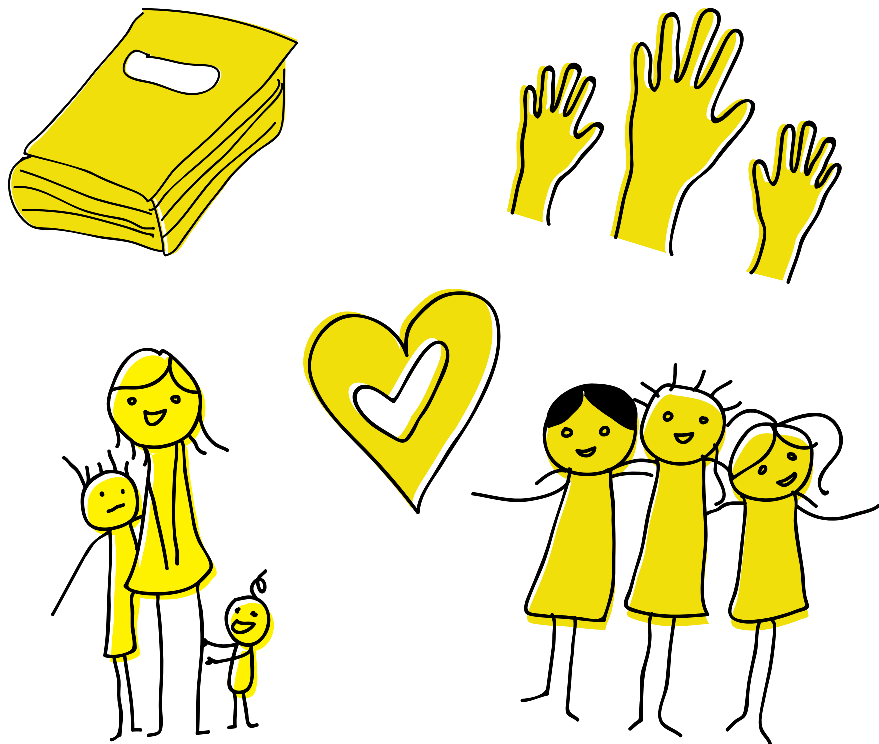
Maintaining relationships with family and other non-professionals are also important for youth in care. Youth who had a supportive adult in their family were more

likely to report positive mental health (including feeling calm and happy), to plan to continue their education beyond high school, and were less likely to report problematic or heavy alcohol use.

The variability in the different forms of social capital that were shown to be beneficial, which ranged from feeling like part of the community to having an adult who cared, provide us with many opportunities to connect with and support youth in care.

Across the domains of family, school, community, and peers, youth who had even one form of social capital reported better health than those without such relationships. However, the cumulative effect of having a greater amount of social capital across the four domains showed us that everyone has a role to play in improving connections and outcomes for youth in care.

Youth in care refers to youth who indicated on the 2013 BC Adolescent Health Survey that they were currently in the care of the BC government or on a Youth Agreement. For more details see page 11.



Introduction

In 2013 nearly 30,000 students in Grades 7–12 completed the fifth BC Adolescent Health Survey (BC AHS) in schools across British Columbia. Among those students, over 1,000 had ever been in government care, and over 300 were currently in care or on a Youth Agreement.

Students answered 130 questions about their health and about the risk and protective factors in their lives. Initial analyses of the 2013 data showed youth in care to be vulnerable to a number of negative health experiences and behaviours and to be at risk of having limited social capital.

Social capital is the presence of social supports, connections, and networks. These social relationships have been linked to more positive health, and can be particularly important for young people who are taken into the care of the government and have lost key family and social connections.

Social capital is especially important to youth in care as they transition to adulthood as they may lose access to supportive relationships, including those they have developed within their school and care placements.

This report focuses on the presence and value of social capital for youth who indicated on the survey that they were currently living in foster care, a group home, or on a Youth Agreement. Additional analyses of youth who were previously in these situations are also included.

Using data from the BC AHS, we explored four main areas of social capital that are associated with health benefits: family, school, community, and peers. Within each domain, we considered a number of potential indicators of social capital, and where possible, looked at both the quality and the quantity of those relationships. For example, when looking at the role of peers we considered how many close friends young people had, as well as whether those friends had healthy attitudes toward risk behaviours such as substance use, dropping out of school, and gang involvement.

Limitations

When reading this report, there are a few important points to keep in mind:

The BC AHS was administered in English to youth in public schools. This means that youth who were not in school or were absent that day, were attending a school on reserve or were in an alternative education program, or had limited English language comprehension are not included in these results. This may mean that youth in care, and particularly Aboriginal youth in care, were under-represented in the survey results.

We anticipated a lower representation of youth in care who were in school districts that required written parental consent for students to take the survey. However, this was not the case.

Initially, we planned to look at youth living in group homes, foster care, and on a Youth Agreement separately. However, the patterns seen among youth across the three different types of placements were similar, likely because most youth had been in multiple types of placements. It also appeared that a number of youth were unclear about what type of care they had experienced, and some did not know how to respond on the survey if they were on an Agreement with Young Adults, were participating in the Extended Family Program, or were living in a specialized residential program. For these reasons, the different types of care situations were combined for all analyses in this report.

Changes to the wording of the survey question asking youth about their government care experience meant that we could only compare data back to the 2008 BC AHS. Additionally, when trends are reported, they focus on youth who had ever been in care or who had been in care in the past year. This is because the 2008 survey did not ask youth if they were currently in care.

Analyses of the BC AHS data gave us information about correlations but not causes. For example, it is unclear from the survey results alone whether having a mental health challenge increased the likelihood of youth entering care or whether entering care increased the likelihood of youth experiencing mental health challenges, or if there were other factors that linked the two.

Finally, due to the relatively small sample size of youth currently in care, some relations could not be explored in the detail we would have liked. On those occasions, we considered youth in care in the past year or youth ever in care. Where this occurred, it is noted in the text.

ABOUT THE STATS

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

Differences in tables or charts that are not statistically significant are noted.

A percentage noted with an asterisk (*) should be interpreted with caution as the standard error was relatively high but still within a releasable range.

The analyses done for this report include crosstabulations, logistic regressions, and probability profiling. For more details about the methodology, contact mccreary@mcs.bc.ca.

Quotes from youth in care who completed the 2013 BC Adolescent Health Survey are included throughout the report.

TERMINOLOGY USED IN THIS REPORT

In this report the term ***youth in care*** is used to describe youth who currently received support from the BC Ministry of Children and Family Development or a delegated Aboriginal agency. It includes all youth who indicated that at the time they took the survey they were living in a group home, foster placement, or on a Youth Agreement.

A Youth Agreement supports youth aged 16–18 to live independently. A Youth Agreement is for young people who are homeless, cannot live with their family, and for whom government care is not a viable option. It is considered an alternative to government care but is included when we use the term "youth in care" because youth may have been unclear about whether they were in care or an alternative to care. For example, among youth who reported currently being on a Youth Agreement, 28% also indicated currently being in foster care, and 21% reported also being in a group home.

Youth previously in care refers to youth who were not in care currently but had been in care in the past.

Youth with recent care experience refers to youth who were in care within the past year (and includes those currently in care and those who had moved out of care in the past year).

Youth with government care experience refers to youth who had ever been in care (including those currently in care and those who had previously been in care).

Family does not necessarily refer to youth's biological family but can include whomever they think of as family, including foster parents or adoptive parents.

Heavy sessional drinking refers to drinking five or more alcoholic beverages within a couple of hours.

Regular heavy sessional drinking refers to drinking five or more alcoholic beverages within a couple of hours on at least six occasions in the past month.

Positive relationships with peers at school includes youth who had not been involved in bullying behaviour at school or on the way to or from school in the past year (teasing, social exclusion, or physical assaults) either as a perpetrator or as a victim.

Protective factors are elements in a youth's life that support healthy development and help to buffer or reduce the negative effects of stressful or traumatic events.

Social capital is the presence of social supports, connections, and networks available to young people. In this report we focus on social capital across four domains: family, school, community, and peers.

Profile of Youth in Care

Three percent of youth who completed the 2013 BC AHS reported ever being in government care (i.e., ever having lived in a group home, foster home, or on a Youth Agreement). This rate was comparable to five years earlier. Two percent reported care experience in the past year, compared to 1% in 2008, and 1% of males and females indicated currently being in government care.

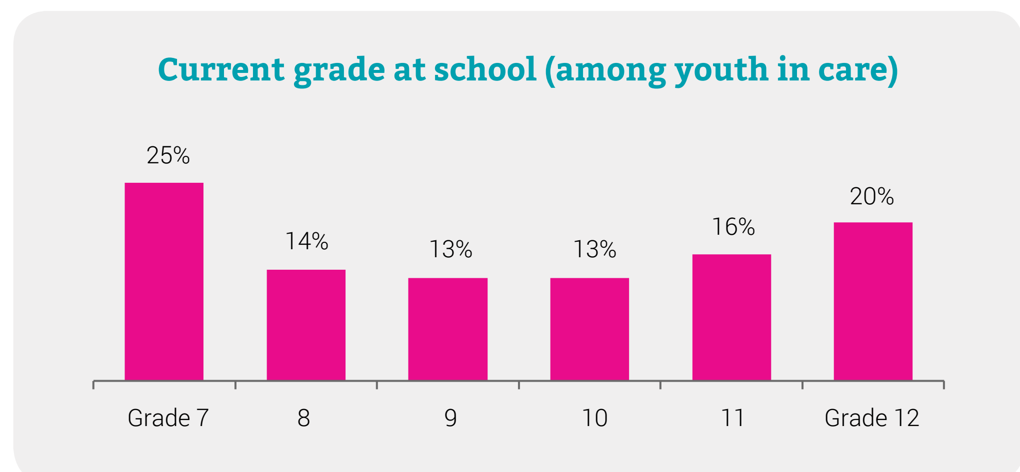
Fifteen percent of youth currently in care reported living with at least one family member (who was not their parent) most of the time, while 28% lived with unrelated individuals exclusively, and 6% lived alone. Female youth were more likely than males to report living alone.

Youth in care were in Grades 7 through 12, and ranged in age from 12 to 19 years.

Ethnic & cultural background

European heritage was the most common ethnic background among all youth who completed the 2013 BC AHS, and it was the second most common background among youth in care.

Aboriginal youth were over-represented among youth in care. Among youth who completed the BC AHS, 10% identified as Aboriginal, yet 37% of youth in care were Aboriginal. The percentage of youth in care in the past year who were Aboriginal was comparable to the percentage in 2008.



NOTE: Percentages do not equal 100% due to rounding.

Most common family backgrounds (among youth in care)	
Aboriginal	37%
European	33%
East Asian	20%
Southeast Asian	12%
South Asian	9%
African	6%
Latin/South/Central American	5%
Australian/Pacific Islander	3%
Other	4%
Don't know	11%

NOTE: Youth could choose more than one response.

New Canadians

Twenty-four percent of youth in care were born outside Canada. Among these youth, 49%* had lived in the country for less than two years, and 30%* had arrived as refugees.

The percentage of youth in care born outside Canada was lower in 2013 than five years previous (31% in 2008).

Geographical differences

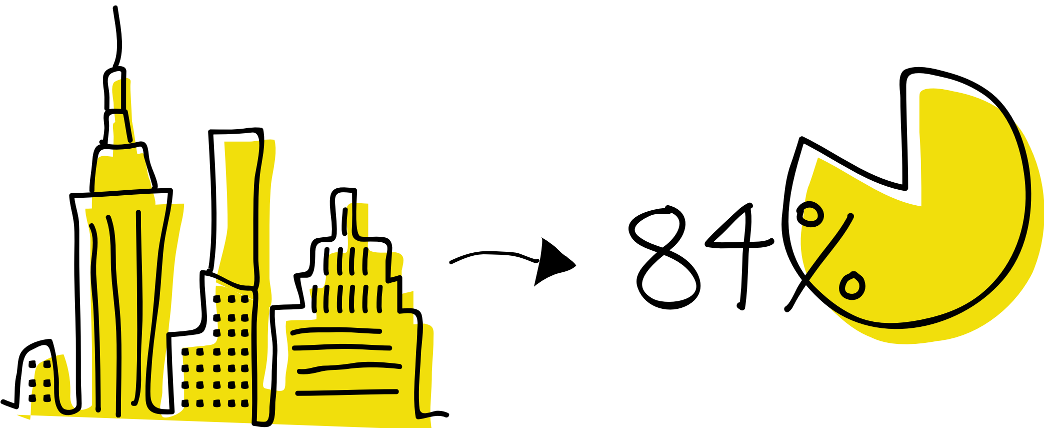
Most youth in care were from urban areas (84% vs. 16% from rural areas), which was similar to the pattern among all youth who completed the BC AHS.

Reflecting the overall distribution of youth who completed the BC AHS, the largest proportion of youth in care were from the Fraser Health region. However, 7% of all youth who completed a survey were from the North, compared to 13% of youth in care.

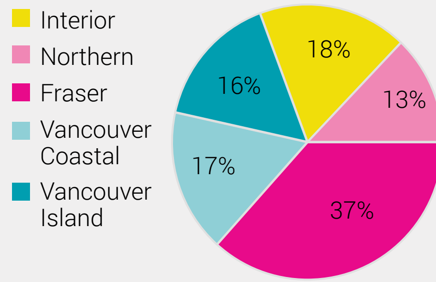
Sexual orientation and gender identity

Among youth who completed the BC AHS, students who identified as lesbian, gay, or bisexual (LGB) and those who identified as transgender or Two Spirit were disproportionately represented in care.

Eleven percent of youth in care identified as LGB, compared to 4% of youth not in care. Males and females were also more likely than their peers not in care to report having no sexual attractions (23% vs. 7%).



Health Authority distribution of youth in care



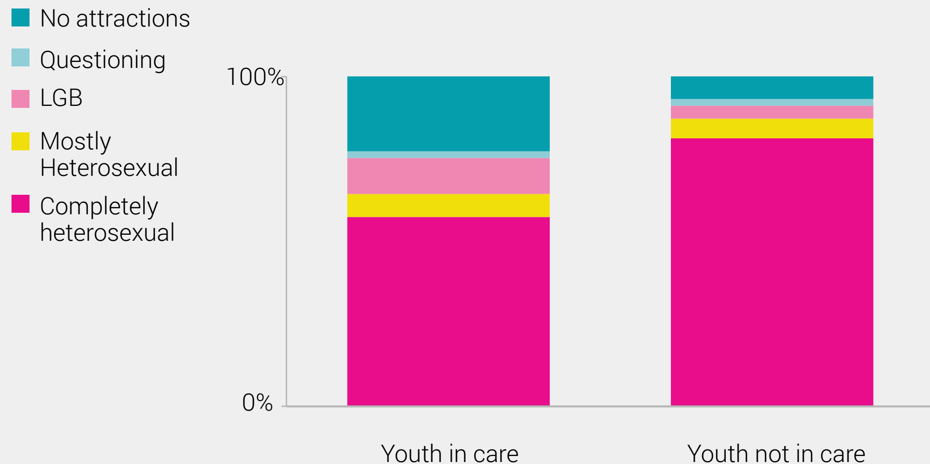
NOTE: Percentages do not equal 100% due to rounding.

Less than 1% of youth not in care identified as transgender, whereas the rate was six times higher among youth in care. Similarly, 5% of Aboriginal youth not in care identified as Two Spirit, compared to 13% of Aboriginal youth in care.

Caretaking responsibilities

Students currently in care were more likely to report taking care of a relative on a daily basis, such as a family member with a disability or a younger sibling (29% vs. 20% of students not in care). However, they were as likely as their peers to be caring for pets or other animals.

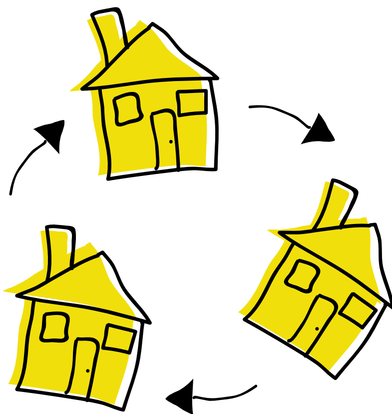
Sexual orientation



Risks to Social Capital

McCreary research and other studies have shown that positive connections to family, peers, school, and the community are associated with positive health and health behaviours. However, young people who enter government care (or an alternative to care) are at risk of becoming disconnected from their friends, immediate and extended family, school, and neighbourhood, and of losing these types of social capital as a result.

In this chapter, we consider the barriers that youth in care might face to building and maintaining social capital. These risks to social capital help us to identify some of the systemic barriers that youth who experience the care system face, and highlight areas where we need to work together to support more positive outcomes for these youth. The next chapter takes an in-depth look at the sources of social capital accessed by youth in care and their links to positive health.

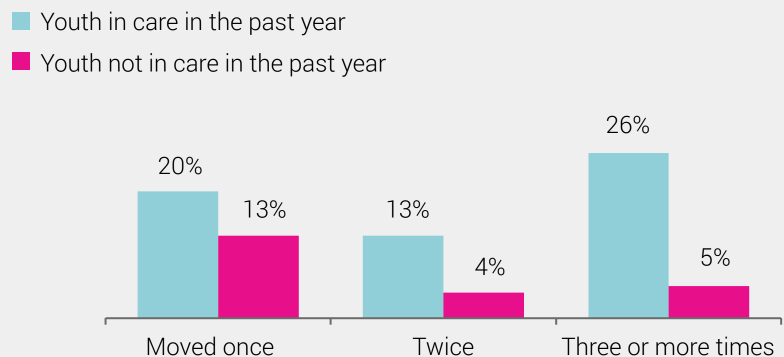


Moving house

Housing instability has been shown to be a risk factor among youth who completed the BC AHS, and creates barriers to social capital. For example, BC youth who had moved in the past year were less likely than those who had stayed in the same home to feel connected to their community and to school, to feel there was an adult in their neighbourhood or community who cared about them, and to have three or more close friends in their school or neighbourhood.

Youth in government care in the past year were over twice as likely as their peers to have moved during that time period (59% vs. 22% not in care in the past year). They were also more likely to have moved multiple times.

Youth who moved in the past year



Further, youth currently in care were more likely than those with previous care experience to have moved three or more times in the past 12 months.

Youth in care who moved in the past year were less likely than those who had not moved to have post-secondary educational aspirations (60% vs. 74%) and more likely to experience extreme stress in the past month. Females who had moved were more likely to have missed school (84% vs. 55%* of female youth in care who had not moved).

Although youth with recent care experience were more likely than their peers to have moved, there were improvements from five years previous. Specifically, there was a decrease in the percentage of youth in care who moved in the past year (from 69% in 2008 to 59% in 2013) and in the percentage who moved three or more times (from 39% to 26%).

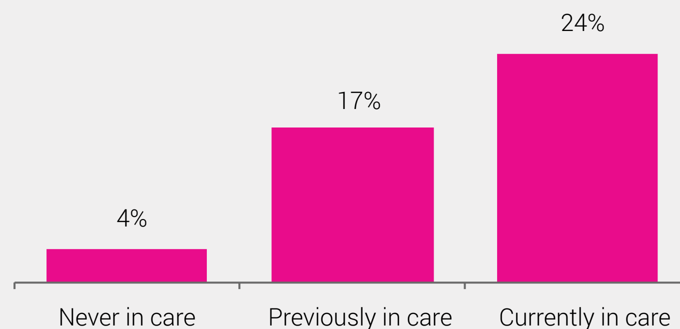
Living with no adults

Living with no adults or living alone is a barrier to social capital. For example, these youth felt less connected to their community and to school, and were more likely to miss school than youth in other living arrangements.

Youth in care were more likely than their peers to be living with no adults (9% vs. 2% of youth not in care) or to be living alone (6% vs. <1%).

Among youth aged 16 or older who were in care (and age-eligible to be on a Youth Agreement), 14% were living with no adults and 11% were living alone, which were higher than the percentages among younger youth in care.

Youth who moved three or more times in the past year



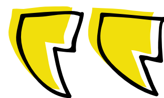
Poverty

Social capital appears to be affected by poverty. For example, youth who went to bed hungry because there was not enough money for food at home, or those who did not eat breakfast at home because there was nothing to eat, were less likely than their peers without these experiences to feel connected to school, to be spending time in the community doing weekly informal sports (e.g., hiking, skateboarding, cycling), or to access needed community services, including medical care and mental health services.

Youth in care were more likely than those not in care to report going to bed hungry often or always (8% vs. 1%) and to skip breakfast because there was nothing to eat at home (5% vs. 2%).

In addition, youth in care in the past year were more likely than their peers without this experience to have missed out on extracurricular activities during this time period because they could not afford to participate (23% vs. 15%).

Although youth in care were more likely to experience poverty than their peers not in care, there were improvements from five years previous. Specifically, youth with recent care experience were less likely to often or always go to bed hungry in 2013 than in 2008 (9% vs. 24%).

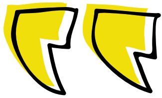


Help families with low income.

Victimization

Bullying victimization is associated with obstacles to social capital. For example, among all youth who completed the BC AHS, those who had been bullied were less likely to have three or more friends than those who had not been bullied.

Youth with recent care experience were more likely than their peers without this experience to have been teased (46% vs. 37%), socially excluded (46% vs. 34%), physically assaulted (22% vs. 7%), and cyberbullied (29% vs. 14%) in the past year.



For me, the abuse has stopped inside the home.

Fifteen percent of youth who had been in care in the past year did not take part in community activities during that time period because they were worried about being bullied, compared to 5% of youth who had not been in care.

Experiencing physical or sexual abuse can also create barriers to social capital. For example, among all youth who completed the BC AHS, those who had been sexually abused were less likely than those who had not been abused to feel connected to their community and school, and were more likely to have missed out on accessing needed medical help and mental health services in the past year. Also, youth who had been physically or sexually abused were less likely than youth who had not been abused to feel safe at school or in their community.

Youth with care experience were more likely than their peers who had never been in care to have been physically abused (36% vs. 12%) or sexually abused (26% vs. 8%) at some point in their lives. However, abuse was less prevalent among youth with care experience compared to five years earlier when 46% reported a history of physical abuse and 38% a history of sexual abuse.

Youth in care in the past year were more likely than their peers to have been verbally sexually harassed (50% vs. 39% of those not recently in care) or physically sexually harassed (35% vs. 18%) during that time period.

Physical health conditions and disabilities

Experiencing poor health or a physical disability can be another barrier to social capital. For example, among all youth who completed the BC AHS, those with a health condition or disability were more likely than their peers without such a condition to have missed school because of illness in the past month and to feel less connected to school and their community.

Youth currently in government care were more likely than their peers to rate their overall health as poor or fair (as opposed to good or excellent) and to have a physical disability (5% vs. 1% of those not in care).

Older youth in care (aged 16 or older) were more likely than younger ones to report poor or fair health (32% vs. 22%).

Despite reporting poorer health than youth not in care, those with government care experience rated their overall health better in 2013 than 2008.

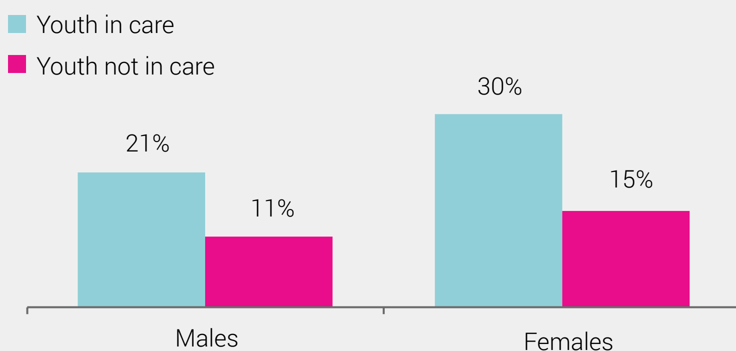
Mental health challenges

Mental health challenges and the stigma that is sometimes associated with these challenges can create barriers to social capital. For example, youth with a mental or emotional health condition reported lower levels of connectedness to their family, school, and community, and were more likely to indicate having no friends than youth without such a condition.

Youth with care experience were more likely than their peers to rate their mental health as fair or poor (as opposed to good or excellent). Those previously in care were more likely than youth currently in care to rate their mental health this way.

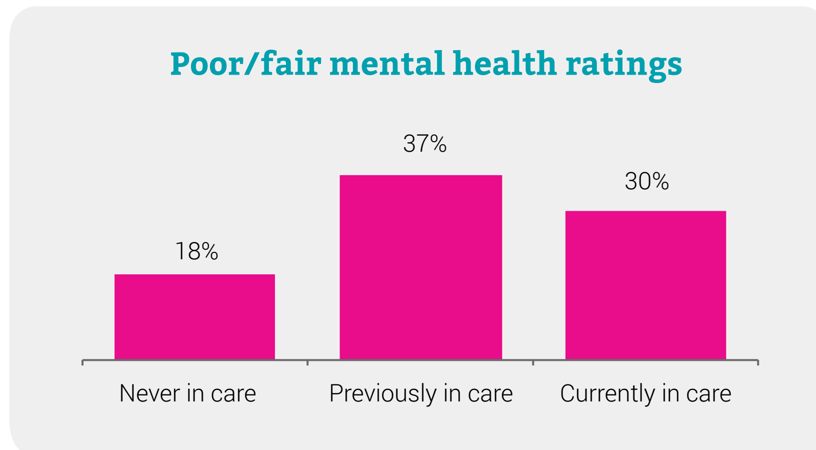
I have not had the best mental health. But with help, over the past few weeks I am making a change and getting better!

Poor/fair health ratings



NOTE: The gender difference among youth in care was not statistically significant.

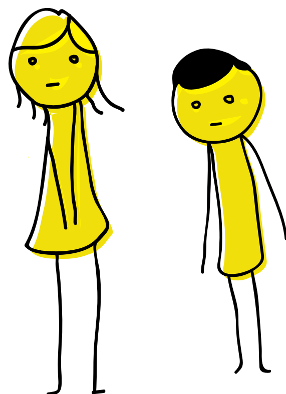
Mental health services are needed for kids that lost both parents. Things that could help them with mental health, and coming to understand what is going on.

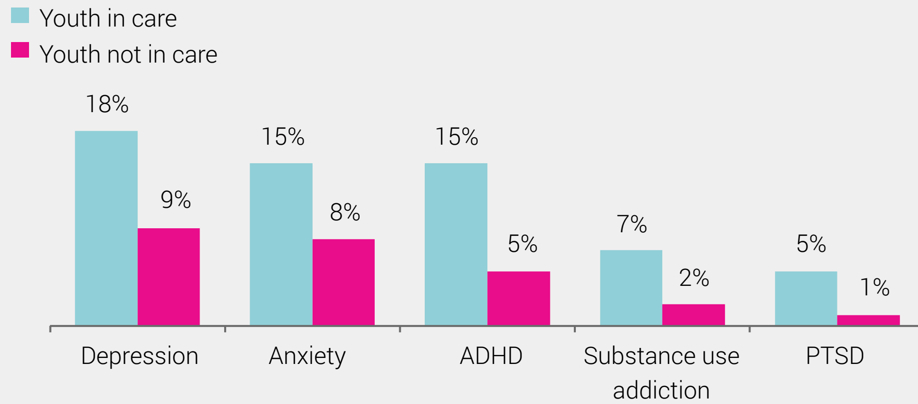


Among youth currently in care, females rated their mental health more poorly than males (36% vs. 23% of males rated their mental health as fair or poor), which was consistent with the gender difference among all youth who completed the BC AHS.

Youth in care were more likely than their peers to report having a mental or emotional health condition (17% vs. 10% of youth not in care), a learning disability (9% vs. 4%), and/or a behavioural condition (10% vs. 3%).

When asked about specific mental health conditions, youth in care were more likely than those not in care to indicate having Depression, Anxiety Disorder/panic attacks, ADHD (Attention Deficit Hyperactivity Disorder), PTSD (Post-Traumatic Stress Disorder), and an addiction to alcohol or other drugs. They were also more likely to have FASD (Fetal Alcohol Spectrum Disorder; 7% vs. <1% of youth not in care) and a Pervasive Developmental Disorder (Autism or Asperger's). In addition, youth in care were more likely to have multiple conditions (17% vs. 6% not in care).



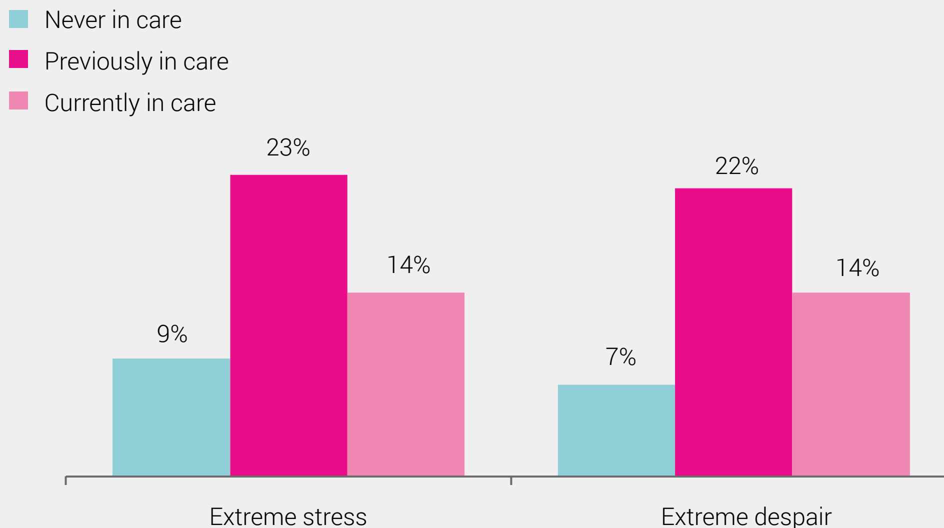


STRESS & DESPAIR

Males and females with care experience were more likely than their peers who were never in care to report extreme levels of stress (20% vs. 9%) and despair (19% vs. 7%) in the past month, to the point where they could not function properly. Youth previously in care were more likely than those currently in care to report these extreme levels.

Female youth in care were more likely than males to report these extreme levels of stress and despair, which reflected the gender difference among youth not in care.

Among males and females in care in the past year, there were no changes in reported levels of extreme despair from five years previous.



SELF-HARM & SUICIDALITY

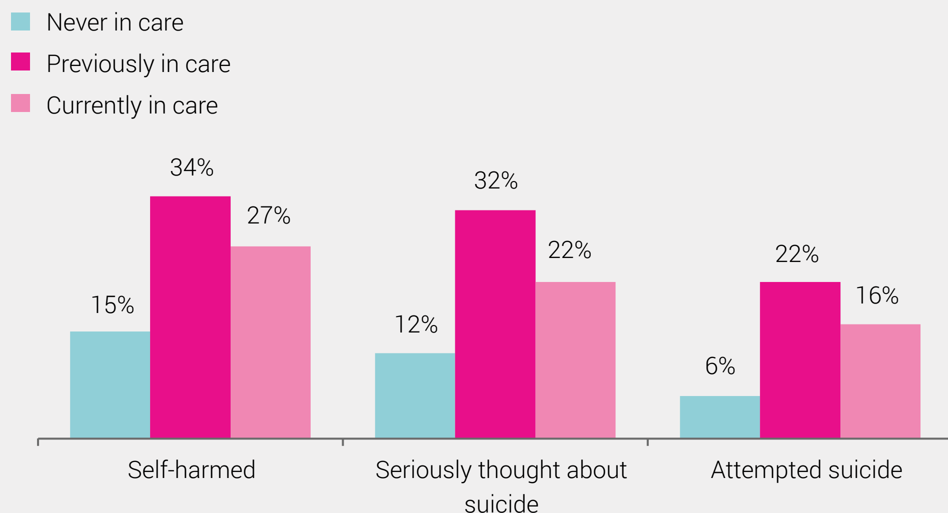
Males and females in care in the past year were more likely than their peers without this experience to have cut or injured themselves on purpose without trying to kill themselves during that time period (31% vs. 15%), and to have done so multiple times (24% vs. 10%). They were also more likely to have seriously thought about suicide (27% vs. 12% of those not in care) and to have attempted suicide in the past year (19% vs. 6%). However, the percentage who attempted suicide was lower in 2013 than five years previous.

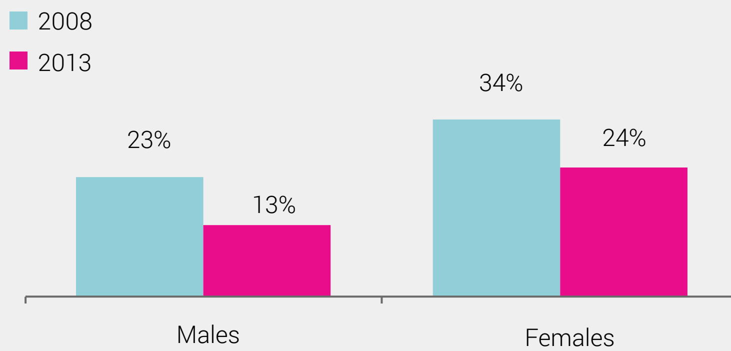
Youth who had previously been in care were more likely than those currently in care to have self-harmed, seriously thought about killing themselves, or to have attempted suicide in the past 12 months.

Among youth with care experience, females were more likely than males to have self-harmed, seriously thought about killing themselves, and to have attempted suicide in the past year. These gender differences mirrored what was seen among youth not in care.

A known risk factor for youth attempting suicide is having a family member or close friend attempt or die by suicide. Youth in care were more likely to report that someone in their family had ever tried to kill themselves or had died by suicide (22% vs. 13% of youth not in care). Thirty percent had a close friend who had attempted or died by suicide.

Among youth currently in care, females were more likely than males to have had a close friend attempt or die by suicide in the past year (27% vs. 16%) or ever (41% vs. 20%).





Over a quarter (27%*) of youth in care who had a family member attempt or die by suicide attempted suicide themselves, as did 32%* who had a friend attempt suicide, and 36%* who had both a relative and friend attempt suicide.

FOREGOING MENTAL HEALTH SERVICES

The BC AHS asked youth if they had missed out on needed mental health care in the past year, and if so what their reasons were. Youth who had been in care during this time were more likely to have missed out on these services (18% vs. 11% not in care in the past year), with females more likely to have missed out than males (25% vs. 11%). Youth aged 16 or older were more likely than younger youth in care to have missed out (23% vs. 14%).

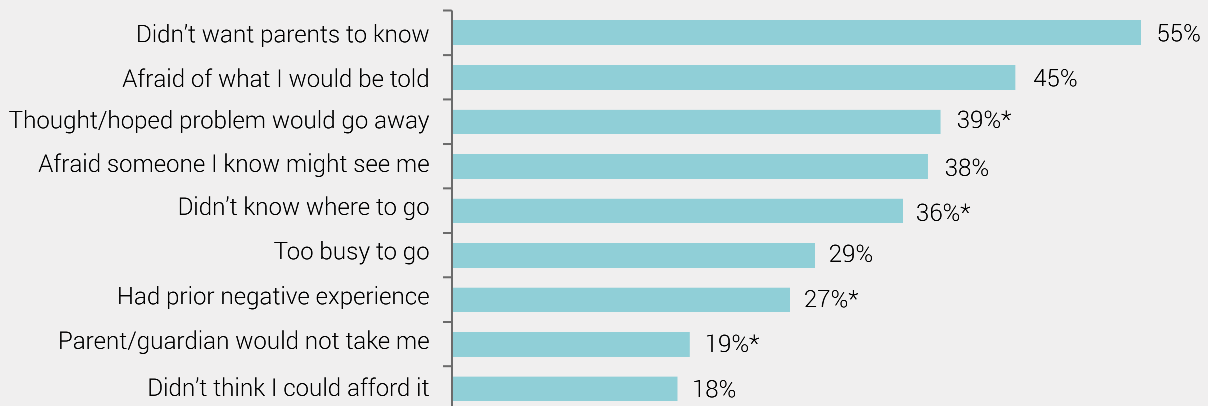
Among youth who did not access needed mental health services, youth in care in the past year were more likely to indicate missing out because they had a previous negative experience (27%* vs. 12% of those not recently in care) and because their parent or guardian would not take them (19%* vs. 9%). They were less likely to report missing out because they thought or hoped the problem would go away (39%* vs. 61% of those not recently in care).

Youth currently in care were more likely than those not in care to have missed out on mental health services because they could not go when services were open, and were less likely to have missed out because they were concerned about their parents finding out.

Youth with recent care experience were less likely in 2013 than five years previous to have missed out on needed mental health services, and this was the case for both males (11% in 2013 vs. 25% in 2008) and females (25% in 2013 vs. 34% in 2008).

However, youth with recent care experience who did not access needed services were more likely than five years previous to report certain reasons for not doing so, which reflected the picture among youth not in care. Specifically, they were more likely to miss out because they did not want their parents to know (55% in 2013 vs. 26% in 2008) and they feared that someone they knew might see them (38% in 2013 vs. 22% in 2008).

Most common reasons for not accessing mental health services in the past year (among youth in care in the past year who felt they needed services)



* The percentage should be interpreted with caution as the standard error was relatively high but still within a releasable range.
NOTE: Youth could choose more than one response.

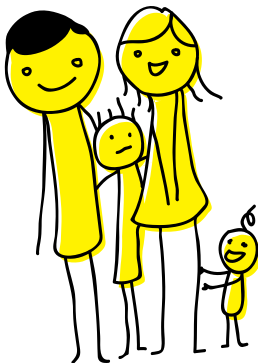
Sources of Social Capital among Youth in Care

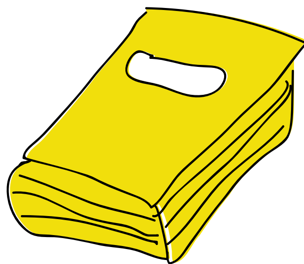
In the previous chapter, we saw that youth in care face challenges to developing and maintaining social capital. Here we consider the presence of various types of social capital and their relations to positive health outcomes.

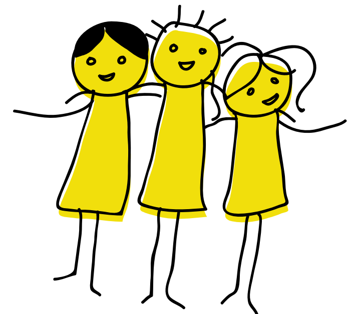
First we looked at each separate domain: family, community, school, and peers. Within each domain, we considered individual elements of social capital and the cumulative effect of having more than one type.

We also considered reciprocity of social capital to see if there were health benefits to giving as well as receiving support.

First time in my life I'm really proud to be me, and first time in my life I do not wish to be someone else.







Family social capital

Family relationships are an important domain of social capital. Research has shown that family relationships can influence psychological development and future relationships, as well as areas such as academic achievement and civic engagement.

FAMILY CONNECTEDNESS

The BC AHS asked students about their relationships with their family. It did not offer a definition of family so students may have been thinking about their parents, other members of their biological family, their foster family, or other people they perceived as their family.

[I am good at] being a daughter, sister, and a student.

Thirty-nine percent of youth in care felt their family understood them, 55% felt they had fun with their family, and 58% felt their family paid attention to them quite a bit or very much.

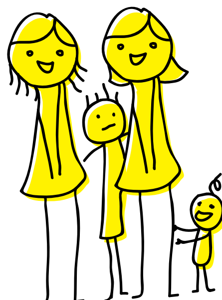
Youth who were currently in care or had previously been in care felt less connected than those who had never been in care. Males were consistently more highly connected to family than females.

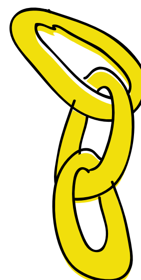
Youth in care who felt more connected to their family reported better overall health and mental health. For example, those who were the most connected were less likely than their peers to have self-harmed or attempted suicide in the past year and to report extreme levels of stress in the past month. They were also more likely to feel happy and calm in the past month.

Being connected to family was linked to lower rates of risky substance use, such as regular heavy sessional drinking and mixing different types of alcohol on the Saturday prior to taking the survey.

Connection to family was associated with school life. Youth who were more connected to family were less likely to have been absent from school in the past month (53%* vs. 76% of youth who were less connected) and were more likely to have post-secondary educational aspirations. In fact, having strong family connections was the only form of family social capital that we looked at that was related to having post-secondary aspirations.

Having strong family connections was also associated with having only positive aspirations for the future, such as having a job, home, family, or being engaged in the community.





Family social capital has been shown to be particularly important to youth as they reach the age where they transition out of government care. Among youth aged 16 or older, 33% felt their family understood them, 47% had fun with their family, and 56% felt their family paid attention to them.

Among youth in care who were aged 16 or older, those who felt more connected to their family were less likely to have considered or attempted suicide in the past year and to have needed help for their alcohol use compared to less connected youth. Also, those youth aged 16 or older who reported the highest level of family connectedness all planned to finish high school and pursue post-secondary education. This was not the case among those least connected to their family (100% vs. 63%*).

ADULT SUPPORT IN FAMILY

Sixty-three percent of youth in care reported having an adult in their family they could turn to if they were having a serious problem. Male youth with current or previous care experience were less likely than their peers who had never been in care to have such an adult in their family. In contrast, female youth currently in care were more likely than those who had been in care previously to have an adult in their family they could turn to, and were as likely as those who had never been in care to report having such a support.

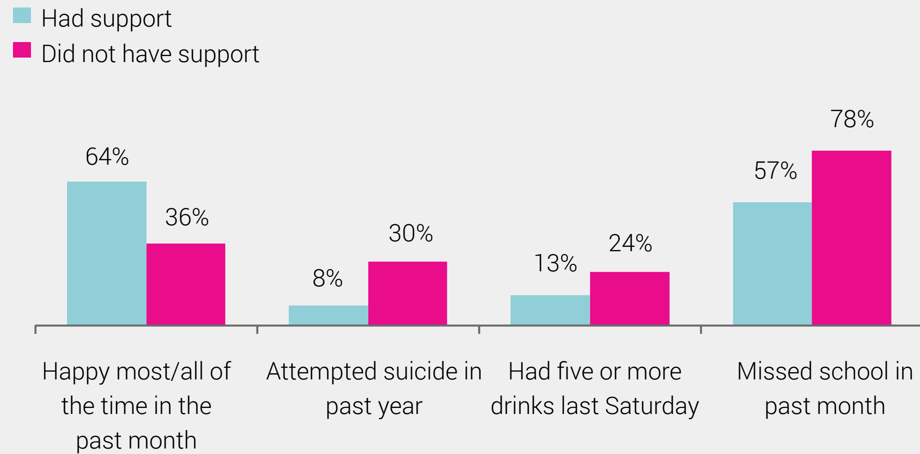
Having an adult support in the family was associated with a number of benefits. For example, youth with this type of support were less likely than those without a supportive adult relative to have missed school in the past month, and they were more likely to have plans to be in school in five years' time. Males who felt supported in this way were also more likely to plan to continue their education beyond high school (74% vs. 58%* of males without such support).

In addition, youth who had a supportive adult family member were more likely to rate their overall health as good or excellent (83% vs. 58% without this support).

Youth with a supportive adult family member were less likely than their peers without such a support to have attempted suicide in the past year and to report extreme stress or despair in the past month. They were also more likely to report feeling calm and happy.

Female youth in care were less likely to have self-harmed in the past year when they had a supportive adult in their family (18% vs. 51%* of females who did not have this type of support). For males, having a supportive adult in the family was associated with having only positive aspirations for the future (86% vs. 47%* without this type of support).

Having a supportive family member was also linked to reduced substance use among youth in care, including heavy sessional drinking and mixing three or more different types of alcohol on the Saturday before taking the survey. These youth were also less likely to report needing help for their substance use.



Among older youth in care, those who had a supportive family member were more likely to rate their mental health as good or excellent (76% vs. 52%* without a supportive adult family member), and were less likely to have attempted suicide in the past year or to have missed school in the past month.

Having an adult to turn to in their family was associated with positive health benefits, even when youth did not generally feel connected to their family. For example, 10% of youth who did not feel connected to their family but had an adult family member they could turn to for help reported attempting suicide in the past year, compared to 33% who were neither connected nor had a supportive adult relative to turn to. These youth were also less likely to report extreme stress or despair, and more likely to report good or excellent mental health and only positive aspirations for the future.

HELPFUL FAMILY MEMBER

Ninety percent of youth in care who had asked a family member for help in the past year found the support to be helpful. These youth reported more positive mental health than those who found their family to be unhelpful. For example, they were more likely to feel happy and calm, and were less likely to report extreme stress and despair in the past month as well as suicide attempts in the past year.

Among male students in care, those who had helpful family support were less likely to have been absent from school in the past month and were more likely to have only positive aspirations for the future.

LIVE WITH FAMILY

Fifteen percent of youth reported living with at least one family member (other than their parents) most of the time. Youth in care who lived with relatives were less likely to have seriously considered suicide in the past year (21%* vs. 39%* who lived with unrelated adults).

Additionally, female youth who lived with relatives were more likely than those who lived with unrelated individuals to report feeling calm in the past month (56%* vs. 23%*) and were less likely to have self-harmed in the past year.

USE CELLPHONE TO COMMUNICATE WITH PARENTS

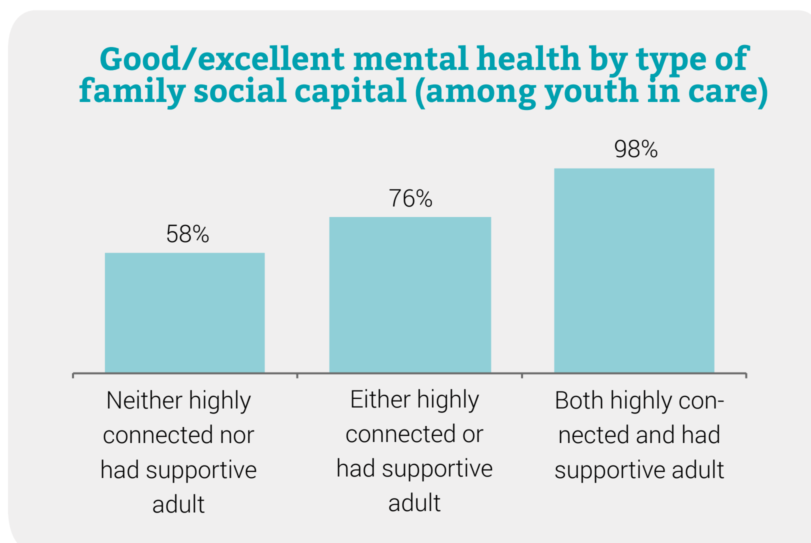
Students were asked if they had used their cellphone, and whom they communicated with, the day before taking the survey. Fifty-nine percent of youth in care used their phone to communicate with their parents or guardians. Nearly all youth who lived alone used a cellphone to communicate with their parents or guardians, compared to about half of students who lived with family members or lived exclusively with individuals unrelated to them.

We had anticipated that communicating with parents by cellphone might be a positive form of social capital. It was associated with plans to be in school in five years' time (40% vs. 28% of youth who did not communicate with parents in this way). However, for youth who lived with unrelated adults, communicating this way with their parents had more negative associations, such as not getting enough sleep.

LINKING FAMILY SOCIAL CAPITAL

Having different types of family social capital was beneficial. For example, youth with more forms of family social capital were less likely to report heavy sessional drinking in the past month.

Similarly, youth who were both highly connected to family and had an adult in their family to turn to for support were more likely than those with only one of these to report good or excellent mental health. In turn, youth with one of these were more likely than those who were neither highly connected nor had a supportive adult to report good or excellent mental health. Of these two forms of family social capital, being connected to family was more influential for good or excellent mental health.



Community social capital

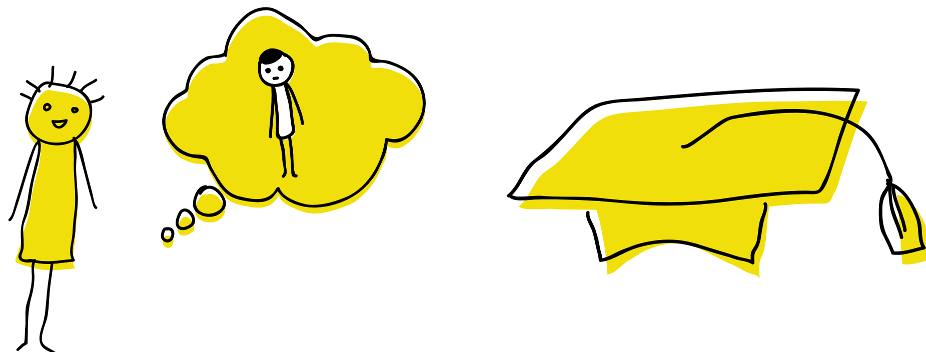
As young people get older, they are increasingly independent in their neighbourhood and community. They can forge relationships with adult role models outside of their family which can increase and diversify their social capital. For example, similar to youth not in care, 56% of youth in care could identify an adult in their neighbourhood or community who really cared about them, and 32% had an adult outside their family whom they could talk to if faced with a problem (26% of males vs. 37% of females).

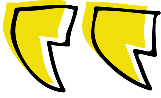
I have gotten counselling before, and help from Youth and Mental Health and services through the hospital and doctors.

Across the province, youth in care living in rural areas were more likely than those in urban ones to have an adult in their community or neighbourhood who cared about them (68%* vs. 54%). Regionally, youth in the North, Vancouver Island, and Interior were more likely than those in Vancouver Coastal to have a caring adult in their community.

Youth who felt there were local adults who cared about them were more likely to think they would be in school in five years' time (41% vs. 27% of those who did not feel there were local adults who cared about them). This was particularly compelling among males in care, as just over three quarters of males who could identify an adult in their locality who cared about them intended to continue on to post-secondary education (76%). Males who felt there was an adult in their community who cared about them also reported better ratings of overall health, and were less likely to report extreme stress in the past month and suicide attempts in the past year.

Building community social capital can be particularly important for youth living on a Youth Agreement and as they reach the age where they transition out of care. Fifty-four percent of students 16 or older felt that an adult in their neighbourhood or community cared about them.





I am an athletic guy, I play any sport that my school provides or any that I can play in or out of our town.

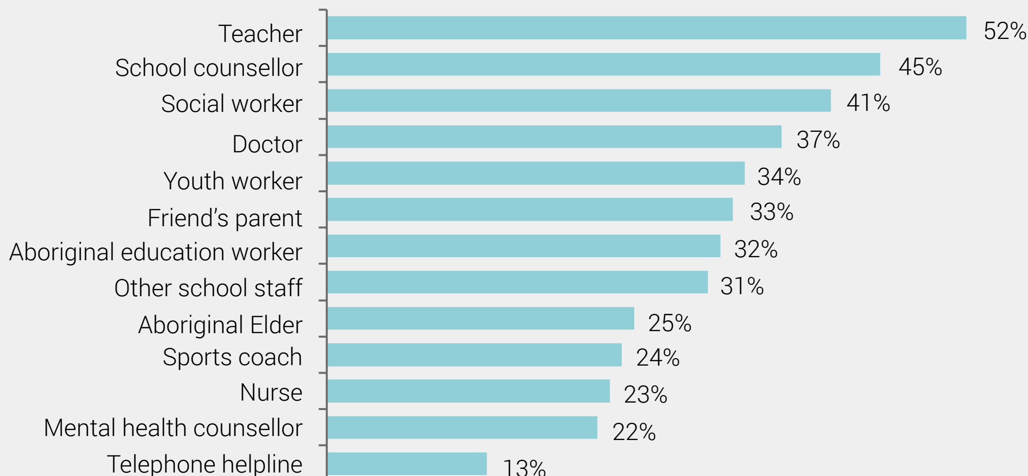
Eighty-six percent of older youth who reported feeling cared about by a local adult planned to attend post-secondary, compared to 60%* of youth 16 or older who did not have such an adult. In addition, no youth who reported having a local adult who cared about them planned to drop out of high school, compared to 17%* without a caring local adult in their lives.

Among older youth in care, 60%* who felt that a local adult cared about them missed school in the past month, compared to 78%* who did not feel that a local adult cared. These youth were also less likely to report needing help for their alcohol use in the past year.

Youth in care in the past year approached a range of adults outside their family for help during that time frame.

Most youth found the support they sought to be helpful, and this was linked to health benefits. For example, youth who found a social worker helpful were less likely to have self-harmed than those who did not find a social worker helpful (24% vs. 65%*; among those who asked for help). Similarly, youth who found a youth worker helpful were less likely to have attempted suicide, as were males who received helpful support from friends' parents.

HELPFUL ADULT SUPPORT



NOTE: Rates for Aboriginal education worker and Aboriginal Elder are among Aboriginal youth.
NOTE: Youth could choose more than one response.

Additionally, youth were more likely to have future school aspirations if they received helpful support from various adults, such as a friend's parent, teacher, or school counsellor.

I'm caring and I help out the less fortunate.

ENGAGEMENT IN THE COMMUNITY

In the past year, 74% of youth in care took part in extracurricular activities (such as sports, art classes, or volunteering) within their community on a weekly basis.

Participating in activities on a regular basis was associated with benefits. For example, youth in care who took part in informal sports on a weekly basis were less likely to report extreme despair in the past month (9% vs. 18%* who took part less often). Also, taking part in at least one weekly activity (sports, dance, music, etc.) was associated with planning to be in school in five years' time (39% vs. 23%* who did not take part).

Social capital is derived not only from the support that young people receive but also from the reciprocity of relationships. Youth in care were less likely than those not in care to have volunteered without pay in their community (e.g., helping a charity, fundraising; 37% vs. 45%).

However, despite the challenges in their lives, 14% had volunteered on a weekly basis and 10% saw themselves engaged in their community in the future. Volunteering in the community was

Participated in weekly extracurricular activities (among youth in care)

	Males	Females
Informal sports	57%	36%
Organized sports	39%	30%
Art, drama, or music classes	23%	32%
Extreme sports	18%	8%
Clubs or groups	14%	12%
Volunteering	12%	17%
Cultural or traditional activities	11%	10%
Dance, yoga, or exercise classes	9%	23%

NOTE: The differences between males and females for organized sports, fine arts, clubs or groups, volunteering, and cultural or traditional activities were not statistically significant.

associated with youth planning to attend post-secondary education (78% vs. 66% of students in care who never volunteered).

Half of youth in care felt that the activities they were involved in were meaningful to them. These youth were more likely to plan to finish high school and to continue to post-secondary (80% vs. 50%* of youth who felt their activities were not meaningful), and to see themselves in a job or career in five years' time (62% vs. 35%*). For males, taking part in meaningful activities was associated with better overall health, although this was not the case for females.

A third of youth in care felt that their ideas were listened to and valued in the extracurricular activities they took part in. Youth in urban areas were more likely than those in rural areas to feel this way (35% vs. 21%).

Youth who felt their ideas were listened to were less likely to have attempted suicide (13% vs. 27% who felt their ideas were listened to only a little or not at all) or self-harmed (17% vs. 44%) in the past year.

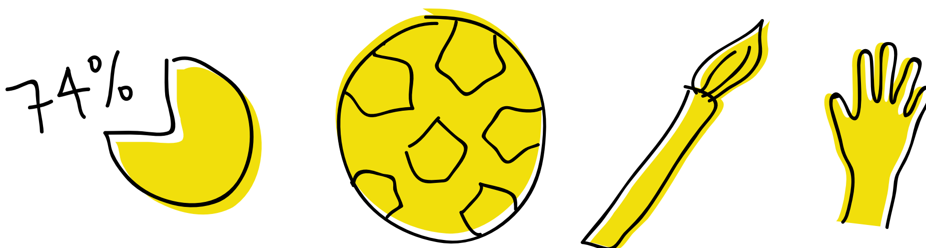
As with feeling their activities were meaningful, students who felt listened to in those activities were more likely to see a positive future for themselves, such as having a job or career (86% vs. 61%*).

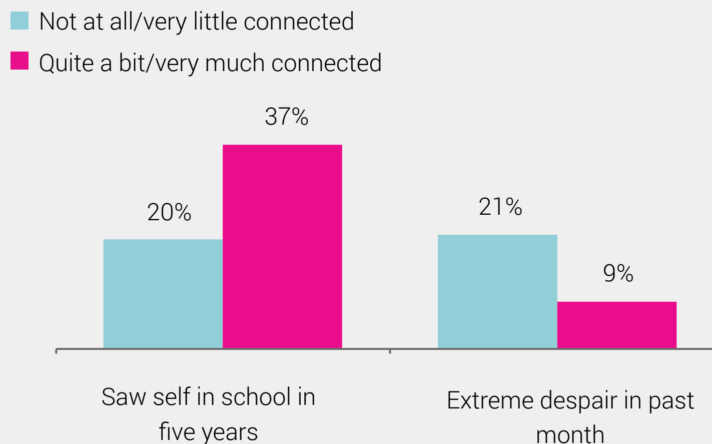
NEIGHBOURHOOD SAFETY

Youth in care were less likely than their peers to feel safe in their neighbourhood during the day (78% vs. 92% of youth not in care) and at night (52% vs. 65%). However, when they did feel safe there during the day, they were less likely to report extreme stress (13% vs. 39%* of youth in care who never or rarely felt safe) and extreme despair in the past month. They were also more likely to feel calm in the past month, to have only positive aspirations for the future (81% vs. 56%* of those who felt safe less often), and to report good or excellent overall health (78% vs. 60%*).

COMMUNITY CONNECTEDNESS

Around 1 in 3 youth in care (35%) felt like they were quite a bit or very much a part of their community, which was similar to the rate among youth not in care.





Youth in care who felt most connected to their community were more likely to report better mental health, including lower rates of extreme stress or despair in the past month. Also, females reported better overall health if they felt like a part of their community, and both males and females were less likely to report needing help for their substance use.

Among youth in care in the past year, those who were quite a bit or very much connected to their community were less likely than those who were less connected to have attempted suicide (15% vs. 27%) or self-harmed (22% vs. 42%) during that time frame.

EMPLOYMENT

As employment can be a source of social capital (e.g., through developing relationships with colleagues), we looked at youth in care who were working at a paid job. Twenty-eight percent reported they worked at a paid job during the school year. This rate was the same as that among youth not in care, although youth in care were twice as likely to work 21 or more hours per week (4% vs. 2% of students not in care).

Youth in care who worked at a paid job during the school year were more likely to see themselves in a job or career in five years' time (66% vs. 48% of those who did not have a job).

However, not all associations for having a job were positive. Youth with a job were more likely to plan to drop out of high school, to have skipped school in the past month, and to report heavy sessional drinking (14% vs. 4% who did not have a paid job). Youth who worked 21 or more hours each week were also more likely to experience extreme stress and to have attempted suicide than those who did not work.

LINKING COMMUNITY SOCIAL CAPITAL

We considered the cumulative effect of the seven measures of community social capital. All seven factors were protective in different ways, but in some cases having more types of social capital was associated with better outcomes. For example, the more types of community social capital youth in care had, the more likely they were to plan to go on to post-secondary education.

Around half (52%*) of youth with no community social capital or one type had plans to continue their education after high school, compared to 80%* of those with six or seven types of community social capital. Similarly, youth with six or seven types of community social capital were more likely to report good or excellent overall health and mental health than those with three or fewer types.

Although having more types of community social capital was associated with having post-secondary plans, two specific types of social capital stood out as particularly important on their own. These were having an adult in the community who cared and youth feeling that their extracurricular activities were meaningful. When considered together, these two types of social capital were equally influential.

Similarly, youth feeling like a part of their community and that their ideas were listened to in their extracurricular activities were particularly and equally strongly associated with good or excellent mental health. Also, youth feeling that they were a part of their community was linked to lower rates of regular heavy sessional drinking.

The seven types of community social capital included in this section were youth having a supportive adult outside the family, having an adult in their community who cared about them, feeling connected to community, feeling safe in the neighbourhood during the day, participating in weekly extracurricular activities, feeling these activities were meaningful, and feeling that their ideas were listened to and valued within these activities.

School social capital

Relationships within school settings can be a rich source of social capital, yet youth entering government care or changing care placements often have to change schools. This means they may lose connections with friends, teachers, coaches, school counsellors, and others at their previous school.

Students in government care were less likely than their peers not in care to report feeling like a part of their school (52% vs. 62%), happy at school (55% vs. 67%), and safe at school (66% vs. 79%).

Man, proud I made the honour roll! Excellence in work habits!

RELATIONSHIPS WITH TEACHERS

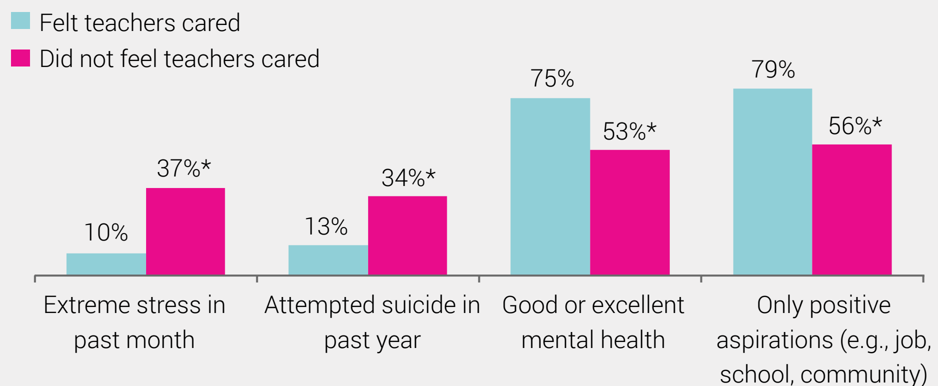
Students currently in care were as likely as their peers to feel that teachers cared about them, but were more likely to report having trouble getting along with teachers (21% vs. 10% of students not in care).

Youth in care who felt that teachers cared about them were more likely to report good or excellent mental health. They were also less likely to report extreme stress and suicide attempts, and were more likely to envision a positive future.

In addition, students in care who felt that their teachers cared about them were less likely to engage in regular heavy sessional drinking than their peers who did not feel that their teachers cared. This was particularly evident among youth aged 16 or older.

Fifteen percent of youth in care communicated with their teachers using a cellphone on the day before taking the survey, compared to 9% of students not in care. This higher rate among youth in care may reflect help-seeking behaviour due to challenges in their lives. For example, among youth in care, those who called or texted their teacher were more likely than their peers who did not do so to experience extreme stress in the past month and to have self-harmed in the past year.

Feeling teachers cared and health (among youth in care)



* The percentage should be interpreted with caution as the standard error was relatively high but still within a releasable range.

In general, students in care were more likely to have asked a teacher for help in the past year (52% vs. 41% of youth not currently in care). As with all students, most students in care who approached a teacher for support found the experience helpful (88%).

When youth in care found their teacher helpful, it was associated with health benefits. For example, these youth were less likely to have attempted suicide in the past year (12% vs. 42%* of those who did not find the teacher they approached helpful). Also, students in care were more likely to have only positive aspirations for the future, including seeing themselves in school in five years, if they found the teacher they approached to be helpful (84% vs. 58%*).

RELATIONSHIPS WITH SCHOOL COUNSELLORS AND OTHER SCHOOL STAFF

Students were asked about their relationships with school staff other than teachers. Almost half (49%) of youth currently in care felt that school staff cared about them, which was similar to the rate for youth not currently in care.

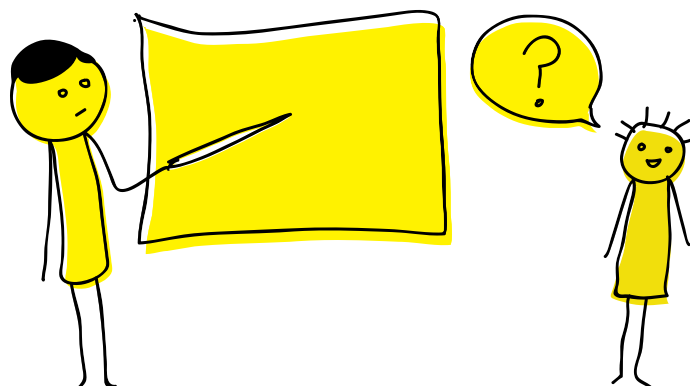
There were few regional differences, except youth in the Fraser region were more likely than those in Vancouver Coastal to have positive relationships with school staff.

When students in care felt that school staff treated them fairly, they were less likely to miss classes compared to youth who did not feel this way.

Older students who felt that school staff other than teachers cared about them were four times more likely to envision themselves in school in five years (compared to older youth who did not feel these staff cared about them), and were less likely to have engaged in regular heavy sessional drinking in the past month.

Youth were also asked if they had approached school staff other than teachers for help. Students currently in care were almost twice as likely to have asked these school staff members for help in the past year (31% vs. 16% of students not in care), but were less likely to have found them helpful (75% vs. 86% of students not in care).

However, if they did find these school staff helpful, they reported better mental health. For example, they were less likely to report extreme stress or despair in the past month and to have attempted suicide in the past year. They were also more likely to have only positive aspirations for the future (86% vs. 61%* of youth in care who did not find school staff helpful).



As with teachers and other school staff in general, students currently in care were more likely than their peers to seek the help of a school counsellor in the past year (45% vs. 26% of youth not in care), and most students found this experience helpful. Again, these youth reported better mental health and were more likely to have post-secondary education plans compared to those who did not find the school counsellor they approached helpful.

SCHOOL SAFETY

Among youth with recent care experience, a greater percentage of youth felt safe at school compared to five years earlier (64% in 2013 vs. 55% in 2008).

Compared to their peers, students currently in care were less likely to report feeling safe at school (66% vs. 79% of youth not in care). However, when youth in care did feel safe, they were more likely than those who did not feel safe to rate their mental health as good or excellent (75% vs. 51%* of youth in care who did not feel safe), as well as their overall health (80% vs. 48%*). They were also less likely to report extreme stress (11% vs. 40%* who did not feel safe at school) or despair (10% vs. 41%*) in the past month, to have attempted suicide (9% vs. 39%*) or self-harmed (19% vs. 38%*) in the past year, and to have needed help for their substance use in the past year (6% vs. 37%).

Youth in care who reported feeling safe at school were also more likely to see themselves in school in five years' time (40% vs. 24%* of those who did not feel safe).

School safety seemed to have a greater effect on older students' post-secondary aspirations than younger ones. Eighty-one percent of youth aged 16 or older who reported feeling safe at school planned to pursue post-secondary education, compared to 60%* of their same-age peers who did not feel safe at school. This difference was not seen among younger youth.

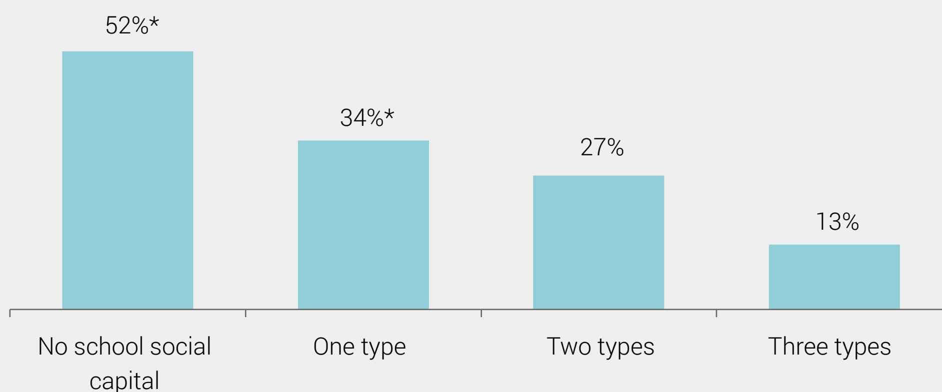
POSITIVE PEER RELATIONSHIPS

Having positive relationships with peers at school can be another important element of social capital. In the past year, 36% of youth in care reported that they had not been involved in bullying behaviours either as a victim or as a perpetrator at school or on the way to or from school (compared to 45% of students not currently in care).

Youth in care who had positive relationships with their peers reported better overall health than those who had less positive relationships (83% vs. 69% of youth who reported being involved in bullying). They were also less likely to have missed school in the past month (58% vs. 70%).

Having positive relationships with school peers was particularly protective for youth aged 16 or older, who were less than a third as likely to report having self-harmed if they were not involved in bullying behaviours. They were also more likely to rate their mental health as good or excellent (81% vs. 57%* of those involved in bullying), and less likely to have attempted suicide in the past year, to have engaged in heavy sessional drinking, or to have needed help for their substance use.

Self-harmed in the past year by number of types of school social capital (among youth in care)



NOTE: The differences between no school capital and one type and between one type and two types were not statistically significant.
* The percentage should be interpreted with caution as the standard error was relatively high but still within a releasable range.

LINKING SCHOOL SOCIAL CAPITAL

Almost a quarter of students in care (24%) reported feeling safe at school, having positive relationships with school staff, and having positive relationships with school peers (vs. 36% among youth not in care). Youth in care who had all three of these types of school social capital reported better mental health than those who had fewer types. They were more likely to rate their mental health as good or excellent, and were less likely to experience extreme stress in the past month or to have self-harmed or attempted suicide in the past year.

Also, students in care who had all three types of school social capital reported better overall health and lower substance use. For example, they were less likely than students who reported two or fewer types to have used alcohol the previous Saturday and to have mixed different types of alcohol that Saturday.

Although having more types of school social capital was associated with ratings of good or excellent mental health, two specific types of social capital were important on their own. These were feeling safe at school and having positive peer relationships. When considered together, having positive peer relationships was the most influential on mental health ratings.

When it came to regular heavy sessional drinking, having teachers who cared about them was a key type of social capital for youth in care.

In contrast, it was not one type of school social capital that was particularly important for having post-secondary educational aspirations, but rather the combination of relationships with teachers and other school staff, feeling like a part of the school, and feeling safe and happy at school.

The three types of school social capital considered in this section were relationships with school staff, relationships with peers, and feelings of safety at school.

Peer social capital

Young people need positive relationships with peers, as well as with adults, and these relationships become increasingly important sources of support during adolescence.

Male and female youth currently in care were less likely than their peers not in care to have three or more close friends in their school or neighbourhood (75% vs. 83%).

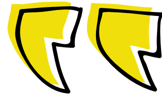
Youth in care who indicated that they were good at relationships (e.g., being a good listener or a good friend) were more likely than their peers who did not indicate being good at relationships to have three or more close friends (90% vs. 76%).

Having close friends was a protective factor among youth in care. For example, those who had three or more close friends were more likely than those with fewer friends to feel good about themselves (80% vs. 61%*) and to anticipate only positive circumstances in their future (e.g., having a job, being engaged in the community; 80% vs. 63%*). They were also less likely to report extreme stress in the past month (12% vs. 24%) and to have attempted suicide or self-harmed in the past year.

We looked at cellphone use with friends to see if communicating in this way provided youth in care with access to social capital. However, few benefits were found and youth in care were less likely than those not in care to have used a cellphone to communicate with friends on the previous school day (67% vs. 80%).

ASKED A FRIEND FOR HELP

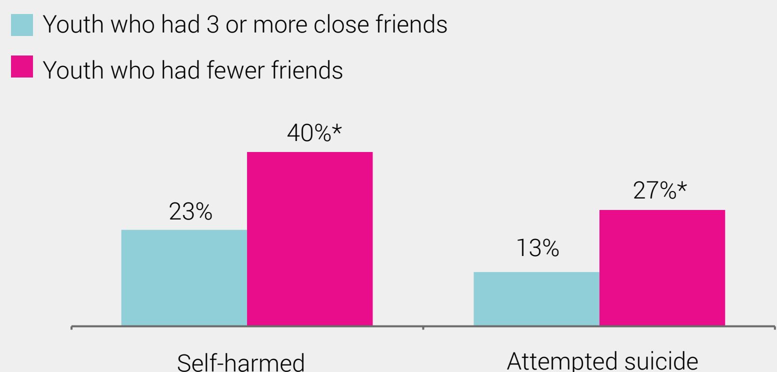
Seventy-five percent of male and female youth in care had asked a friend for help in the past 12 months, which was similar to the rate among youth not in care.



[I am good at] making sure my friends are safe.

Among youth in care who had asked a friend for help, the vast majority (96%) found the assistance helpful, with comparable rates for males and females. These youth were more likely than those who did not find their friend's support helpful to report good or excellent mental health, to feel happy in the past month, and to have only positive aspirations for the future.

Three or more close friends and self-harm and suicide attempts in the past year (among youth in care)



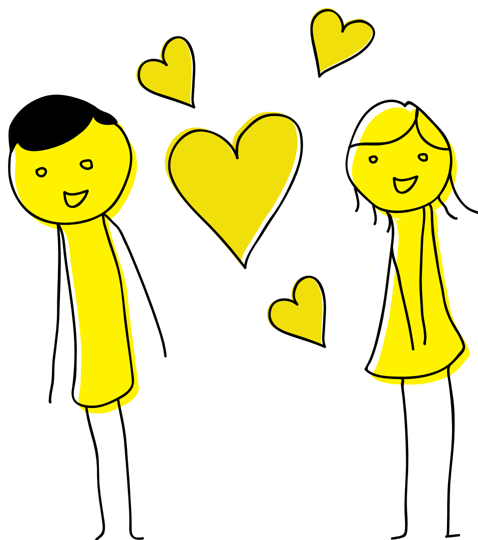
* The percentage should be interpreted with caution as the standard error was relatively high but still within a releasable range.

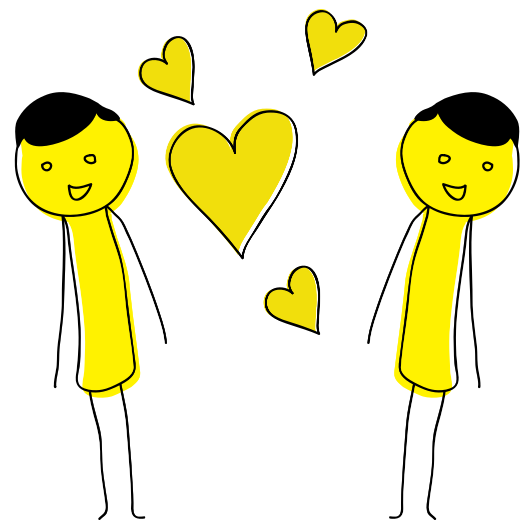
I used to be a suicidal person and cut myself. I've been with my boyfriend and family who have helped me to stop.

ROMANTIC RELATIONSHIPS

Youth in care were more likely than their peers to have been in a romantic relationship in the past year (52% vs. 38% of youth not in care). They were also more likely to have been the victim of dating violence during that time (13% vs. 6% of youth not in care; among those in a romantic relationship). Males and females in care reported comparable rates of violence victimization within their relationships, which was consistent with the pattern seen among youth not in care.

The majority of youth in care who were in a dating relationship reported that their relationship was non-violent. These youth were less likely than their peers who experienced dating violence to have been the perpetrators of other sorts of aggression. For example, they were less likely to have socially excluded (19% vs. 48%*), cyberbullied (14% vs. 46%*), or physically attacked someone.





Youth in non-violent romantic relationships were more likely to rate their overall health as good or excellent and were less likely to have self-harmed in the past year (29% vs. 70%* of those who had experienced dating violence) and to report extreme stress in the past month. They were also less likely to have needed help for their substance use in the past year.

Among youth in care aged 16 or older, 61% reported being in a romantic relationship in the past year, and most reported that their relationship was non-violent. These youth reported better health than those who had experienced dating violence. They were also less likely to anticipate dropping out of school and were more likely to be planning to pursue post-secondary education.

FRIENDS WITH PROSOCIAL ATTITUDES

Students were asked if their friends would be upset with them for engaging in various risk behaviours. Youth in care were less likely than those not in care to have friends who would be upset with them if they dropped out of school (73% vs. 88%), were involved in gang activity (66% vs. 86%), got arrested (66% vs. 79%), beat someone up (60% vs. 72%), were involved in a pregnancy (65% vs. 81%), and used marijuana (47% vs. 58%). They were equally likely to have friends who would be upset with them if they got drunk (46% among youth in care).

Youth in care in urban areas of the province were more than twice as likely as those in rural areas to have friends with all seven prosocial attitudes (33% vs. 15%). Regionally, youth in Vancouver Coastal were more likely to have friends with all seven prosocial attitudes than youth in the North (40%* vs. 19%*).

Among youth with recent care experience, youth in 2013 had friends with more prosocial attitudes than youth in 2008.

Having friends with prosocial attitudes was protective among youth in care. For example, youth whose friends would be upset with them if they got arrested were less likely to have been detained in a custody centre (12% vs. 24% of those whose friends would not be upset for this reason). Also, youth with friends who would be upset with them if they dropped out of school felt more connected to school than those whose friends would not be upset with them for dropping out.

Prosocial attitudes refer to attitudes about seven different risk behaviours: getting arrested, beating someone up, being involved in gang activity, being involved in a pregnancy, dropping out of school, getting drunk, or using marijuana.

Youth in care who had friends with prosocial attitudes around substance use were less likely to have recently used substances. For example, those with friends who would be upset with them for using marijuana were less likely to have used it in the past month (8% vs. 40% of youth in care whose friends would not be upset), to have used it regularly (six or more days) in the past month, and to have used it on the Saturday before completing the survey.

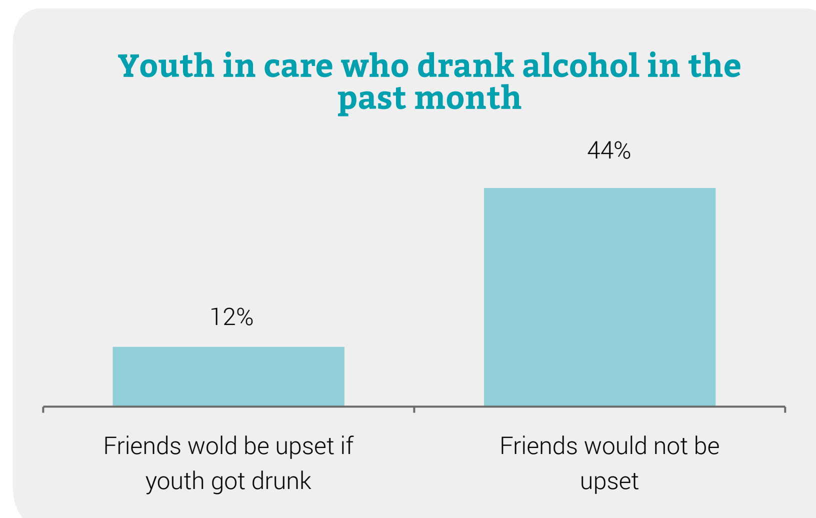
Similar patterns were seen for friends' attitudes around getting drunk in relation to youth's alcohol use. Among youth aged 16 or older, those who had friends who would be upset with them for drinking alcohol were less likely to have engaged in heavy sessional drinking or to have consumed alcohol at all in the past month.

LINKING PEER SOCIAL CAPITAL

As with other types of social capital, specific types of peer social capital were particularly influential in relation to certain outcomes. For example, having friends with many prosocial attitudes was more influential than having a large number of friends when it came to academic aspirations, such as youth planning to continue their education beyond high school.

In contrast, having a greater number of close friends was more influential than having friends with many prosocial attitudes when it came to better mental health (e.g., reduced risk of self-harm and suicide attempts).

Having prosocial friends was the sole type of peer social capital associated with a reduced risk of regular heavy sessional alcohol consumption.



Social Capital Across Domains

In the previous chapter we looked at sources of social capital among youth in care. Here we look across the domains of family, school, community and peers to see which connections, networks and resources had the strongest influence on health.

Predictors	Health Outcomes			
	Reduced rates of regular heavy sessional drinking	**Reduced need for help for substance use**	**Good/excellent mental health**	**Post-secondary educational aspirations**
Family	Family connectedness	Family connectedness Adult in family to turn to for support	Family connectedness Adult in family to turn to for support	Family connectedness
Community	Feel like part of community	Feel like part of community	Feel like part of community Ideas listened to in activities	Community adult cares Involved in meaningful activities Volunteered
School	Teachers care	Feel safe at school Positive relationships with peers at school	Feel safe at school Positive relationships with peers at school	School connectedness
Peers	Prosocial friends	Prosocial friends	None	Prosocial friends

NOTE: The health outcome "Reduced rates of regular heavy sessional drinking" refers to youth being less likely to consume five or more alcoholic drinks within a couple of hours on at least six occasions in the past month.

NOTE: The health outcome "Reduced need for help for substance use" refers to youth being less likely to have been told or to think they needed help for their alcohol, marijuana, or other substance use.

Substance use

When all significant types of social capital from each domain were considered together, the strongest form of social capital alone or in combination, in relation to heavy sessional drinking, was having prosocial friends. The chances of reporting regular heavy sessional drinking were minimal in these cases and improved as social capital increased.

Similarly, the chances that youth reported needing help for their substance use were lower when they had more social capital. The most influential type of social capital on its own and in combination with other forms of social capital was having prosocial friends. Having positive relationships with school peers and feeling safe at school were also relatively strong contributors to reducing the chances of having a problem with substance use.

Mental health

When all types of social capital from each domain were considered, results indicated that the more social capital youth had, the better their mental health ratings. The single most influential form of social capital was positive family relationships, and combinations of social capital that included family connectedness were strongest.

Educational aspirations

In terms of youth's chances for having post-secondary plans, again the more social capital, the better. However, the single most influential factor related to having post-secondary educational aspirations was being connected to family, followed by having prosocial friends, having adults in the community who cared, and being involved in meaningful activities. Having any pair of these four factors in combination improved the chances of having post-secondary aspirations.

Final Word

This report shows that youth who enter the care system have already dealt with many challenges in their lives, including systemic issues such as poverty and discrimination. It also shows that they continue to face challenges such as moving house and experiencing higher rates of bullying than their peers.

Yet the data gives us cause for optimism. It offers evidence of the concrete steps we can take to ensure youth in care achieve stability and develop supportive relationships in their community, schools, and with their family and friends. Healthy relationships with whomever youth identify as their family, as well as within their school and community, are all linked to better health outcomes and a greater likelihood that youth will not only plan to stay in school but also continue their education beyond high school.

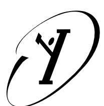
Teachers, school counsellors, youth workers, social workers, and others who work with youth should take credit for the support they provide to young people, and feel pride that youth appear to experience more positive outcomes when they feel they have received helpful support.

The over-representation of certain groups of youth, including Aboriginal youth, youth facing poverty, immigrant youth, and sexual minority youth means that we need to ensure the supports we provide are relevant to each individual's specific needs and identity, and that youth's families and home communities are given the resources to support these young people as effectively as possible.

This report highlights some areas which require further exploration beyond what was possible in this study. These include a more in-depth consideration of the role of stable placements in developing and maintaining social capital, and the need to look at the different types of care placements youth experience and how these might impact their social capital.

Supporting youth in care is not just the responsibility of the Ministry of Children and Family Development and delegated Aboriginal agencies, but is also the responsibility of policy makers, program planners, service providers, and the wider community. We all have a role to play in promoting the well-being of these young people.

McCreary Centre Society



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