# YOUTH AFTER FOSTER CARE: ADDRESSING THEIR HEALTHY TRANSITION TO INDEPENDENCE

by

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# Abstract

Research consistently reports negative outcomes for children who "age out" of the child welfare system. This study answers the question, "Why do some children who age out of foster care in British Columbia have negative outcomes in adulthood?" by drawing on development and transition theories.

Attachment theory, adolescent development theory and life-course theory informed the selection of independent variables and provided the conditions for the desired state of care in the gap analysis. Two representative case constructs were created—one youth who successfully transitioned out of care and one who did not. An analysis of outcome data suggests that mental health, transition planning and independent life skills are related to the successful transition out of care.

The policy evaluation resulted in the recommendation of all three policy alternatives. Although this may be costly to the MCFD, this up-front investment can result in cost efficiencies for the Government of British Columbia.

**Keywords: theory; aging out; youth; successful transition; foster care; child welfare**

I dedicate this to my family for their love, support and faith. You kept me going when it

was the toughest.



And, I dedicate this to Jefferey who gives me reason to smile.

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# Table of Contents

# List of Tables

# Glossary

**Agreements with Young Adults program (AYA)**
Provides financial and other supports to former youth in care, aged 19 to 24, who are interested in finishing high school, learning job and life skills, attending college or university or completing a rehabilitation program for addictions or mental health issues. Financial assistance includes living expenses, childcare, tuition fees and health care. Youth may apply for up to 24 months in funding at six-month intervals.

**Attachment Theory**
A theory of psychopathology as well as normal development, which states that early experiences impact the child's subsequent experiences with the environment. Development is thought to build upon as well as transform what preceded it.

**Child and Family Development Service Standards**
Provides the mandatory framework for service delivery and apply to anyone who provides services under the CFCSA. Its purpose is to promote consistent high-quality service for vulnerable children, youth and families while enabling flexibility in the way services are provided.

**Child and Family Service Standards**
Apply to family support services and agreements, youth services and child protection services.

**Child and Youth Mental Health**
Operates under the MCFD to provide children younger than 19 years of age and their families in British Columbia mental health services.

**Children in Care Service Standards**
Apply to meeting guardianship responsibilities for children in care.

**Continuing Custody Order (CCO)**
A child in care where the parents can apply for access but the child is in the legal care of the Director of the MCFD and may be adopted by a family who can provide for the child.

**Convention of the Right of the Child (CRC)**
An international treaty that is the basis of international law requiring countries to ensure that children receive protection and the necessary assistance for healthy development.

**Emerging adulthood**
The period of development from the late teens to the early twenties, with a focus on ages 18 to 25. It is a period where individuals do not transition into adulthood but instead engage in exploration where important decisions are made regarding

education, career, worldview and love.

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| Kinnections Youth Mentorship Program | Matches youth aged 15 to 19 who are in long-term continuing Ministry care with an adult volunteer with the goal of creating a supportive and lifelong relationship. It is designed to support youth in continuing care as they transition into adulthood and beyond and is available in Vancouver, Maple Ridge, Surrey, Langley, White Rock and Delta. |
| Level one specialized family care home | Homes approved to provide care for up to six children who have multiple developmental needs and who may have some challenging behaviours. |
| Level three specialized family care home | Homes that are approved to provide care for a maximum of two children who require the most intensive daily care related to health and mental health issues, including additional support for behaviours that may pose a risk to self or others. |
| Level two specialized family care home | Homes approved to provide care for up to three children who have more complicated developmental needs and who may have more complex health needs and/or challenging behaviours that interfere with his or her quality of social interactions and daily functioning. |
| Life-course Theory | A theory stating that individual development and order of transition are guided by social norms or changing historical times and cultural expectations. When social norms change so do individual development, life choices and life pathways. |
| Regular foster home | Homes where the family does not previously know the child and can provide care for up to six children of varying ages and needs. |
| Restricted foster home | Homes only available to a specific child or sibling group where the child has a relationship with the caregivers, such as relatives or family friends. |
| Specialized family care home | Homes that provide supervision and care for children with physical, mental, behavioural and emotional needs. These homes are categorized into three different levels of care. |
| Temporary Custody Order (TCO) | A child in the legal care of the Director but whose parents have access rights and are to be consulted on most decisions. The child may not be adopted. |
| The Child, Family and Community Services Act (CFCSA) | Dictates child welfare services in British Columbia and establishes the rights of children in care. It is the legislative authority for child protection, family support services and guardianship. |

| The Ministry of Children and Family Development (MCFD) | Established in September 1996. The government organization in British Columbia that provides child protection, guardianship, adoption, youth services, children and youth mental health, children and youth with special needs and youth justice. |
| --- | --- |
| Voluntary Care Agreement (VCA) | The parents of children on VCAs maintain custody so the parents have access to the child and retain decision-making rights over such aspects as education, religion and medical care. |
| Youth Education Assistance Fund (YEAF) | Grant funding offered for tuition, books and living expenses of young people aged 19 to 23 pursuing post-secondary education in university, college, a university-college, and institute or a designated private school (MCFD website). Grants can be provided for up to four years, but applicants have to reapply each year. |
| Youth Supported Independent Living (YSIL) | Provides support to youth suffering from mental illness to live in an independent living situation in the community. Youth can receive up to five hours of support services to help with cooking, shopping, transportation and social activities. It provides minimal financial support to help with rent and necessities. |

# Introduction

Throughout the 20th Century, countries, such as Canada, the United States and the United Kingdom, began to recognize childhood as a period of one's life dedicated to healthy development and educational attainment with the goal of becoming useful members of society and responsible members of the workforce (O'Hagen, 2007). From this recognition, came laws and acts to prevent child abuse, to protect children and to ensure their healthy physical, emotional and intellectual development (O'Hagen, 2007).

Television shows in the 1970s to 1990s, such as Leave it to Beaver, the Brady Bunch and the Cosby Show, idealized the family setting as one made up of happily married different sex partners with happy and healthy developing children. Yet, this idealized setting, constructed from societal values, is not a reality for every child and is not necessarily accepted by everyone.

Today, children live in a variety of family situations—from the traditional two-parent family to the same-sex family to the single-parent family and to adoptive and foster families. Furthermore, not all children grow up in an environment that promotes healthy physical, emotional and intellectual development. Some children do experience neglect, the threat of harm and abuse. In such situations, the child welfare system strives to intervene to protect these children. When the child welfare system successfully intervenes, many of the children are placed into foster care. Foster care is a system where trained adults are paid to provide care and a home to children removed by the government from their birth parents or legal guardians. In the early 2000s, there were

approximately 76,000 children under government care in Canada (Farris-Manning & Zandstra, 2007).

Although the purpose of the child welfare system and foster care are to protect and care for children whose parents are unable to provide such protection and care, international research has consistently described the challenges and negative outcomes of children who grow up in foster care and who "age out" of care. Aging out of care refers to the point at which children have to leave the supportive programs and services provided by the child welfare system. Policy dictates this point or age of departure from the system, and it varies from country to country and even among provinces within a country, such as Canada. The age at which children age out of the child welfare system ranges from 18 to 19 years of age across Canada.

This policy research project explores the causes of negative outcomes for children who age out of foster care and seeks to provide policy alternatives to address these causes. Because child welfare legislation and services are under provincial jurisdiction in Canada and because I am most familiar with the child welfare system in British Columbia as compared to other provinces in Canada, I focus on children who age out of government-provided care in British Columbia. To start, I provide a description of the policy problem, some background information on the child welfare system in Canada and the legislative framework governing the child welfare system in British Columbia, and an overview of the British Columbia foster care system.

Following in the work of Mary Collins from Boston University (2001) who wrote that the lack of theory guiding programs and services may be a factor in the negative outcomes we see for youth leaving the foster care system, I draw on three theories— attachment theory, adolescent development theory and life-course theory—in this policy research project. These three theories describe the different phases of development and

explain the process of development from childhood into adulthood: attachment theory discusses childhood development, adolescent development theory explains adolescent development and life-course theory explores the transition from adolescence into adulthood. The theories also inform the choice of independent variables for this project.

Next, I construct two representative cases of foster youth—successful versus unsuccessful transition into adulthood. The recent longitudinal study conducted by the University of Victoria in collaboration with the Ministry of Children and Family Development of British Columbia is the basis for the representative case of the youth who does not transition successfully. To increase representativeness of this case construct, outcome data from the United States and the United Kingdom are also described. However, because there are no outcome studies on youth who successfully transitioned out of foster care in British Columbia, research from other provinces in Canada, the United States and the United Kingdom are used to construct the case of the youth who does not successfully transition out of care. Outcome data from the United States and the United Kingdom are used because their social network and their child welfare system are similar to Canada's.

Following the discussion of findings from an analysis of the two representative case constructs, a gap analysis is conducted to describe the distance between the desired and the existing social and economic conditions for children who grow up and age out of foster care. Attachment theory, adolescent development theory, life-course theory and child welfare service standards in British Columbia describe the desired social and economic conditions in which children should grow and develop. Compliance to child welfare service standards in British Columbia and the recent longitudinal outcome study published by the University of Victoria illustrates the existing condition in which children grow and develop in the child welfare system in British Columbia.

Finally, I present three policy alternatives, guided by theory, service standards and outcome data, and describe the criteria for measurement. Applying the criteria for measurement, I perform an evaluation of the status quo and the policy alternatives. On the basis of the evaluation, I make my recommendation and provide a conclusion. I now begin by outlining the policy problem in more detail.

# 1:  Policy Problem

In 1989, world leaders acknowledged that children have human rights and created a special convention to protect them. The Convention of the Right of the Child (CRC), upheld by the United Nations Children's Fund (UNICEF), is an international treaty that is the basis of international law requiring countries to ensure that children receive protection and the necessary assistance for healthy development. This necessary assistance for healthy development includes access to education and health care services, an environment of love, happiness and understanding, and the opportunity to develop their personalities, abilities and talents to the fullest potential.

Canada is one of the countries that agreed to abide by the CRC. Yet, outcome research of Canadian youth who leave the child welfare system are troubling. Specifically, while only 27 percent of youth on Continuing Custody Orders in British Columbia complete Grade 12 within six years of entering Grade 8, 79 percent of all other students finish Grade 12 within six years of entering Grade 8 (MCFD, December 2008). In addition, 37 percent of youth who aged out of foster care in 2005-2006 in British Columbia immediately applied for income assistance (MCFD website).

Such negative outcomes are consistent with international outcome data. For example, a study in the United States reports that 36 percent of former foster youth did not complete high school, 53 percent were unemployed, 39 percent were on public assistance, 23 percent were unwed parents and 33 percent had been arrested since aging out of care (Tweddle, 2007).

As such, this policy research project focuses on the policy problem of negative outcomes in adulthood of youth who age out of the foster care system in British Columbia. In particular, I will answer the question, "Why do some children who age out of foster care in British Columbia have negative outcomes in adulthood?"

# 2: Child Welfare

Child welfare services in Canada are within the legislative jurisdiction of the provinces and territories as specified in the Constitution Act, 1982. In this section, I take a closer look at the child welfare system in Canada and explore child welfare services and the foster care system in British Columbia.

## 2.1    Child Welfare in Canada

Child welfare in Canada functions under the least intrusive model whereby "the welfare of the child is best served by being reared with parents in the parents' home" (Kufeldt, Simard, & Vachon, 2000, pg. 72). For example, if a child is found to be living in an unhealthy home, the government gains the authority to supervise the family while the child is returned to the home. In more serious cases, the child is ordered to be a temporary ward of the state while the parent seeks help to address his or her problem. Yet still, in cases requiring more government intervention, the child will be removed from the parents' home and declared a permanent ward of the state. Thus, the child welfare system in Canada is an after the fact system. "Constitutionally, an agency cannot intervene in the life of a family until a finding has been made that a child is in need of protection services" (pg. 73). This can mean serious physical and emotional trauma to the child before help can be provided.

## 2.2    Child Welfare Services in British Columbia

Child welfare services in British Columbia include child protection, guardianship, adoption, youth services, children and youth mental health, children and youth with

special needs and youth justice (Kufedt et al., 2000). The Ministry of Children and Family Development (MCFD), established in September 1996, is the government organization in British Columbia that provides these services. In British Columbia, the child is defined as a person under the age of 19.

## 2.2.1  The Child, Family and Community Services Act and Children in Care

The Child, Family and Community Services Act (CFCSA) dictates child welfare services in British Columbia. It is the legislative authority for child protection, family support services and guardianship. It establishes the rights of children in care in British Columbia. Children in care are children who are in custody and are in the care of or under the legal guardianship of a person designated by the minister of the MCFD. Child welfare services in British Columbia operate under the least intrusive model. That is, a child is only removed from the home if no other less disruptive measure is available to protect the child. For instance, the MCFD will provide support services if with such services, the family can provide a safe and nurturing environment for the child.

When a child is removed from the home because of abuse, neglect or the threat of harm, he or she is declared a ward of the state and becomes a child in care. Children can be in care as a Continuing Custody Order (CCO) where the parents can apply for access, but the child is in the legal care of the Director of the MCFD and may, therefore, be adopted by a family who can provide for the child (Rutman, Hubberstey, & Feduniw, 2007). Children may also be Temporary Custody Order (TCO) wards. These children are also in the legal care of the Director but their parents have access rights and are to be consulted on most decisions. Children on temporary custody orders may not be adopted. Finally, children may come into care with the MCFD through voluntary care agreements (VCA). The parents of children on VCAs maintain custody so the parents have access to

the child and retain decision-making rights over such aspects as education, religion and medical care.

When a child comes into Ministry care, priority is to place the child with a relative. If that is not possible, foster homes close enough to allow contact with relatives and friends are preferred. Every effort is made to place siblings in the same home. For aboriginal children, extended family or a family within the child's aboriginal cultural community or another aboriginal family is given priority.

According to the Federation of Aboriginal Foster Parents (FAFP), there were approximately 9200 children in care in British Columbia at the end of March 2009. Fifty-two percent of these children had Aboriginal Status (FAFP, website). Of these 9200 children in care, approximately 6000 children and youth were in foster care (MCFD, September 2008). Six hundred and eighty youth in care aged out in 2006, 700 reached the age of majority in 2007 and about 700 youth was projected to age out of care in 2008 (MCFD, 2008 and Rutman, Hubberstey & Feduniw, 2007).

## 2.2.2  The Foster Care System

A family is the preferred living environment for children and youth. When biological families are unable to care for or protect their children, the Ministry of Children and Family Development finds family homes for the children to live where people can care for them. Foster families are families who have decided to open their homes to provide love and care to children in need. Foster parenting is a paid employment.

According to the British Columbia Federation of Foster Parents Associations (BCFFPA), "anyone can apply to become a foster parent as long as they submit to a criminal record check, pass a medical exam and provide three references" (http://bcfosterparetns.ca/info.php).  Foster parent applicants also have to undergo a

series of assessment interviews with a social worker to determine if they have the ability to respond to a child's physical, emotional and cultural needs. The interviews will also address the applicant's willingness to work with a social worker, the child's family and, if appropriate, the child's Aboriginal community. Once the application is approved at least one caregiver in the foster home is required to take the free standardized 18-hour education program called the BC Foster Care Education Program offered by the MCFD in collaboration with the BCFFPA (Foster Parent Support Services Society website). "The main qualifications a foster parent needs are a desire to provide a supportive and caring environment and make a positive difference in a child's life" (MCFD, September 2008, pg. 2).

In British Columbia, children can remain in care and stay in their foster home until they turn 19 years of age. Because child welfare services in Canada are within the legislative jurisdiction of the provinces and territories, the age at which a child ages out of the system varies. For example, in Ontario, youth become independent of the child welfare system when they turn 18.

There are three types of foster homes in British Columbia: restricted, regular and specialized. Restricted foster homes are only available to a specific child or sibling group where the child has a relationship with the caregivers, such as relatives or family friends. Regular foster homes, in contrast, are homes where the family does not previously know the child and can provide care for up to six children of varying ages and needs. Specialized family care homes provide supervision and care for children with physical, mental, behavioural and emotional needs. Specialized homes are categorized into three different levels of care.

Level one specialized family care homes are homes approved to provide care for up to six children who have multiple developmental needs and who may have some

challenging behaviours. Level two homes are families approved to provide care for up to three children who have more complicated developmental needs and who may have more complex health needs and/or challenging behaviours that interfere with his or her quality of social interactions and daily functioning. Finally, level three homes are homes that are approved to provide care for a maximum of two children. Children in level three homes require the most intensive daily care related to health and mental health issues, including additional support for behaviours that may pose a risk to self or others. The amount of money a foster home earns is dependent on the number of children in the home and the level of care. Level three homes receive the highest monthly rate (MCFD website).

# 3: Theories of Development and Transition

Adolescence is a critical stage of life and a period of transition where many things that influence the well being of adult life are set in place (Green 1999). Therefore, policy makers working in the child welfare system on youth transition programs and services should possess knowledge of the needs of youth during this critical period of transition. Additionally, knowledge of child development is also important because many individuals enter the child welfare system at young ages and grow into young adulthood while in care. In this section, I describe three theories to explain children and adolescent development and adolescent transition into adulthood. These theories highlight the conditions necessary for healthy development and successful transition into adulthood. I also provide data that illustrate the typical pattern of transition into adulthood of children who grow up in their biological family homes. The issues discussed are used to create the research model for this project.

## 3.1   Attachment Theory

Attachment theory is a theory of psychopathology as well as normal development. John Bowlby developed attachment theory after he found pervasive negative effects and disturbances among infants and young children who had been hospitalized and institutionalized (Sroufe, Carlson, Levy, & Egeland, 1999). Attachment theory is a theory of process as well as outcome. It states that early experiences impact a child's subsequent experiences with the environment. Development is thought to build upon as well as transform what preceded it. The child, therefore, has preconceptions, behavioural biases and interpretive tendencies when approaching a new situation.

According to Bowlby, attachment relationships are a form of security regulation. In the parent-child relationship, the child (attached person) seeks security and the parent (attachment figure) provides it (Bretherton, 1985). For the attached person felt security is the end goal. That is, a child needs contact with the attachment figure during periods of fear and stress—the attachment figure is a secure base and haven for the child. The mere knowledge that the attachment figure is available or close in proximity can provide feelings of security. Thus, attachment theory describes the value of a secure relationship with an adult figure for the young child.

Through continued interactions with the attachment figure and the environment, a child formulates internal working models or attachment styles that guide behaviour and expectations in the future and in social relationships. These models determine the types of relationships and situations that a person seeks or avoids. Such internal working models of the self, the attachment figure and the physical world are interrelated and outside conscious awareness (Sroufe et al., 1999).

If the attachment figure gives help and comfort when needed, the child will develop internal models that the parent is loving, the child is a person worthy of support and the environment is safe. Mary Ainsworth labelled this style of attachment secure. Secure attachment is associated with better child functioning and cognitive development. On the contrary, insecure attachment is associated with poor child functioning and cognitive development and even mental health problems. Research has shown that when compared to a control group, children who had been abused and neglected and whom had psychologically unavailable mothers presented with insecure attachment styles at 18 months (Sroufe et al., 1999).

Bowlby believed that the formation of an attachment relationship with the attachment figure is coherently and firmly organized during the second half of the child's

first year of life. "Loss of a principal attachment figure and attachment to new principal figures is perhaps more difficult in later preschool years than in infancy" (Sroufe et al., 1999, pg. 12). However, there is no evidence that the relationship, once formed, is unalterable. Instead, stressful life circumstances may lead to beneficial or detrimental reorganizations of an attachment relationship.

Research by Sroufe and his colleagues (1999) found that early and later experiences impact the level of functioning in adolescence. Their work illustrates the importance of secure attachment relationships for the healthy development and mental health of children. They reported that children who had secure attachment histories and functioning well in middle childhood scored significantly higher in their competence ratings and lower in their pathology ratings in adolescence. In contrast, children with insecure histories and behavioural problems in middle childhood had significantly lower adolescent competence ratings and higher pathology ratings. Children with secure attachment histories and later behavioural problems and children with insecure attachment histories and later positive functioning showed comparable competence and pathology ratings in between the extreme high and low rating groups.

As such, the protective effects of positive early experiences and positive later experiences in buffering the impact of negative experiences on later adolescent functioning are evident. Furthermore, Sroufe and his colleagues explained that individuals with insecure attachment histories due to harsh or chaotic care giving environments followed by later trauma show behavioural challenges and difficulties in regulation, adaptation and socialization.

## 3.2 Adolescent Development Theory

Adolescence is usually classified as the period from 10 to 18 years of age (Arnett, 2000). According to Erik Erikson's stages of psychosocial development, adolescence is a period of crisis encompassing exploration, continual change and transition where the main activity is one of identity development versus role confusion (Arnett, 2000 and Petersen, 1988). It is a period where the youth tries to answer the question, "Who am I?" "Failure to cope effectively with the challenges of adolescence may represent deficiencies in the individual that bode ill for subsequent development" (Petersen, 1988, pg. 601).

During the adolescent years, cognitive development increases, particularly abstract thinking. Because of the advances in cognitive development, adolescents also increase in their social competence. They become more involved and intimate with their chosen friends sharing their thoughts and feelings. Their peers, instead of their parents, begin to take precedence in their lives (Lerner & Galambos, 1998).

Because of increasing maturity and pending adult status, the adolescent seeks out more autonomy and responsibility in the family system and develops life skills in the process. Conflict occurs when there are difficulties negotiating the new parent-child relationship. And, the teenager may exhibit increasing oppositional or defiant behaviours during this period creating stress and tension in the family system. To encourage optimal adjustment in this critical period, researchers believe that strong family ties and parental encouragement of age-appropriate autonomy is necessary (Lerner & Galambos, 1998). Thus, supportive and positive relationships in the family are an important component of adolescent development

### 3.2.1 Developmental Transition

Although Erikson believed identity formation occurs during adolescence, he noted that industrialized societies allow for a prolonged period of identity exploration (Arnett, 2000). Research from the United States show that by the end of high school identity formation is not yet achieved and identity development continues through the late teens and early twenties. Emerging adulthood is a new term that describes this period of development from the late teens to the early twenties, with a focus on ages 18 to 25 (Arnett, 2000).

Emerging adulthood is a period where individuals do not transition into adulthood but instead engage in exploration. It is a time where important decisions are made regarding education, career, worldview and love. In contrast to adolescence when relationships are more for recreation and companionship, in emerging adulthood explorations in love become more intimate and serious. Also, while the goal of employment in adolescence is to earn money to sustain recreational needs, work during the period of emerging adulthood is used to make decisions on a future career path.

Whereas there is little demographic variability for the period of adolescence (under age 18) and adulthood (over age 30), there is a great deal of demographic variability between these two periods, particularly for ages 18 to 25. For instance, for this age group, residential status is unstable with many variations ranging from living with parents, to living with romantic partners, to living in college dormitories. This group also has the highest residential change of any age group with individuals moving out of the family home, then moving back in and then out again. The family is an important source of support, both financially and emotionally, for young people in the period of emerging adulthood.

## 3.3 Life-course Theory

Individual development is guided by social norms or changing historical times as life-course theorists call it. When social norms change, individual development, life choices and life pathways also change. In addition, there are cultural expectations about the timing and order of transitions (Elder Jr., 1998). Social timing or the social meaning of age refers to expectations and beliefs based on age (Elder Jr., 1994). Sometimes there are disparities between one's social timing and one's biological timing in the early years of development. When age expectations occur too early or too late and when there is disparity between the social and biological timing there may be negative outcomes for the young person.

Family resources and strategies are vital in fostering successful outcomes for youth. This refers to one aspect of the concept of linked lives in life-course theory (Elder Jr., 1994). The term "linked lives" means that human lives are entrenched in social relationships whether with family or with friends. Family life and its impact on life course are well established by life-course researchers (Shanahan, 2000). Research shows that a stable family structure with stable roles, rights and responsibilities lead to positive outcomes for youth when they transition to adulthood. Moreover, research also indicates that young people with many family changes, such as household moves, have significantly lower rates of high school completion. Therefore, according to life-course theory, stability and continuity of relationships is important to positive outcomes for youth. Also important is family support and resources.

Life-course researchers have documented great diversity in the transition to adulthood by young people in the twentieth century (Shanahan, 2000). Although there is a standardization of the life course through institutionalization, such as the organization of public services or employment opportunities by age, there is also a great deal of

individual variation and life course overlap. This individualization of life course is promoted by lower infant mortality, higher educational attainment and greater life expectancy common in industrialized societies. In our modernized world, young people delay marriage and leaving the family home and spend more time pursuing higher education. Instead of the linear sequence in the past of school-work-marriage-leave home-parenthood, young people in the twentieth century have more flexibility and overlaps in their life paths. Transitions to adulthood are less permanent and subject to reversibility. There is no longer a set age for these life course events. In particular, Beaujot, & Kerr (2007) state that young people take longer to transition to adulthood and this transition process can take into the late 20s and early 30s.

## 3.4   Young Adults in the General Population

Consistent with the theories discussed, over the past decade events associated with transition into adulthood, such as leaving home and completion of education have been delayed and continue well into the late 20s and early 30s (Beaujot & Kerr, 2007). Difficult economic times, decisions to pursue careers instead of starting their own families and the tendency for young people to return home after having initially left all result in children living with parents past their late 20s. This points to the fact that most young adults have family to financially support them during their transition into adulthood: they have a parent who can cover them on an extended health plan, co-sign on loans and provide them with a place to live (Ferrell, 2004).

Canadian census data from 2001 shows that 89 percent of males and 80 percent of females 19 years of age and 93 percent of males and 89 percent of females 18 years of age were living with their parents (Beaujot & Kerr, 2007). Moreover, 41 percent of all men and 27 percent of all women were still living at home when they were 25 years old. Hence, young people living in their biological family homes have the flexibility to engage

in exploration to discover their educational path, career choice, worldview and love—a process to develop their sense of identity—because they are supported by their families during their transition process.

Census data also reveals that the majority of young adults in society are either educated or employed. According to 2003 data, 75 percent of young people in Canada obtain their high school diploma by the age of 18. Statistics from the Ministry of Education in British Columbia from 2001 to 2005 indicate that between 71 to 80 percent of youth in British Columbia finish high school (Rutman, Hubberstey & Feduniw, 2007). In 2001, 49 percent of 20 to 24 year olds in Canada were enrolled in post-secondary education.

In terms of employment, data from Statistics Canada indicate that between 2003 and 2004, 28 percent of people aged 19 classified themselves as non-student employed. This same data set showed that 42 percent of 21 year olds were non-student employed individuals and 68 percent were non-student employed at age 25 (Beaujot & Kerr, 2007). As of September 2003, BC Stats reported that only two and a half percent of youth ages 19 to 24 were on Income Assistance (Rutman, Hubberstey & Feduniw, 2007). Here we see that young adults in the general population become self-sufficient and acquire employment as they grow older. Outcome data suggests that this is not the case for young adults who grow up and age out of foster care. As such, I examine outcome literature to answer the research question, "Why do some children who age out of foster care in British Columbia have negative outcomes in adulthood?"

# 4: Methodology

This research project uses a representative case construct methodology where two artificial but representative cases of youth who has aged out of foster care are constructed from existing outcome research. The first representative case is of a foster child who does not successfully transition into adulthood after leaving the child welfare system. The second representative case is of a child who does transition into adulthood successfully after leaving care. A discussion of the dependent variable, independent variables and hypotheses is provided.

## 4.1   Dependent Variable

The outcome of interest for this policy research project is successful transition into adulthood. Researchers have identified a host of variables to measure and observe the concept of successful transition for youth who age out of the child welfare system. Kerman, Wildfire and Barth (2002) proposed three categories of outcome measures. They call these categories self-sufficiency, personal well-being and overall adult outcomes. Self-sufficiency is measured by outcome indicators: experience of homelessness, employment status, receiving social assistance, educational achievement and having health insurance. Personal well-being is measured by outcome indicators: drug and alcohol use, overall health status, stability of housing, family situation and overall ratings on community, work and family status. Finally, overall adult outcomes is measured by outcome indicators: having been arrested after 18, overall community involvement, all the self-sufficiency indicators and all the personal well-being indicators.

In accordance with the concept of childhood as described by O'Hagen (2007) who stated that childhood is a period of development to become useful members of society and responsible members of the workforce, this project will focus on self-sufficiency as the dependent variable. Because outcome indicator measures proposed by Kerman and his colleagues of not being homeless, being employed, not receiving social assistance, having high educational achievement and having health care are measures of the same concept—self-sufficiency, it is not a necessary condition that all indicator measures listed are reported in the outcome studies used to construct the representative cases. Data on any one of the indicator measures for self-sufficiency will allow for the deduction of whether or not an individual is self-sufficient.

## 4.2  Independent Variables

Theory and research suggest that poor birth family conditions, mental health problems, not having a secure relationship, the lack of transition planning, not developing independent life skills and not receiving financial support after leaving care are associated with poor adult outcomes for children who grow up and age out of the child welfare system (Kerman et al., 2002 and Reid & Dudding, 2006). Birth family condition refers to characteristics of the child's home before the child enters the child welfare system. It depicts neglect and abuse that is experienced by the child. It also includes characteristics, such as family psychiatric illness and parental substance abuse or criminal justice involvement. Because this variable is a pre-placement characteristic that puts children at risk for foster care, and it is not a variable associated with the foster care system per se, it is outside the scope of this policy research project and will not be considered as an independent variable or causal factor.

Children who enter the child welfare system are more likely than other children to have a predisposition to the development of mental health disorders because of risk

factors such as abuse and neglect, family dysfunction and parental illness or disability (Richardson & Lelliott, 2003). Moreover, children in care "have emotional, behavioural, developmental and health problems that reflect the difficult family and environmental circumstances that caused them to be removed from their homes" (Wertheimer, 2002, pg. 1). Recent data from the MCFD (2008) reports that 43 percent of children under a Continuing Custody Order are being supported in the school system for intense or moderate behaviour and severe or moderate mental health. However, the numbers may be under representative because it does not include children who are home schooled or those who are not in specific grade programs (MCFD, 2008). Therefore, the resolution of mental health problems is important for successful adult transition.

The development of a strong and stable relationship is necessary for healthy development as suggested by attachment theory. "Children develop knowledge about themselves, others and relationships through interactions with others" (Reid & Dudding, 2006, pg. 7). Moreover, researchers agree that a positive and trusting relationship with a stable and caring adult is an important asset and protective factor in helping young people overcome challenges (Rutman, Hubberstey, Barlow & Brown, 2005). Without the development of such a relationship children can become disengaged and lack the social resources needed for future success. Furthermore, Bowlby and Ainsworth explain that the lack of a secure attachment relationship, resulting in insecure attachment relationships, can lead to psychopathology or mental health problems.

Transition planning refers to planning that takes place between the youth and his or her social worker for the upcoming transition out of a supported living environment to independence. Aging out of care is a big change for the adolescent and requires sufficient time and energy to ensure that there are resources available and put in place for a smooth and successful transition process. Because children in care do not have the

unlimited and flexible support that children in the general population have, such as the luxury to move in and out of the family home and financial support from parents, as indicated by adolescent development theory and life-course theory, they need a plan to navigate them through the transition to independence.

According to Mirika Flegg, Special Projects Consultant for the Federation of BC Youth in Care Networks, "nearly one-quarter of the entire cost of raising children is incurred after young people reach the age of 17. But youth in and from care do not receive support after the age of 19" (Flegg, 2006, pg. 3). Therefore, young adults who age out of care have to find ways to support themselves to ensure that their basic living needs are met. Whereas young adults in the general population receive extended financial support from their families, young adults aging out of foster care are expected to be financially self-reliant immediately after they age out of the supportive child welfare system. Therefore, financial support is an important variable to consider when looking at outcomes for foster youth.

Life skills or independent living skills are another important component in the transition process. It includes skills in areas such as money management, knowledge about health care, family planning, knowledge about continuing education, skills associated with employment, home management, social skills, obtaining housing, obtaining legal assistance and finding community resources (Loman & Siegal, 2000). Independent life skills are not taught in the classroom but develop over time in the youth's quest for autonomy as explained in adolescent development theory. When interviewed, youth who had aged out of foster care have consistently said that they wish they were given more skills for living on their own, such as cooking, budgeting and time management (Reid & Dudding, 2006). Therefore, this variable is included in the research model.

## 4.3   Hypothesis

Table 1 summarizes my hypotheses for the model that seeks to answer the question, "Why do some children who age out of foster care in British Columbia have negative outcomes in adulthood?" The dependent variable is successful transition as represented by the concept of self-sufficiency after leaving care. I hypothesize that the resolution of mental health problems, development of a secure relationship, transition planning before leaving care, financial support after leaving care and the acquisition of independent life skills impact the level of self-sufficiency of youth who age out of the child welfare system. The research model for this theoretical relationship is:

Successful transition (self-sufficiency) = $f$ (mental health, secure relationship, transition planning, financial support, independent life skills)

*Table 1       Summary of Hypotheses.*

| Variable Name | Expected Relationship | Explanation |
|---|---|---|
| Mental health | - | The presence of unaddressed mental health problems will decrease self-sufficiency |
| Secure relationship | + | The development of a secure, stable and positive relationship will increase self-sufficiency |
| Transition planning | + | Transition planning will increase self-sufficiency |
| Financial support | + | The availability of financial support will increase self-sufficiency |
| Independent life skills | + | Having independent living/life skills will increase self-sufficiency |

The first hypothesis is that the presence of mental health problems will decrease self-sufficiency if it is not adequately addressed. According to Diana Romer who works with secondary school age children, "youth with social, emotional or behavioural

problems are less likely to experience academic success and are at increased risk of school failure" (Romer, online). In their sample of 49 foster children, aged 8 to 14, Heath, Colton and Aldgate (1989) found that poor educational attainment was associated with behavioural and social disorders. Completing academic assignments and attending classes can be difficult when mental health difficulties disrupt concentration and motivation. As a result, grades can start dropping. In worse case scenarios, the teenager may even drop out of high school. Low grades or an incomplete high school education will prevent the young person from pursuing post-secondary education and may lead to unemployment or low-income earnings in adulthood and, as a result, dependence on social assistance.

The development of a secure, stable and positive relationship is hypothesized to increase self-sufficiency. A child who is disengaged in his or her home life or who has been unable to form a secure, stable and positive relationship with an adult or with his or her peers brings this to his or her school environment and may feel isolated from the education system (Reid & Dudding, 2006).

Adolescents need encouragement and support. If a young person does not believe that someone cares and believes in him or her, then he or she may lack motivation to excel. A ten-year study found that high-risk youth showed better outcomes after leaving care if they had strong support networks (Rutman et al., 2005). "The sociology of education has repeatedly shown that parental interest in children's education is a major correlate of educational attainment" (pg. 448). Again, poor educational attainment may lead to unemployment or low-income earnings in adulthood and a dependency on social assistance.

Transition planning is another variable that can positively impact self-sufficiency. The lack of transition planning can arouse anxiety for the youth as he or she realizes that

he or she will soon be emancipated from government supported care. This anxiety can distract the young person from his or her studies and can result in low educational attainment, unemployment or low-income earnings and a dependence on social assistance. In addition, the lack of planning for necessities, such as a place to live and health care, can further distract the youth from striving for high educational attainment or finding employment to become self-sufficient

Financial resources are scarce for youth leaving care. And, with no family to help with basic living and educational costs, becoming self-sufficient, defined as not being homeless, being employed, not receiving social assistance, having high educational attainment and having health insurance, may be difficult to achieve. As such, I hypothesize that the availability of financial support will increase self-sufficiency.

Lastly, I hypothesize that acquiring independent life skills will increase self-sufficiency. Independent life skills are an important aspect of adulthood. Being able to budget money, manage time, get organized and cook meals will help the young person to succeed academically and personally.

## 4.4   Representative Cases

Outcome research for foster children from Canada, the United States and the United Kingdom are used to construct two representative cases—a foster youth who does not transition successfully out of care and one who does.

### 4.4.1  Case One – Unsuccessful Transition from Foster Care

The majority of outcome literature indicates that children in foster care do not transition into adulthood successfully. Outcome literature by country with specific attention to foster youth in British Columbia are provided to construct a representative case of a youth who does not transition successfully into adulthood after he or she ages

out of care. Table 2 provides a summary of the independent variables for this youth

while Table 3 provides data for youth who does successfully transition out of foster care.

*Table 2      Foster Youth: Unsuccessful Transition Out of Care.*

| Independent Variable | Canada (n=37) (Rutman, Hubberstey & Feduniw, 2007) | United States (n=732) (Courtney & Dworsky, 2006) | United Kingdom (England: n=183, Northern Ireland: n=95, Ireland: n=56) (Stein, Pinkerton & Kelleher, 2000) |
|---|---|---|---|
| Mental health | 38% suffered from depression, 14% had an eating disorder, 11% suffered from anxiety | 31% suffered from one or more mental health disorders such as depression, PTSD, anxiety and drug/alcohol abuse and dependence | 21% of Ireland sample suffered from mental health problems |
| Secure relationship | 67% had at least four placements, 89% felt someone cared and accepted them and had someone whom they can count on | 38% had four or more placements, 62% reported feeling "very close" to their current foster family; youth reported receiving social support some or most of the time | Over 40% of England and Northern Ireland samples had three or more placements, 19% of Ireland sample had five to 10 placement moves; 50% of England, 33% of Ireland and 30% of Northern Ireland samples reported receiving support from their social worker and foster families after leaving care |
| Transition planning | 37% did not feel prepared to leave care | Between 33-50% reported they did not receive transition planning in the form of education support, employment support and housing services | No data |
| Financial support | 27% were accessing food banks, applying for income assistance and educational grants; 32% were applying for low-income housing | 45% could not pay their utility bills, 40% did not have enough money to buy clothing, 12% sometimes did not have enough food to eat, 7% did not have enough money for rent | 33% of the sample in England were receiving a weekly financial top up |
| Independent life skills | 56% did not know how to access medical insurance information, "many" did not know how to secure a job, manage a monthly budget, find a place to live, cook meals | Between 33-50% reported they did not receive any independent life skills training budget/financial management services, health education services and youth development services | No data |

**4.4.1.1 Canadian Research**

Although there has been limited research in Canada on what happens to youth after they leave the child welfare system, a study published in 1996 shows less than favourable outcomes for these youth. Studying a sample of former youth in care (n=29), Martin found that 67 percent of the youth who turned eighteen in 1994 had not completed high school and were still in school and 38 percent were receiving welfare (Tweddle, 2007).

**Aging Out of the Ministry of Child and Family Development in British Columbia**

A three-year longitudinal study in British Columbia followed 37 young people for two and a half years after their exit from government care (Rutman, Hubberstey & Feduniw, 2007). The names and contact information for youth who turned 19 in 2003 or will be turning 19 by December 2004 were provided to the researchers by the MCFD. The 37 youth represented 27 percent of the total population of youth (N=137) who were to age out in 2003 and 2004 in the study's two catchment areas: a metropolitan centre and a small city. Four interviews were conducted with the participants at approximately six to nine month intervals. At the start of the study (Time 1), 17 youth (46%) were under 17 and 18 years of age and were still in Ministry care and 20 youth (54%) were 19 and 20 years old and had aged out of care. The study asked youth about their experience of living in care and their experience of leaving care. Of the 37 participants 25 were permanent wards, two were temporary wards, four did not know their guardianship status, four did not answer the question, one was in a voluntary care agreement and one was involved with MCFD through a Youth Agreement. Over two-thirds of the participants reported living in care for four years or more, 32 percent reported having one to three foster placements and 38 percent had been placed seven or more times.

For the dependent variable of self-sufficiency, at Time 4, 33 percent of the participants reported that they had experienced homelessness in the previous six months to one and a half year, 65 percent were unemployed, 40 percent were on Income Assistance and 52 percent or 11 of the 21 remaining study participants had not completed Grade 12 (Rutman, Hubberstey & Feduniw, 2007). Health care in British Columbia is subsidized for low-income earners so the outcome indicator of health insurance is not relevant.

Placement history is a good indicator of the type of relationships that children develop. It is generally accepted that a stable placement results in the development of secure attachment relationships. Sixty-seven percent of the 37 participants were in care for four years or more, 32 percent had been placed one to three times, 38 percent had been placed seven times or more and 67 percent of the participants who entered care between 10 to 14 years of age had been placed at least four times.

The literature indicates that the prevalence of mental health disorders is relatively high among children in the child welfare system. The study of children in the child welfare system of British Columbia found that 38 percent of the youth reported suffering from depression, 14 percent reported having an eating disorder, 11 percent reported problems with anxiety and eight percent reported other mental health problems such as irritable bowel syndrome or drug-induced psychosis. Sixty-two percent of the sample had a psychiatric or psychological assessment done and eight percent was unsure if they had had one. When youth in the study were asked in which area they wanted more support, emotional support was the top response.

Youth in the study indicated that their most important relationships were with their boyfriends or girlfriends, followed by relationships with siblings and then foster parents. Parents, as an important relationship, were the fourth most frequent response. In

addition, 89 percent of the 37 youth stated that they had someone who cared for and accepted them, as well as someone who they can count on for support. People who these youth could count on for emotional and practical support included friends, current or former social workers and other community-based service providers, such as youth mental health workers, staff at supported independent living programs, youth support workers, group home staff, alcohol and drug counsellors and, lastly, current or former foster parents.

Just under half of the participants (49%) in the study reported that they felt prepared for leaving care. Some youth indicated that their social worker and/or foster parent had helped them to prepare while others had previous experience living on their own. Others felt prepared because they had taken the initiative to plan and prepare for leaving care on their own. On the contrary, 37 percent of the sample did not feel prepared to leave care and expressed negative feelings about aging out. They worried about such things as not having enough income, not having a job and severed relationships with social workers, support workers and other youth-serving professionals.

Several participants felt that the preparation period was rushed, and some said they would have liked to begin the process of preparing to leave care sooner than they did. Many youth reported that they needed to "figure out" how to secure a job, manage a monthly budget, find a place to live and how to cook meals. Fifty-six percent did not know how to access information about medical insurance, 32 percent were applying for low-income housing and 27 percent each for education grants, accessing food banks and applying for income assistance.

### 4.4.1.2 United States Research

**Midwest Evaluation: Aging Out of Foster Care in the United States**

A longitudinal study that followed youth after they had left the foster care system in the United States further illustrates the difficulties that these young adults face as they transition into adulthood (Courtney & Dworsky, 2006). The study, known as the Midwest Study, followed youth in Illinois, Iowa and Wisconsin as they aged out of the child welfare system. Youth in the sample had entered the child welfare system before the age of 16 for neglect or abuse or both. Data was initially collected, between May 2002 to March 2003, from 732 youth who were 17 or 18 years old. More than one year later, between March to December 2004, data was collected from 603 young adults or 82 percent of the original sample.

At the time of the second interview, 282 young adults (47%) were still in care and 321 (53%) had been discharged from government care. This reflects the difference in leaving care policy among the individual states. Illinois allows young adults to remain in care up until their 21$^{st}$ birthday, while Iowa and Wisconsin transition their youth when they turn 18 years old and no later than after their 19$^{th}$ birthday.

In terms of the dependent variable, self-sufficiency, at age 19, 37 percent of the young adults in the sample did not have a high school diploma or a general equivalency degree (GED). Thirty-nine percent of the sample of 603 youth was enrolled in an educational program at the time of the interviews and only 18 percent of the young adults in the Midwest Study were enrolled in a four-year post secondary program. In addition, 35 percent of the sample, at the first interview, were employed and 14 percent of youth who had aged out of foster care said they had been homeless since leaving care.

32

A detailed analysis of the care history for the 732 youth in foster care reveals that one-quarter of the sample had only one placement, 38 percent had been placed in four or more homes and 34 percent changed schools five or more times (Courtney, Terao & Bost, 2004). Despite their instable living arrangements, 62 percent of the youth reported feeling "very close" to their current foster family.

Researchers also measured the level of social support that the young adults were receiving as they transitioned into adulthood (Courtney & Dworsky, 2006). The authors classified social support into four categories: emotional/information, tangible, positive social interaction and affectionate. Emotional/information social support refers to having someone to share and understand feelings with and being offered advice, information or guidance. Tangible support is the provision of material aid. Positive social interaction refers to the availability of someone with which to do fun things. And, affectionate support involves being shown love and affection. On a five-point scale where one means none of the time and five means all of the time, youth who were still in care and youth who had aged out of care reported they were receiving social support some or most of the time (mean score of 3.93).

In terms of planning and preparation for independence, between one-third and one-half of the youth said they had not received any independent living services such as educational support, employment support, budget/financial management services, housing services, health education service and youth development services. At the one-year follow up point, only 46 percent of the young adults had a savings or chequing account compared to 82 percent in the national sample, which indicates poor money management skills—an important part of living independently (Courtney & Dworsky, 2006).

In their sample of 732 youth ages 17 to 18 from Illinois, Iowa and Wisconsin, Courtney, Terao and Bost (2004) found that 35 percent of the individuals reported a history of abuse (excluding sexual abuse), 58 percent reported a history of neglect and 29 percent reported a history of both abuse and neglect. In addition, 31 percent of their sample suffered from one or more mental health disorders with over one-third having received counselling services in the year before they were interviewed for this study. Specifically, one-third of all the young adults reported suffering from depression, dysthymia, post-traumatic stress disorder (PTSD), social phobia, alcohol abuse, alcohol dependence, substance abuse or substance dependence (Courntey & Dworsky, 2006). "Remaining in care increased the likelihood that young adults in the Midwest Study would receive the medical and psychological care they perceived they needed" (pg. 215).

Finally, youth who had aged out of foster care in this study experienced financial hardships. Of the 321 youth who had aged out of care, 45 percent did not have enough money to pay their utility bill with 22 percent having had their phone disconnected and four percent having had their gas or electricity shut off. Additionally, 40 percent reported that they did not have enough money to buy clothing and 12 percent said that they sometimes did not have enough food to eat. Seven percent reported that they did not have enough money to pay the rent and had been evicted in the past.

### 4.4.1.3 United Kingdom Research

**Longitudinal Research in England, Northern Ireland and Ireland**

Stein and his colleagues (2000) collected information from 183 youth aged 16 to 19 who left the care of three English local authorities and interviewed 74 of these youth during an 18 to 24 month period. They also analyzed survey data for 95 young people

who left care from Northern Ireland and 56 young people who left government care from the Republic of Ireland.

Their analysis found that 67 percent of the sample in England and 50 percent of the sample in Ireland and Northern Ireland left school with no qualifications (Stein, Pinkerton & Kelleher, 2000). For those who had qualifications, "they had low achievement levels and left school at the minimum school-leaving age" (pg. 242). Stein and colleagues concluded that the low educational attainment of their sample left many of them "ill prepared to compete in an increasingly competitive youth labour market" (pg. 242). In this regard, 37 percent of the sample in England, 38 percent of the sample in Ireland and 26 percent of the sample in Northern Ireland were unemployed six months after leaving care. Furthermore, 15 percent of the England sample, 17 percent of the Ireland sample and 23 percent of the Northern Ireland sample experienced homelessness at some point within six months after leaving care.

A look into the care history of these young people reveals that a significant number of them experienced placement moves. Over 40 percent of foster youth in England and Northern Ireland moved three or more times while in care. Furthermore, 19 percent of foster youth in Ireland moved five to 10 times while in care. Possibly associated to the multiple placements is the finding that 21 percent of the youth in the Ireland sample suffered from a mental health problem.

Data from the survey in England indicated that nearly half of the youth had some form of support from their social worker after leaving care. In addition, more than a third of the study sample from England was "receiving a weekly financial 'top up' from social services" (pg. 242). Thirty percent of youth in the Northern Ireland sample were being supported by social workers, leaving care teams and their foster family and over one-

third of the Ireland sample were receiving support from their social workers and foster families.

### 4.4.1.4 Unsuccessful Outcome Profile

International research on youth leaving care all point to the same negative outcomes. These young adults have experienced homelessness since aging out of care, have low educational attainment and have low levels of employment. As a population, this group show a high prevalence of mental health problems. Their care history is highlighted with instability, yet they manage to develop some positive adult relationships. However, transition planning, independent life skills and financial support after leaving care are rare to almost non-existent.

### 4.4.2 Case Two – Successful Transition from Foster Care

Despite research consistently reporting negative outcomes for youth who age out of the foster care system, there is data illustrating successful transitions into adulthood. Table 3 provides a summary of the independent variables for foster youth who successfully transitioned into adulthood while Table 2 provides a summary of the data for youth who did not successfully transition out of foster care.

*Table 3        Foster Youth: Successful Transition Out of Care.*

| Independent Variable | Canada (n=19) (Tweddle, 2007) | United States (n=1609) (Stein, 2006 and Tweddle, 2007) | United Kingdom (n=38) (Jackson & Martin, 1998) |
|---|---|---|---|
| Mental health | No data for this group of foster youth. 15% of the total school population in BC were identified with a mental health concern: anxiety (6.5%), conduct disorder (3.3%), ADHD (3.3%), depression (2.1%) (Romer, online). | Resolved issues and was able to move on psychologically | Had better mental health, higher scores on the life satisfaction scale, had internal locus of control |
| Secure relationship | Had a significant person in their lives | Had a secure attachment relationship | Had a career who was educated and valued education, had friends outside of foster care who did well in school, had a significant adult who consistently supported and encouraged youth |
| Transition planning | No data | Preparation for leaving care was gradual and their moving on "was likely to have been planned", access to post-secondary opportunities and having a place to live within one year of leaving care predicts successful outcomes | No data |
| Financial support | No data | No data | No financial assistance and youth had to "fight for every penny" they needed to succeed |
| Independent life skills | No data | Life skills and independent living training predicts successful outcomes | No data |

**4.4.2.1 Canadian Research**

Silva-Wayne in a 1995 study reported on nineteen successful child welfare graduates in Ontario. She found that these individuals, aged 16 to 26, were either working or in school and had a permanent address. They had a significant person in their lives and had a social network (Tweddle, 2007). Silva-Wayne reported that "their transitions were more successful" (pg. 17) because these young people had role models, were involved in group activities and had developed a positive self-image through supportive relationships.

Although there is no data on the prevalence of mental health concerns for youth who successfully transitioned to adulthood from the child welfare system in Canada, 2002 data for British Columbia indicate that approximately 15 percent of the total school population of children in secondary school had mental health concerns (Romer, online). The prevalence of any anxiety disorder was 6.5 percent, conduct disorder was 3.3 percent, attention-deficit/hyperactivity disorder (ADHD) was 3.3 percent, any depressive disorder was 2.1 percent and substance abuse was 0.8 percent. These figures are useful to illustrate the relatively low prevalence of mental health concerns in the general population of school-aged children compared to the high prevalence of mental health problems among youth who aged out of foster care (See Tables 2 and 3).

**4.4.2.2 United States Research**

Preliminary results from the Casey National Alumni Study of young adults formerly in foster care between 1966 and 1998 report that predictors of successful outcomes include: completion of high school while in care, participation in clubs while in care, life skills and independent training programs, minimal use of alcohol or drugs, and transition planning services to help young adults access post-secondary opportunities and find a place to live in the period of one year after leaving care (Tweddle, 2007).

38

Moreover, Stein (2006) classified young people who had successfully transitioned out of care as "moving on". He reported that these young people were participating in higher education and welcomed the "challenge of independent living and gaining more control over their lives" (pg. 277). This group of people were likely to have had stability and continuity in their lives, had a secure attachment relationship and "made sense of their family relationships so they could psychologically move on from them" (pg. 277). Stein further states that their preparation for leaving care was gradual and their moving on "was likely to have been planned" (pg. 277). Thus, a significant relationship exists between preparation for leaving care and coping after care (Stein, 2006).

### 4.4.2.3 United Kingdom Research

Using educational attainment as the dependent variable—one indicator measure for self-sufficiency in this policy research project, Jackson and Martin (1998) explored the qualities and circumstances of a group of more successful adults who had grown up in foster care. A sample of 105 completed a mail out survey and 38 "high achievers" completed a more intensive semi-structured interview. The researchers found that the pre-care characteristics of the successful group were typical of children in the child welfare system—29 percent had suffered physical, sexual or emotional abuse and/or neglect before coming into care. The criteria for high educational attainment include: having obtained five or more O levels or GCSEs or Grades C or above or were in further higher education. This standard was set because it drew a "clear line between those whose adult life-style was similar to that of their original families and those who had 'escaped from disadvantage'" (pg. 572).

When asked, "What part did your social worker play in your progress in education and planning for higher education?" 92 percent of the respondents answered "none".

Despite this fact, there was some evidence that social workers organized financial help for a young person to continue their educational pursuits or helped them get back into school after a period of truancy. But, direct assistance from social workers was not evident and respondents "claimed that social workers played no part at all in encouraging or supporting their education" (pg. 573). Financial assistance to support young adults in care to pursue higher education is almost non-existent. According to the researchers, many of their subjects "had to fight for every penny" they needed to succeed (pg. 574).

Jackson and Martin utilized the General Health Questionnaire to assess mental health problems. They found that compared to a group that did not meet the educational cut-off, the "high achiever" group showed better mental health, had more internal locus of control—that is they felt they had more control over their environment and their life course, and showed significantly higher scores on the life satisfaction scale. Although the high achievers had slightly higher self-esteem scores, the scores were not significantly different. However, the researchers stated that they are unsure if the high achiever group had these characteristics before coming into care or if it was the result of an "influential carer or other adult who took an interest in them" (pg. 576).

The researchers found that protective factors associated with later educational success included: 1) stability and continuity, 2) learning to read early and fluently, 3) having a parent or carer who valued education, 4) having friends outside of foster care who did well at school, 5) developing out of school interests and hobbies, 6) meeting a significant adult who offered consistent support and encouragement and acted as a mentor and positive role model, and 7) attending school regularly.

Researchers acknowledge the importance of stable foster placements for adult successful outcome. However, the high achievers in this study experienced multiple

placements, which is similar to those adults who did not meet the criteria of educational success for the study. Therefore, Jackson and Martin concluded that although stability and continuity are valuable, some movements in placement, if well managed, should not prevent educational success. Also important is the presence of a special relationship with at least one person who made time to talk and listen to the young person. This positive adult role model and the amount of time the youth spent with the role model are important in fostering resilience in the youth.

The high achievers in this study also indicated that highly educated foster carers who gave them intensive educational help and advice on higher education helped them to succeed in their educational pursuits. Apparently, the quality of the relationship was not as important as the stimulation and discipline they received. Even though the youth were not happy and did not like the foster placement, they developed an attachment to their foster carers and had a long-term post-care relationship with them. These foster parents acted as an advocate for these youth and sought out grants to allow the young person to further their education endeavours. The researchers concluded that "the educational background of the foster carers should be a major factor in their selection" and that it should be made explicit that part of their role is to support children at school and provide educational stimulation in addition to providing a warm and secure environment that emphasizes emotional nurturing (Jackson & Martin, 1998, pg. 581).

### 4.4.2.4 Successful Outcome Profile

Research indicates that youth who grow up in foster care can and do transition into adulthood successfully. Successful transition appears to be associated with the independent variables secure relationship, mental health, transition planning and independent life skills. Specifically, research shows that having a role model or significant person in one's life who will motivate, support and advocate for the foster

child in his or her academics is important to high educational attainment. In addition, being involved in group activities and having a positive social network outside of the foster care environment can prove beneficial. Moreover, working through mental health issues and having a positive self-image and a sense of control was shown to be related to successful transition from the foster care system into adulthood.

## 4.5    Discussion of Findings

Successful transition from foster care into adulthood is defined as self-sufficiency after leaving care in this policy research project and is measured by outcome indicator measures of not being homeless, being employment, having high educational attainment and having health care. Independent variables include mental health problems, a secure relationship, transition planning before leaving care, financial support after leaving care and independent life skills training.

It was hypothesized that the presence of unaddressed mental health problems will decrease self-sufficiency after leaving care. Outcome data shows that those youth who did successfully transition into adulthood had resolved their psychological issues and had better mental health. On the other hand, those youth who did not successfully transition out of care showed a high prevalence of mental health problems. As such, outcome data confirm the hypothesis for the variable mental health.

The presence of a secure, stable and positive relationship was hypothesized to increase self-sufficiency after care. However, outcome data show that youth who were self-sufficient and youth who were not self-sufficient after leaving care all felt that they had a secure attachment with an adult figure and that someone cared for and accepted them. Therefore, the hypothesis for the independent variable of relationships is not confirmed.

There was limited data for the independent variables transition planning, financial support after leaving care and independent life skills for those youth who had successfully transitioned out of care. Yet, the limited data show that there was a significant relationship between preparation for leaving care and positive outcome after care for those who transitioned successfully. For youth who did not transition successfully, between 33-50 percent of the samples in Canada and the United States reported not receiving transition planning and feeling unprepared to leave care. Thus, the hypothesis is confirmed for the variable of transition planning

It was hypothesized that the availability of financial support will increase self-sufficiency after leaving care. However, data for those who successfully transitioned into adulthood, that is those who were either working or pursuing higher education after graduating from high school, shows that this group did not receive financial support and that they had to "fight for every penny" they needed to succeed. Those youth who did not successfully transition into adulthood also did not receive financial assistance and experienced financial difficulties, such as not being able to pay rent, buy food, pay utilities or buy clothing. Therefore, the hypothesis for financial support is not confirmed.

Having independent life skills was predicted to increase self-sufficiency. Data from the United States, a country with legislation for independent living training programs, indicate that youth who had acquired life skills and had participated in independent living training did well as adults. For those who did not successfully transition into adulthood, as indicated by high levels of secondary school dropout, 33-56 percent of the samples in Canada and the United States did not receive independent life skills training and did not know how to access health insurance, find a job, manage finances, find housing or cook meals. As such, the hypothesis is confirmed.

A comparison of outcome data between those youth who did successfully transition into adulthood from foster care and those youth who did not confirmed the hypotheses for the independent variables mental health, transition planning and independent life skills. The hypotheses for independent variables secure relationship and financial support were not confirmed.

# 5: Gap Analysis

Research has consistently documented the less than favourable outcomes for youth who leave or age out of the foster care system. The unsuccessful transition into adulthood of youth who grow up in foster care challenges the state and child welfare agencies to take a closer look at policies and programs that are meant to serve this population and to help them develop into healthy functioning adults who can contribute to society.

The three theories that were described in an earlier section are now used in a gap analysis to analyze the two representative cases that were constructed—successful and unsuccessful transition out of care. Outcome data used to test the hypotheses in the research model are also used in the gap analysis. A gap analysis analyzes the distance between the desired social, economic and political conditions for a population—the 'target' state—and the existing conditions—the 'as is' state.

## 5.1 Target State

The three theories—attachment theory, adolescent development theory and life-course theory—describe the desired conditions in which children should grow, develop and transition into adulthood. Additionally, when children enter the child welfare system in British Columbia, service standards that provide the mandatory framework for service delivery under the Child, Family and Community Services Act (CFCSA) dictate the desired conditions in which foster children should develop and transition into adulthood. This section provides a discussion of these desired conditions.

### 5.1.1 Childhood Development

According to attachment theory, attachment relationships are a form of security regulation. In the parent-child relationship, the child (attached person) seeks security and the parent (attachment figure) provides it. The development of a sense of felt security is crucial for the healthy development of children, and this felt security affects a child's later style of attachment.

Children who are eventually removed from their family home and taken in by the child welfare system usually experience neglect, abuse or potential harm. As a result of these volatile family conditions, children from these homes may not develop a secure attachment relationship or a sense of felt security with their biological parents as described in Bowlby's attachment theory. Attachment theorists believe that the development of an insecure attachment style will negatively impact the functioning of an individual as an adult. Two categories describe individuals with insecure attachment styles: avoidant insecure attachment and anxious-ambivalent insecure attachment. Sroufe and his colleagues (1999) explained that individuals with avoidant or anxious-ambivalent histories due to harsh or chaotic care giving environments followed by later trauma show behavioural challenges and difficulties in regulation, adaptation and socialization.

Attachment theory is a theory of psychopathology as well as normal development. Children from family homes with risk factors such as family dysfunction and parental illness and disability have a predisposition to the development of mental health problems (Richardson & Lelliott, 2003). Affection and acceptance from caregivers is one protective factor that may prevent the development of mental health problems (Richardson & Lelliott, 2003).

The World Health Organization (WHO) states that mental health "can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO website). Problems with mental health can manifest itself in emotional and behavioural disturbances, such as depression, anxiety, substance abuse and violence. Thus, addressing mental health problems is necessary for healthy functioning.

## 5.1.2  Adolescent Development

Adolescence is usually classified as the period from 10 to 18 years of age. According to Erikson, this is a period of exploration, continual change and transition for young people in their quest to answer the question, "Who am I?" To encourage optimal adjustment in this critical period, adolescent development researchers believe that strong family ties, unconditional support and parental encouragement of age-appropriate autonomy is necessary.

It is important to consider the family system when trying to understand and promote healthy adolescent development because increasing maturity and pending adult status will result in adolescents seeking out more autonomy and responsibility in the family system in order to develop their self-image and sense of identity. Role confusion and conflict can occur when there are difficulties negotiating a new parent-child relationship. Yet, this negotiation process is crucial to the youth's development of a sense of self, maturity level and independence. And, it is through this negotiation process that adolescents enhance their communication skills, learn about responsibility and respect and develop time management, budgeting and decision-making skills.

However, this negotiation process is difficult and delicate for both teenager and parent. Because foster children have a history of trauma and most have a predisposition to mental health problems (Richardson & Lelliott, 2003), environments that are stressful and full of conflict may result in escalating behavioural and mental health problems. In addition to acceptance and affection from caregivers, stability and continuity of care is another important protective factor (Richardson & Lelliott, 2003). Therefore, appropriate training, services and resources should be available to support foster parents and children during this heightened period of conflict to prevent placement breakdown. Ideally, preventative services should be in place to prevent severe escalation of behavioural and mental health problems among children with a predisposition to such problems. Success in the negotiation process that enables young people to develop autonomy and responsibility helps young adults develop a positive self-image and a sense of identity, which research has found to be influential in successful transition into adulthood after care.

### 5.1.3  Young Adult Transition

Individual development is guided by social norms or changing historical times. When social norms change, so does individual development, life choices and life pathways. Research shows that by the end of high school, identity formation is not yet achieved and identity development continues through the late teens and early twenties. Emerging adulthood is a new term that describes this period of development, with a focus on ages 18 to 25. During this period, individuals have yet to transition into adulthood and are, instead, engaged in exploration. This is a time where important decisions are made regarding education, career, worldview and love. When age expectations occur too early or too late and when there is disparity between the social and biological timing of transition there may be negative outcomes for the young person.

In the child welfare system in British Columbia, children are no longer the responsibility of the state when they turn 19 and, thus, age out of care. This is in stark contrast to research that shows that young adults continue to need support during this period of emerging adulthood. Whereas young adults in the general population are developing their sense of identity and engaging in exploration to discover their educational path, career choice, worldview and love, children who age out of foster care have no choice but to focus their efforts on meeting basic needs, such as food and shelter. Life-course theorists believe that family resources and support—emotional and financial—are vital in fostering successful outcomes for youth.

In addition, transitions to adulthood today are less permanent and subject to reversibility. Young adults in the general population can and do return home for support whenever the need arises. There is no longer a set age for life course events such as leaving the family home, marriage, childbirth and starting a career. In contrast, young adults who age out of foster care at 19 do not have the option of returning to care. Therefore, they need to develop the skills to live independently before they leave care. Their transition is not reversible like that of young adults in the general population. For these young adults, with limited financial options, the opportunity for exploration may be a luxury that they do not have. When there is no room for mistakes during their transition into adulthood, advance planning needs to take place.

### 5.1.4 Child and Family Development Service Standards in British Columbia

The Child and Family Development Service Standards provide the mandatory framework for service delivery and apply to anyone who provides services under the CFCSA (MCFD, 2004). There are two different sets of standards: the Child and Family Service Standards and the Children in Care Service Standards. The Child and Family

Service Standards apply to family support services and agreements, youth services and child protection services as detailed under the CFCSA. The Child and Family Service Standards also make reference to the Standards for Youth Support Services and Agreements. There are a total of 25 service standards under this category. On the other hand, the Children in Care Service Standards apply to meeting guardianship responsibilities for children in care. In total, there are 16 Children in Care Service Standards.

"The purpose of the Child and Family Development Service Standards is to promote consistent high-quality service for vulnerable children, youth and families while enabling flexibility in the way services are provided" (MCFD, 2004, pg. 1). One of the key themes of the service standards is to promote and maintain stability and continuity of life-long relationships for children. This standard is explicitly stated in both the Child and Family Service (CFS) Standard 6: Promoting and Maintaining Continuity of Life-Long Relationships, CFS Standard 20: Placements When a Child Comes into Care, and the Children in Care (CIC) Service Standard 10: Meeting a Child's Need for Stability and Continuity of Life-Long Relationships. The intent of CFS Standard 6 and Standard 20 and CIC Standard 10 is to promote and preserve stable, enduring relationships for the child. They state that service providers are to consider the effects of any decision on the child's life-long relationships before taking action. These service standards address the variable 'secure relationship' in the research model.

Similarly, CIC Standard 9: Developing and Maintaining a Meaningful Relationship with a Child in Care "reflects the importance of developing a meaningful relationship with a child in care" where the social worker is expected to maintain frequent contact based on the child's "level of vulnerability, developmental needs and visibility in the community" and celebrate milestones and achievements with the child (pg. 110). At a minimum,

private contact is to occur at least every 90 days. This service standard also addresses the independent variable 'secure relationship'.

CIC Standard 11: Assessments and Planning for a Child in Care intends to ensure that every child who comes into care has a plan of care. According to this standard, an initial assessment of the child's needs must be completed within 30 days of coming into care and a full assessment with a written plan of care must be completed within six months. Social workers are expected to implement a plan of care that "promotes the child's well-being and achieves the best possible outcomes" (pg. 115). It addresses the child's health; emotional, spiritual and behavioural development; educational and intellectual development; culture and identity; family, extended family and social relationships; social and recreational involvement; social presentation and development of self-care skills related to assuming successful independent functioning; and placement.

The current assessment and planning tools for a child in care include: the Looking After Children Assessment and Action Record and Comprehensive Plan of Care (LAC) used when the child is in continuing custody and the Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (CPOC) used when the child is in care by temporary order. Social workers working in the MCFD complete the assessments.

Following this, CFS Standard 7: Support Services to Strengthen Capacity addresses the child's needs for information and referral to support services, such as networks, self-help groups, treatment or counselling, "when required". This service standard relates to the independent variable 'mental health'. Child and Youth Mental Health (CYMH) operates within the MCFD and offers community-based voluntary mental health services to children, youth under the age of 19 and their families (MCFD website).

Children in the care of the MCFD and who are suspected of needing direct clinical mental health services are referred either by their social worker, foster parent, medical doctor or teacher.

CIC Standard 15: Planning for a Child Leaving Care and CIC Standard 16: Promoting Resiliency and Skills for Successful Community Living addresses young people who age out of the child welfare system. Both standards intend to support the child in their preparation for leaving care. CIC Standard 16 specifically states that before reaching the age of majority and having to leave care, the young person should receive assistance in finding a place to live, obtaining basic living essentials, obtaining adequate financial and social support, obtaining information on health services, securing funding for post-secondary education or training and identifying or maintaining relationships with significant people. Service standard 15 and 16 address independent variables 'transition planning', 'financial support' and 'independent life skills' in the research model.

## 5.2 'As Is' State

This section explores the current state in which children in foster care develop and transition into adulthood. Compliance to Children in Care Service Standards and findings from outcome studies are discussed. Table 4 provides a summary of the compliance rates.

| Children in Care Service Standard | Full Compliance | Partial Compliance | No Compliance |
|---|---|---|---|
| CIC Standard 9: Maintaining Personal Contact with a Child in Care | 75.6% | | 24.4% |
| CIC Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships | 84.6% | 9.4% | 6.0% |
| CIC Standard 11: Assessments and Planning for a Child in Care | 50.0% | 25.8% | 24.2% |
| CIC Standard 15: Planning for a Child Leaving Care and<br>CIC Standard 16: Promoting for Resiliency and Skills for Successful Community Living* | 84.1% | | 15.9% |

 *In 286 cases these two service standards were not applicable.

Note: Adapted from the Ministry of Children and Family Development Official Audits Summary Rating Sheet (2006)

## 5.2.1   Compliance to Service Standards

The Ministry of Children and Family Development conducted a province-wide audit of 500 individual child service files to assess compliance of guardianship social workers to the Children in Care Service Standards. Between January 1 and December 31, 2005 "regional auditors in accordance with standardized methodologies, procedures and tools" conducted the audit (MCFD, September 2006, pg. 1). Compliance to the Children in Care Service Standards was assessed with the procedural requirements to document as per CIC Standard 3: Case Documentation for a Child in Care. To comply with the Service Standards is to act in accordance with the demands, conditions or requirements as set out in the Service Standards.

The measure of compliance was classified into three categories: full compliance, partial compliance and non-compliance to the service standard. If there was no

documentation of a service standard, which indicates that the intent of the service standard was not met, then that service standard received a non-compliance rating. Partial compliance to the service standard means that the "intent of the standard is met but significant practice issues have not been addressed" (MCFD, September 2006, pg. 3). And, full compliance means that the service standard was fully documented in terms of actions taken and the intent of the service standard was met.

According to the audit, full compliance to CIC Standard 9: Maintaining Personal Contact with a Child in Care was 76 percent and non-compliance was 24 percent. There was no measurement of partial compliance for this service standard. Full compliance to CIC Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships was 85 percent, partial compliance to the standard was nine percent and non-compliance was six percent. Children in Care Service Standard 11: Assessments and Planning for a Child in Care had a full compliance rating of 50 percent. Partial compliance to CIC Standard 11 was 26 percent and non-compliance was 24 percent. Finally, compliance to CIC Standard 15: Planning for a Child Leaving Care and CIC Standard 16: Promoting for Resiliency and Skills for Successful Community Living were measured together. Their full compliance rate was 84 percent and non-compliance rate was 16 percent. No partial compliance rate was reported for CIC Standard 15 and CIC Standard 16. As such, compliance to the Children in Care Service Standards that are relevant to this research project and, thus, relevant to the successful transition into adulthood of youth who age out of foster care is not 100 percent.

The Child and Family Development Service Standards directly address all the independent variables in the research model: mental health, relationships, transition planning, financial support and independent life skills. Yet, the recent longitudinal study of youth who aged out of care in British Columbia report that this group of young adults

suffer from mental health problems, did not receive sufficient transition planning, lacked

financial resources and did not feel they possessed adequate independent living skills

after they left care (Rutman, Hubberstey & Feduniw, 2007). This data, along with the

reported compliance rates to the Children in Care Service Standards, indicate that the

Child and Family Development Service Standards are not met.

### 5.2.2  Outcome Data and the Gap between Target and 'As Is' States

Attachment and adolescent development theories suggest that children need

certain social conditions in order to develop in a healthy manner. Stable environments

that promote the development of a secure attachment relationship with at least one adult

who can act as a role model or significant person in the child's life is the basis from

which healthy development stems from. The Child and Family Development Service

Standards also acknowledge the importance of stability and continuity of relationships.

Outcome research for foster children who did successfully and for those who did

not successfully transition out of care indicate that children in care tend to have multiple

placement changes during their time in care. Despite this fact, young people who have

left care in British Columbia report feeling cared for and having developed a secure

attachment relationship with an adult. Thus, outcome data suggest that there is no gap

for the variable 'secure relationship'.

There is a high prevalence of mental health problems among children in foster

care. Recent 2008 data from the MCFD reports that 43 percent of children under a

Continuing Custody Order are being supported in the school system for intense or

moderate behaviour and severe or moderate mental health (MCFD, 2008). Outcome

literature indicates that children in foster care who resolved their psychological issues

and have better mental health are more successful in adulthood as indicated by their

employment and educational achievements. Therefore, addressing and resolving mental health problems should be a priority for children in foster care.

However, it appears that an estimated 50 percent of children in foster care may not receive support services because of low compliance to CIC Service Standard 11: Assessment and Planning for a Child in Care. The fact that there is usually a long waitlist for provincial child and youth mental health services offered by the MCFD further illustrates the gap between the desired condition of resolving mental health concerns and the current condition where there is a high prevalence of mental health problems among children in foster care in British Columbia (The FORCE, 2009).

While social conditions are necessary for healthy development and adult success, economic conditions are also necessary to foster success in adulthood. Adolescent development theory and life-course theory explain the need for a flexible and supported transition into adulthood. The available outcome data support the value of transition planning and independent life skills training in relationship to positive outcomes in adulthood after leaving government supported care. Yet, youth in the recent longitudinal study in British Columbia report not feeling prepared to leave care and not having adequate independent life skills. Thus, a gap exists between the desired state and the existing state for transition planning and independent life skills.

Outcome data is limited for the variable financial support. But, outcome data from the longitudinal study in British Columbia show that youth were not able to support themselves financially after leaving care and had to access social assistance. However, a comparison was not possible between those youth who did successfully transition and for those who did not successfully transition out of care.

Moreover, the Service Standards highlight the social and economic conditions that theory and research say is necessary for the healthy development of children.

However, compliance to the Service Standards is not 100 percent. Therefore, a gap

exists between the target state, dictated by theory and the Service Standards, and the

current state as illustrated by compliance and outcome data. Table 5 provides a

summary of the magnitude of the problem as indicated by this gap analysis.

*Table 5        Gap Analysis.*

| Independent Variable | Desired Social and Economic Condition in British Columbia (Target State) | Current Social and Economic Condition in British Columbia ('As Is' State) |
|---|---|---|
| Mental health | Resolve youth mental health problems.<br><br>Preventative services for those with a predisposition to behavioural and mental health problems. | <u>CIC 11: Assessments and Planning for a Child in Care and CFS Standard 7: Support Services to Strengthen Capacity.</u><br><br>Full compliance to CIC 11 is 50%.<br><br>Long waitlist for mental health services.<br><br>Services are available until youth turns 19. |
| Secure relationship | Stability and continuity with a significant adult figure to enable a secure attachment. | <u>CFS Standard 6: Promoting and Maintaining Continuity of Lifelong Relationships, CFS Standard 20: Placements When a Child Comes into Care, CIC Standard 9: Maintaining Personal Contact with a Child in Care and CIC10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships.</u><br><br>Full compliance to CIC 9 and 10 is 76% and 85%, respectively.<br><br>Study in BC report that multiple placements are a reality, but young adults who aged out of care report having had a positive relationship and feeling cared for. |
| Transition planning | Being prepared for independence. | <u>CIC Standard 15: Planning for a Child Leaving Care and CIC Standard 16: Promoting Resiliency and Skills for Successful Community Living.</u><br><br>Full compliance of 84%.<br><br>37% of youth in the BC study did not feel prepared to leave care. |
| Financial support | Flexibility to explore educational or career options without worrying about and the fear of not being able to sustain basic living needs. | <u>CIC Standard 15: Planning for a Child Leaving Care and CIC Standard 16: Promoting Resiliency and Skills for Successful Community Living.</u><br><br>Full compliance of 84%.<br><br>YEAF and AYA to support education and training, but 27-32% of youth in the BC study were accessing social assistance services. |
| Independent life skills | Better life skills development before aging out of care. | <u>CIC Standard 15: Planning for a Child Leaving Care and CIC Standard 16: Promoting Resiliency and Skills for Successful Community Living.</u><br><br>Full compliance of 84%.<br><br>YSIL for youth with mental health issues, yet "many" youth in the BC study did not possess the skills to live independently. |

# 6: Policy Alternatives and Criteria for Measurement

The goal of looking more closely at youth who age out of the foster care system in British Columbia is to decrease their negative outcomes in adulthood. In order to decrease negative outcomes in adulthood, one objective is to increase self-sufficiency after leaving government supported care.

Policy alternatives are suggested to eliminate the variability of services and programs rendered to children entering and leaving care and to address the less than perfect compliance to the Service Standards. Relevant criteria will be used to measure how well the proposed policy alternatives meet the goal of decreasing negative outcomes for youth aging out of foster care.

## 6.1 Policy Alternatives

Child development theory, adolescent development theory, adult transition theory and outcome data for youth who successfully and who did not successfully transition out of government care are used to formulate the policy alternatives suggested. Three policy alternatives and the status quo are described.

### 6.1.1 Status Quo

Although placement permanence is one of the mandates of the child welfare system in British Columbia, it is hard to achieve because of the shortage of foster homes and foster parents trained to manage children who present with challenging behaviours. Instead, the Ministry of Children and Family Development (MCFD) tries to achieve stability and continuity and tries to ensure that foster children have an opportunity to

develop a significant relationship with at least one adult by having foster children stay with the same social worker throughout their time in government care. However, this type of stability and continuity is not guaranteed because there will be disruptions due to job changes and leaves.

Just recently, the MCFD introduced a pilot mentorship program in the Lower Mainland, called Kinnections Youth Mentorship Program to address the lack of supportive relationships among youth who are in Ministry care. It is "designed to support youth in continuing care as they transition into adulthood and beyond" (MCFD website). This program is available to aboriginal youth living in Vancouver and Maple Ridge and to non-aboriginal youth living in Maple Ridge, Surrey, Langley, White Rock and Delta.

The Kinnections Youth Mentorship Program matches youth aged 15 to 19 who are in long-term continuing Ministry care with an adult volunteer with the goal of creating a supportive and lifelong relationship. It is ideal if the young person can identify an appropriate adult volunteer, such as a former schoolteacher, a coach, a family friend or an extended family member. But if the youth cannot identify someone, efforts are made to connect the youth with a suitable adult volunteer.

In addition, Child and Youth Mental Health (CYMH) services operate under the MCFD to provide children younger than 19 years of age and their families in British Columbia mental health services. Anyone can make a referral for services including the child. However, services are in high demand and waitlists for direct counselling services are common because CYMH provides services to all children in British Columbia not just to those children in foster care. In addition to direct counselling, CYMH can also connect the family to services offered by hospitals, community agencies and specialized care programs.

The Youth Education Assistance Fund (YEAF) and the Agreements with Young Adults (AYA) program both try to address the financial needs of this group who will be leaving government supported care. However, the grant funding offered by the YEAF only addresses tuition, books and living expenses of young people aged 19 to 23 pursuing post-secondary education in university, college, a university-college, and an institute or a designated private school (MCFD website). Grants can be provided for up to four years, but applicants have to reapply each year. The grant amount varies each year. In 2008/2009, the grant was worth $5500.

The AYA program, on the other hand, is a more comprehensive program that supports "young people aged 19-24 transitioning out of care into adulthood" (MCFD website). Effective July 1, 2008, the AYA is intended to provide financial and other supports to former youth in care who are interested in finishing high school, learning job and life skills, attending college or university or completing a rehabilitation program for addictions or mental health issues. Financial assistance includes living expenses, childcare, tuition fees and health care. With a written transition plan, youth aged 19 to 24 may apply for up to 24 months in funding at six-month intervals.

The Youth Supported Independent Living (YSIL) Program is a program that provides support to youth suffering from mental illness to live in an independent living situation in the community. Youth accepted into the program receive five hours of support services from a staff who helps the youth with cooking, shopping, transportation and social activities. The YSIL also provides minimal financial support to help with rent and necessities (The FORCE, 2009).

### 6.1.2 Policy Alternative #1: 100% Full Compliance to Child and Family Development Service Standards

A province-wide audit of guardianship files in the MCFD of the 2005 calendar year indicate that full and partial compliance to the Children in Care Service Standards is under 100 percent (MCFD, 2006). Compliance to the Children in Care Service Standards was assessed with the procedural requirements to document as per CIC Standard 3: Case Documentation for a Child in Care and was classified into full, partial or non-compliance. If there was no documentation of a service standard, which indicates that the intent of the service standard was not met, then that service standard would get an assessment of non-compliance. Partial compliance to the service standard means that the "intent of the standard is met but significant practice issues have not been addressed" (MCFD, September 2006, pg. 3). And, full compliance means that the service standard was fully documented in terms of actions taken and the intent of the service standard was met. To comply with the Service Standards is to act in accordance with the demands, conditions or requirements as set out in the Service Standards.

Research from the United States, the United Kingdom and Canada, specifically the recent longitudinal study completed in British Columbia, highlight the impact of variables mental health, transition planning, financial support and independent life skills on the negative outcomes of young people who age out of foster care. Whereas, research from Canada, the United States and the United Kingdom point to the importance of variables mental health, transition planning and independent life skills for successful transition out of foster care. Because the service standards directly address all the variables that theory and outcome literature identify as important to successful outcomes for children aging out of government care, 100 percent full compliance to the Child and Family Development Service Standards by social workers working in the

MCFD is a necessary and reasonable goal. Successful outcome is operationalized, in this policy research project, as self-sufficiency.

Unmanageable caseloads are likely the reason for the less than 100 percent full compliance by guardianship social workers to the Children in Care Service Standards (Salkin, 2009). Therefore, in order to implement the policy alternative of 100 percent full compliance to the Service Standards, social worker caseloads will need to be decreased. This means that additional guardianship social workers will need to be hired. Yet, the lack of published data on the number of guardianships social workers employed by the MCFD and their caseloads make it difficult to determine the exact number of new hires needed to reduce the current individual caseload to a manageable level.

In 2006, when the Honourable Ted Hughes informed that more staff and more funding are needed to meet the needs of vulnerable children under provincial care, the MCFD hired 400 new staff positions and increased spending by $278 million over three years (Public Guardian and Trustee of British Columbia, 2009). Therefore, to decrease the caseloads of current guardianship social workers in the Ministry so as to achieve the 100 percent full compliance to the Service Standards, this policy alternative suggest the addition of 100 new social worker positions over a one year period across the five MCFD regions.

The five MCFD service regions within British Columbia are Fraser, Interior, North, Vancouver Coastal and Vancouver Island (PGT, 2009). Distribution of the 100 new guardianship positions will depend on the regional distribution of children in continuing care. As of March 31, 2009, 32 percent of children in care lived in the Fraser region, 20 percent each lived in the Interior and in the Vancouver Island regions, 15 percent lived in the Vancouver Coastal region and 12 percent lived in the North region (PGT, 2009). On the basis of these numbers, 33 new positions are suggested for the Fraser region, 20

positions each are suggested for the Interior and the Vancouver Island regions, 15

positions are suggested for the Vancouver Coastal region and 12 new guardianship

positions are suggested for the North region.

In addition to new staff hires, another component of this policy alternative is an

annual audit to monitor the level of compliance to the Service Standards among all

guardianship social workers to ensure that there is full compliance of 100 percent. The

audit will take place on one working day of each year and will require guardianship staff

from one office to audit the work of another guardianship office. This audit structure is

similar to the annual audit that mental health clinicians working for Child and Youth

Mental Health take part in.

### 6.1.3  Policy Alternative #2: Early Identification with Mandatory Pre-placement Psychological Assessment

Human early development research states that "the early years represent the

unique window in the human life course during which citizen's physical, socio-emotional

and cognitive potential are particularly malleable to the positive effects of strategic

human capital investments" (Kershaw, Anderson, Warburton & Hertzman, 2009, pg. 1).

Children who do not benefit from optimally nurturing early environments risk limiting their

life-long well-being and productivity (Kershaw, et. al., 2009). This "nurturing

environment" for children in foster care is their foster homes and the child welfare

system.

Attachment theory and adolescent development theory both suggest that the

presence of a secure, stable and positive relationship will result in successful outcomes

in adulthood, defined as self-sufficiency in this policy research project. However,

outcome research indicates that young people who transitioned successfully and

unsuccessfully out of foster care both report feeling cared for and feeling very close to

their foster family. Therefore, this finding is in contrast to the hypothesis that a secure, stable and positive relationship will lead to self-sufficiency after government supported care.

Instead, outcome data reveals a high prevalence of mental health problems in this population and that achieving self-sufficiency for youth who transitioned out of foster care is associated with better mental health and having resolved psychological issues. Therefore, in order to ensure that children in foster care grow up in an "optimally nurturing environment" the child welfare system must address the emotional needs of children coming into care and compensate for their past environment of abuse, neglect and harm. As such, resources required to create this "optimally nurturing environment" should be secured and implemented for foster children as soon as they enter care.

Therefore, a mandatory pre-placement psychological assessment is needed. Although the CIC Standard 11: Assessment and Planning for a Child in Care acknowledges the need for assessment and planning, it does not note the need for a thorough psychological assessment of children entering the child welfare system in British Columbia. The purpose of this policy alternative is to ensure that the child is placed in a foster home that can adequately address his or her emotional and mental health needs and to help identify and secure the resources needed to ensure healthy childhood and adolescent development upon entry into the child welfare system. Such resources may include academic supports, a child or youth care worker and/or mental health counselling.

The psychological assessment is to be initiated as soon as the child is removed from the home and enters into a Continuing Custody Order and is to be completed before the child is placed in a permanent foster home. The pre-placement psychological assessment, which can take up to two full days or over 10 hours, assesses the child's

mental health, cognitive ability and level of functioning in terms of self-care,

communication ability and social skills and answers questions such as (Grunberg

Patterson Counselling and Psychological Services website):

- Is this child meeting his or her academic potential?

- Should this child be receiving more academic help? If so, what kind?

- What can be done to help this child develop better relationships with
  peers?

- Is this child at risk for a mental disorder? What services would be helpful?

- What strengths does this child have?

Once the pre-placement psychological assessment is completed, the social worker must

incorporate the recommendations into the child's Care Plan and secure the resources

and supports needed to meet the recommendations of the report.

To start, the implementation of this policy alternative involves the creation of a

list, by administration staff, of psychologists in the community who are trained to do

psychological assessments for children. Once this list is compiled for the different

regions in British Columbia, the Community Services Manager who manages overall

service delivery for the different regions will need to meet with the psychologists, as a

group, to explain the services needed, negotiate a standard fee and secure an

agreement from the psychologists to be on contract for services. It is expected that the

fee charged for a psychological assessment will be lower than the standard advertised

fee of $1500 to $1700 due to the large number of psychological assessments needed by

the Ministry of Children and Family Development. There are about 4000 new admissions

to care annually (McKinnon, 2006).

With this list of contracted psychologists in the community who has agreed to conduct psychological assessments for the Ministry, guardianship social workers can contact these psychologists to complete pre-placement psychological assessments on an as-needed basis. In this arrangement, the MCFD will not need to hire regular payroll staff or acquire additional office space for this policy alternative. Instead temporary caregivers, such as residential workers or foster parents, will transport the child to and from assessment appointments over the course of the two-day assessment. The long-term results of this policy alternative may point to deficits in resources as the needs of children coming into Ministry care are uncovered by the psychological assessments and waitlists for services and programs start to increase.

### 6.1.4  Policy Alternative #3: Mandatory Planning for Independence at Age 17

Despite the well-intended goals of the Child in Care Standard 15: Planning for a Child Leaving Care and Child in Care Standard16: Promoting Resiliency and Skills for Successful Community Living, the lack of full compliance to the service standards means that the level of preparedness for independence varies from youth to youth and that there are many youth who do not have transition plans (MCFD, 2006). Therefore, transition planning two years prior to aging out of care should be mandatory. This policy alternative is consistent with what theory and outcome data for successfully transitioned youth indicate is necessary.

The requirement that transition planning begin when the youth is 17 years of age allows youth and service providers sufficient time to initiate required services and resources, such as financial assistance and housing. Additionally, mandatory planning for independence will give the young person sufficient time to learn independent life skills from foster parents, youth care workers or mentors from the Kinnections Youth

Mentorship Program. It will also give youth the opportunity to deal with any feelings in counselling of abandonment or loss  that may accompany leaving a setting or a way of life that the young person has grown use to.

Since social workers currently have caseloads that are unmanageable (Salkin, 2009), in order to successfully implement this policy alternative, additional social workers will need to be hired for the specific task of transition planning. An estimated 700 youth transition out of foster care annually. Therefore, an estimated 10 social workers will need to be hired to each handle an annual caseload of 70 youth each.

There are five MCFD service regions within British Columbia: Fraser, Interior, North, Vancouver Coastal and Vancouver Island (PGT, 2009). The distribution of transition planning social workers will depend on the regional distribution of children in continuing care. As of March 31, 2009, 32 percent of children in care lived in the Fraser region, 20 percent each lived in the Interior and in the Vancouver Island regions, 15 percent lived in the Vancouver Coastal region and 12 percent lived in the North region (PGT, 2009). On the basis of these numbers, the Fraser region should get 3.5 transition planning social worker positions, the Interior and the Vancouver Island regions should get two positions each, the Vancouver Coastal region should get 1.5 positions and the North region should get one position. No additional office space will be required since transition planning social workers are expected to work with youth in offices where their guardianship social workers are located. Therefore, these positions will be classified as outreach positions with an allowance for travel.

Once the transition plan is written collaboratively with the participation of the youth, the foster parents, the relatives and/or biological parents of the youth, the guardianship social worker and the transition planning social worker, it is the responsibility of the transition planning social worker to find the programs and services

needed to reach the goals of the transition plan. There are many programs and services offered by the MCFD that can help youth successfully transition into independence, such as the YEAF, the AYA, the Kinnections Youth Mentorship Program and the YSIL. In addition, the transition planning social worker is expected to be familiar with services and programs offered by other ministries, such as the Ministry of Education and the Ministry of Housing and Social Development, and to help the young person to secure all resources available for his or her transition to independence.

Waitlists for services will likely increase with the implementation of this policy alternative because, with the implementation of this policy alternative, all youth who will be aging out of care will have a transition plan instead of the current situation where only some youth have transition plans. Therefore, more young people will be accessing services and resources, which will highlight the need for more program funding in the MCFD.

## 6.2 Criteria and Measurements

The proposed policy alternatives are compared using a set of six criteria: (i) annual operating cost, (ii) effectiveness in addressing the negative outcomes common to foster youth aging out of foster care, (iii) equity among children in foster care, (iv) Ministry of Children and Family Development acceptability, (v) stakeholder acceptability and (vi) administrative feasibility. I provide a definition of each criterion and discuss how each will be measured and evaluated. Table 6 provides a summary of the criteria and measures applied in the policy analysis.

*Table 6        Criteria and Measures for Analysis of the Policy Alternatives.*

| Criterion | Definition | Measurement | Evaluation Index |
|---|---|---|---|
| Cost | The operating cost for the period of policy implementation over the cost of maintaining status quo programming. | An estimate of annual operating cost in dollars. | High (3) = $0<br>Medium (2) = < $1M<br>Low (1) = > $1M |
| Effectiveness | The extent to which the policy alternative results in self-sufficiency. | The ranking of the level of effectiveness when compared to the status quo. | High (3) = More self-sufficient than status quo<br>Medium (2) = Same self-sufficiency as status quo<br>Low (1) = Less self-sufficient than status quo |
| Equity | The extent to which the policy alternative affects different age groups of children in foster care. | An estimate of the differential impact of the policy alternative on similar and different age groups of children in foster care in BC. | High (3) = Both horizontally and vertically equitable<br>Medium (2) = Either horizontally or vertically equitable<br>Low (1) = Not horizontally and vertically equitable |
| Ministry of Children and Family Development (MCFD) acceptability | Would the MCFD support the policy alternative? | Level of match with the MCFD strategic direction as estimated from the MCFD published documents and website. | High (3) = Strategic direction is an exact match to the policy alternative<br>Medium (2) = Strategic direction is similar to the ideology of the policy alternative<br>Low (1) = Strategic direction does not match the policy alternative |

| Criterion | | Definition | Measurement | Evaluation Index |
|---|---|---|---|---|
| Stakeholder acceptability | Social workers | Would social workers support the policy alternative? | Estimate of social worker opinion from published literature. | High (3) = Complete acceptability<br>Medium (2) = Acceptable with some concerns<br>Low (1) = Not acceptable |
| | Foster parents | Would foster parents support the policy alternative? | Estimate of foster parent opinion from published literature. | High (3) = Complete acceptability<br>Medium (2) = Acceptable with some concerns<br>Low (1) = Not acceptable |
| Administrative feasibility | | How acceptable is the policy alternative to government administrators in terms of the requirements of implementation? | An estimate of the requirements for strategic planning and bureaucratic coordination for the policy alternative. | High (3) = No strategic planning and no additional bureaucratic personnel required<br>Medium (2) = Some strategic planning and some new bureaucratic personnel hires, from one to ten staff, required<br>Low (1) = Requires strategic planning in the form of systematic reorganization and more than 10 new staff hires |

## 6.2.1  Cost

Provincial governments have budgets that are dictated by their tax revenues and federal government transfers, and the Ministry of Children and Family Development have an annual budget that is set by the Government of British Columbia. Therefore, the financial costs of a policy alternative are important for decision makers when considering a policy.

The cost criterion in this study captures the annual operating cost of the policy. It is categorized into high (3), medium (2) and low (1). Expenditures for all children in care in the MCFD for the 2008/09 fiscal year is estimated to be $228 million with an average gross cost per case estimated to be $31,170 in March 2008 (MCFD, 2008). The estimated 2009/10 budget for the Ministry of Children and Family Development is $1,394,139 million of which 57 percent is directly allocated to child and family development services (MCFD website). If no additional funding is required to implement the policy alternative, it ranks high. If implementation of the policy alternative requires additional funding of over $1 million annually, then it is given a low score. If, however, the annual funding required for the policy alternative is more than $0 but less than $1 million annually, then it ranks medium.

## 6.2.2  Effectiveness

Effectiveness for this policy problem is defined as how well the policy alternative meets the goal of decreasing negative outcomes by aiding in the successful transition into adulthood of youth who age out of the foster care system as represented by the proxy of self-sufficiency. Effectiveness is measured as a comparison between the policy alternative and the status quo. Published literature is used to estimate the level of effectiveness of each policy option. If a policy alternative is estimated to be more effective than the status quo, that is, it results in higher levels of self-sufficiency for youth after they age out of care, then it is ranked as high. If there is no change in the level of self-sufficiency from the status quo, then the rank is medium. If the policy alternative results in a lower level of self-sufficiency for this population than the status quo, then it ranks low in effectiveness.

### 6.2.3 Equity

Policy alternatives are not equitable when it adversely affects certain groups while providing benefits to another group. Because there are limited public resources, policy makers will always encounter the conflict of burdens (who pays?) versus benefits (who benefits?) on society when considering a policy alternative. Although there is no easy answer to how burdens and benefits should be distributed, policy options are most desirable when it poses limited burdens and increased benefits for society. In line with the guidelines for equity in policy analysis, horizontal and vertical equity is measured and evaluated.

Horizontal equity is the idea that similar groups should be treated equally, and vertical equity is the concept that different groups in the population should be treated differently. Horizontal equity, in the context of this policy problem, means providing equitable services to every foster child in the same age group in the population. Vertical equity refers to the idea that different age groups of children in foster care should receive different services based on the individual needs of that age group.

Literature is used to estimate whether the policy alternative will affect children in the same age group the same and whether it will affect children in different age groups differently. A high score of three indicates that the policy alternative is equitable horizontally and vertically, a medium score of two means that the policy alternative is either horizontally or vertically equitable but not both and a low score of one says that the policy option is not horizontally and not vertically equitable.

### 6.2.4 The Ministry of Children and Family Development Acceptability

The acceptability of a policy alternative by the Ministry of Children and Family Development is an important factor to consider because the MCFD provides funding for

programs and services for children and families in British Columbia. Whether or not a policy alternative corresponds to the strategic direction of the MCFD will influence the acceptability of the policy alternative to decision makers and administrators.

Published documents from the MCFD and information on the MCFD website are source materials for the measurement of this criterion. A high score of three indicates that the policy alternative matches the strategic direction of the MCFD exactly. A medium rank means that the strategic direction of the MCFD is similar to the ideology behind the policy alternative. A low score indicates that the policy alternative does not match the strategic direction of the MCFD.

## 6.2.5  Stakeholder Acceptability

When considering the viability of policy alternatives, stakeholder acceptability must be taken into account. There are many groups of stakeholders for the policy problem of children aging out of the foster care system. These include children in Ministry care, social workers who work in the MCFD and are the legal guardians for children in care, foster parents who provide care to children in care and the general population. However, acceptability from children in care and the public will not be considered since the policy alternatives strive to serve in the interest of children in care and since the general public tend to support programs and services that protect and serve children as indicated by the Convention of the Rights of the Child upheld by the UNICEF. Therefore, only those stakeholders who are responsible for the implementation of the policy alternatives—social workers and foster parents—are considered.

Stakeholder acceptability is ranked on the scale of high, with a score of three, medium, for a score of two, and low, for a score of one. A high score indicates that there is complete acceptability by the stakeholder and a low score indicates that the proposed

policy alternative is not acceptable to the stakeholder. A medium score means that the policy alternative is acceptable but with some concerns. Published literature will be used to estimate the acceptability by foster parents and social workers working for the MCFD.

### 6.2.6  Administrative Feasibility

The ease of implementation is a necessary component to consider when evaluating policy alternatives. For this policy problem, the analysis must take into account the requirements for strategic planning and bureaucratic coordination. I will apply my understanding of the operational functioning of the MCFD as suggested by information posted on the MCFD website and my past work experience with social workers and Ministry personnel to provide an estimate measure for this criterion.

For the criterion of administrative feasibility, a policy alternative scores a high score of three if no additional strategic planning and no additional bureaucratic personnel are required for implementation of services. If a policy alternative requires some strategic planning and some new bureaucratic personnel hires, from one to ten staff, for the province of British Columbia, then the policy alternative scores a medium score of two. A low score of one indicates that the policy alternative requires strategic planning in the form of systematic reorganization and more than 10 new staff hires for the province of British Columbia.

# 7: Policy Evaluation

Using the criteria and measures outlined, this section evaluates the proposed policy alternatives and the status quo. The alternatives are assessed against a consistent set of criteria to ensure comparable evaluation of all policy alternatives. Table 7 is a policy matrix that summarizes the policy evaluation.

*Table 7        Policy Matrix: Assessment of Policy Alternatives.*

| Criteria | Status Quo | Alternative 1: 100% Full Compliance to Child and Family Development Service Standards | Alternative 2: Early Identification with Mandatory Pre-placement Psychological Assessment | Alternative 3: Mandatory Planning for Independence at Age 17 |
|---|---|---|---|---|
| Cost | **High (3)** No additional funding needed to maintain status quo | **Low (1)** Hiring 100 new social workers and cost of office space results in > $1 million in costs | **Low (1)** With an estimated 4000 new admissions to care annually, the cost is > $1 million | **Medium (2)** Hiring 10 new social workers and the cost of travel for outreach results in < $1 million |
| Effectiveness | **Medium (2)** Same level of effectiveness when compared to itself | **Medium-high (2.5)** Same or higher level of self-sufficiency compared to status quo | **High (3)** Similar program shows increase in academic performance so level of self-sufficiency is expected to be higher than status quo | **High (3)** Supports are secured for independence so level of self-sufficiency is expected to be higher than status quo |
| Equity | **Medium (2)** Not horizontally equitable but is vertically equitable | **High (3)** Horizontally and vertically equitable | **High (3)** Horizontally and vertically equitable | **High (3)** Horizontally and vertically equitable |
| The Ministry of Children and Family Development acceptability | **High (3)** Current services are the result of the MCFD service plan | **High (3)** Strives to achieve 100% full compliance of the MCFD Service Standards | **High (3)** Matches the strategic direction of the MCFD | **Medium (2)** Ideology is similar to the MCFD strategic plan |

| Criteria | | Status Quo | Alternative 1: 100% Full Compliance to Child and Family Development Service Standards | Alternative 2: Early Identification with Mandatory Pre-placement Psychological Assessment | Alternative 3: Mandatory Planning for Independence at Age 17 |
|---|---|---|---|---|---|
| Stakeholder acceptability | Social workers | **Medium (2)** Acceptable but with concerns over caseload | **High (3)** Social worker caseloads are decreased | **Medium (2)** Early detection decreases later workload but concerns of workload to implement recommendations | **High (3)** Does not affect caseload and may even decrease workload |
| | Foster parents | **Low (1)** Lack of support, increasing demands and challenging cases cause burn out early in the career | **High (3)** More support for foster parents when social worker caseloads decrease | **High (3)** Can provide the type and level of care agreed to and can ask for more resources based on child's assessed need | **Medium (2)** Acceptable with some concerns because it may involve more work for foster parents |
| Administrative feasibility | | **High (3)** No strategic planning or additional personal needed | **Low-medium (1.5)** Hiring of 100 new staff and some strategic planning to house new staff | **Medium-high (2.5)** Requires some strategic planning but no new hires | **Medium (2)** Hiring of 10 new staff and some strategic planning |
| **Total Score** | | **16/21** | **17/21** | **17.5/21** | **17/21** |

## 7.1 Evaluation of the Status Quo

**Cost:** To maintain the status quo, no additional funding is needed. Therefore, according to the definition of cost for this study, status quo ranks high for cost.

**Effectiveness:** The status quo ranks medium in effectiveness because compared to itself it has the same level of effectiveness.

**Equity:** The status quo of programs and services in the Ministry of Children and Family Development for children in foster care is not horizontally equitable. Because of the less than 100 percent compliance to the Service Standards, children in the same age groups may not receive the same type or level of services. However, the status quo is vertically equitable in that different age groups will receive services that are different for each age group. For example, young children will receive early childhood intervention services while youth soon to age out of care will be eligible for the AYA or the YEAF. Therefore, the status quo ranks medium for equity.

**The MCFD acceptability:** Acceptability by the MCFD is high for the status quo because current programming is the result of the directives set out in the original service plan for the Ministry of Children and Family Development.

**Stakeholder acceptability:** Social workers who are employed by the Ministry are considered in acceptance of the status quo programming in place since they are public servants representative of the government. However, ranking is medium because of the less than 100 percent compliance rate with the Ministry Service Standards due to caseload overload (MCFD, 2006).

The supply of foster parents is decreasing (MCFD, 2008). One of the reasons for this decline is the increasing demands placed on foster parents by the Ministry. These demands include providing transportation to out-of-community school attendance, specialized appointments, regular home visits and cultural activities. In addition, foster parents are being asked to take increasingly challenging children in care earlier on in their fostering careers, which causes burn out (MCFD, 2008). Therefore, it is estimated that foster parents rank low in acceptance of the status quo.

**Administrative feasibility:** To maintain the status quo no additional strategic planning and no additional bureaucratic personnel are required. Therefore, a high ranking is assigned for the administrative feasibility criterion.

## 7.2 Evaluation of Alternative #1: 100% Full Compliance to Child and Family Development Service Standard

**Cost:** Social workers have caseloads that are unmanageable (Salkin, 2009). Because of this, compliance with the Children in Care Service Standards is not 100 percent (MCFD, 2006). Therefore, to successfully implement this policy alternative, caseloads need to be decreased with the addition of new social worker staff. Hiring 100 new social workers at an annual salary of $55,000 suggests that this policy alternative will cost the government over $5 million annually. There are also additional costs related to office space. As such, this policy alternative ranks low in costs.

**Effectiveness:** The effectiveness of this policy alternative in increasing the level of self-sufficiency of youth after they age out of care is difficult to estimate. However, 100 percent full compliance to service standards by social workers means that all children coming into government care will receive the same high standards of service. Therefore, it is safe to assume that the percentage of children in care who will successfully transition out of care and be more self-sufficient will be the same or higher than under the status quo of services. As such, it ranks a medium-high in effectiveness.

**Equity:** This policy alternative is ranked high in equity because if there is 100 percent full compliance to the service standards, then children in the same age group will receive the same services and children in different age groups will receive services that are suitable to the needs of that age group as the result of 100 percent full compliance to CIC Standard 11: Assessments and Planning for a Child in Care.

**The MCFD acceptability:** This policy alternative is highly acceptable to the MCFD because it strives to achieve 100% full compliance of the Child and Family Development Service Standards, which provides the mandatory framework for service delivery under the Child, Family and Community Services Act in the MCFD.

**Stakeholder acceptability:** Social workers would be highly acceptable of this policy alternative because it will decrease their caseload to manageable levels. Acceptability would also rank high with foster parents because social workers with manageable caseloads can provide more support to foster parents (MCFD, September 2008).

**Administrative feasibility:** Because this policy alternative requires the hiring of over 100 new staff and some strategic planning to allocate and house the new staff, it ranks low-medium in administrative feasibility.

## 7.3 Evaluation of Alternative #2: Early Identification with Mandatory Pre-placement Psychological Assessment

**Cost:** The cost for a complete psychological assessment, at the recommended rate of $140 per hour, can range from $1500 to $1700 per child depending on the time it takes to complete the assessment and the time needed to write a report detailing the findings and recommendations (British Columbia Psychological Association, 2003 and Grunberg Patterson Counselling and Psychological Services website).

With about 4000 new admissions to care annually (McKinnon, 2006), the total cost of this policy alternative can cost the MCFD up to $6,800,000. Even if the cost per psychological assessment is negotiated down in the contract for services, this policy alternative will cost more than $1 million. Therefore, this policy alternative ranks low in cost.

**Effectiveness:** Because there is no published literature linking self-sufficiency after care with psychological assessments for children in foster care, the effectiveness of this policy alternative is estimated from other relevant literature. There is evidence that children with Attention-Deficit/Hyperactivity Disorder (ADHD) and other mental health disorders, learning disabilities and behavioural problems show academic underachievement (Barry, Lyman, & Klinger, 2002 and Curry & Stabile, 2006). Because there is a high prevalence of mental health and behavioural problems among children in foster care, if such difficulties are not addressed early on, these children will continue to underachieve academically. Educational achievement is one component of self-sufficiency after leaving care.

The Primary Mental Health Project (PMHP) in the United States emphasizes early detection and prevention of school maladjustment and involves a systematic screening of school-aged children (Cowen, Gesten & Wilson, 1979). Children assessed to have significant school adjustment problems or who show potential for the development of such problems are given supportive resources. Teachers, school aides, school social workers and school psychologists rated children in the PMHP during the school year. The children were judged to have improved significantly in the dimensions of disruptive behaviours, social skills, academic skills, overall academic achievement, emotional expression and overall adjustment.

Because this policy alternative suggests a new service, it will need to be formally evaluated. However, developmental theory and programs of early detection and prevention support the effectiveness of this policy alternative. Therefore, the policy alternative ranks high for effectiveness indicating that foster children will develop and transition into adulthood more successfully—that is, they will be more self-sufficient after leaving care—than compared with the status quo.

82

**Equity:** The policy alternative is ranked high in equity because all children entering the child welfare system will receive a pre-placement psychological assessment and the types of services given will be based on assessed need. Therefore, children in the same age group will receive the same services as dictated by the assessment results and different age groups will receive different services as dictated by the assessment results. It is horizontally and vertically equitable.

**The MCFD acceptability:** In April 2008, the Ministry of Children and Family Development released a report called *Strong, Safe and Supported: A Commitment to B.C.'s Children and Youth* that documented the five pillars forming the key elements of an effective child, youth and family development service system (MCFD, 2008). Pillar 3: Intervention and Support states that "government will provide intervention services and supports based on the assessment of individual need" (pg. 5). A key action is to "improve case management and assessment models across programs" (pg. 23) while an indicator of success is "an increase in the number of children and youth in care or custody who have a secure, safe, lifelong, positive relationship with at least one caring adult" (pg. 24). Furthermore, the vision for the *Children and Youth with Special Needs Framework for Action* is "optimal development, health, well-being and achievement for children and youth with special needs" and one goal is to improve access to services by providing "the right services at the right time" (Ministry of Health Services, Ministry of Education & MCFD, 2008, pg. 5). Because the strategic direction of the MCFD is an exact match to the policy alternative, it ranks high.

**Stakeholder acceptability:** Social workers in the Ministry have large caseloads. An audit for the period of January to June 2008 found that "social workers are struggling to find the time and resources to evaluate and plan for children in care to achieve good outcomes" (MCFD, September 2008, pg. 9). Therefore, any additional task that could

increase workload may face opposition. However, because early detection, which would lead to more appropriate foster placements and resources, may actually decrease future workload for each case, social workers in the MCFD may be willing to accept the policy alternative. As such, a rank of medium is given.

Foster parents, on the other hand, would be highly receptive of this policy alternative because the goal is to place the foster child in an appropriate type and level of foster home based on assessed needs. If there is a lack of skilled homes to care for more demanding children, foster parents have recommendations in place to request additional resources. In this regard, the possibility of burn out is reduced (MCFD, September 2008). Therefore, this policy alternative ranks high for foster parent acceptability.

**Administrative feasibility:** This policy alternative requires some strategic planning in the form of contracting psychological services from psychologists in the community. However, it does not require new personnel hires. As such, it ranks medium-high for administrative feasibility.

## 7.4 Evaluation of Alternative #3: Mandatory Planning for Independence at Age 17

**Cost:** Social workers have caseloads that are unmanageable (Salkin, 2009). Because of this, compliance with the Children in Care Service Standards is not 100 percent (MCFD, 2006). Therefore, to successfully implement this policy alternative, social workers whose main job responsibility is to work with youth to plan their transition out of care need to be hired. Seven hundred youth are estimated to transition out of foster care annually in British Columbia (McKinnon, 2006). Hiring ten new social workers with an expected annual caseload of 70 and an annual salary of $55,000 suggests that this policy alternative will cost the government $550,000. In addition to salary costs,

there will also be costs associated with travelling from office to office within the region. However, all the costs together will not exceed $1 million. Therefore, this policy alternative receives a rank of medium for cost.

**Effectiveness:** Mandatory transition planning is expected to help young people secure appropriate training and educational opportunities, financial supports and housing after they transition out of care. Therefore, it should increase the level of self-sufficiency after care when compared to the status quo. Therefore, this policy alternative ranks high in effectiveness.

**Equity:** The policy alternative satisfies horizontal equity because all youth aging out of the foster care system will receive mandatory transition planning services. Vertical equity is also satisfied because children of different ages receive different services based on individual needs. Hence the rank is high.

**The MCFD acceptability:** The Ministry document, *Strong, Safe and Supported: A Commitment to B.C.'s Child and Youth*, refers to meeting the basic and universal needs of the child, such as shelter and clothing, food, safety and health, as stated in the Convention on the Rights of the Child adopted by the United Nations. In addition, a key action of Pillar 3: Intervention and Support is to "improve supports to former children in care … transitioning to adulthood" (MCFD, 2008, pg. 24). Therefore, because the ideology behind the policy alternative is similar to the strategic direction of the MCFD, this policy alternative ranks medium.

**Stakeholder acceptability:** Social workers in the Ministry will be in favour of the policy alternative because it does not affect their current caseload and may even decrease their workload. Therefore, the rank for acceptability is high for social workers. Foster parents, on the other hand, will be supportive of the policy alternative because it does not increase their workload. However, some foster parents may have some

concerns in terms of added workload because they are expected to take part in the transition planning process. As such, acceptability by foster parents rank medium.

**Administrative feasibility:** The policy alternative does require some strategic planning in terms of staff allocation and how to offer services in an outreach capacity, and it involves hiring10 new personnel. As such, it receives a rank of medium.

## 7.5 Policy Recommendation

This section outlines the recommendations for the Ministry of Children and Family Development of British Columbia based on the evaluation of the policy alternatives. The policy alternatives considered in this study are not mutually exclusive and, thus, may be considered together or separately.

The detailed policy evaluation illustrates that all three policy alternatives scored higher than the status quo and with relatively similar scores. Two of the policy alternatives, 100% full compliance to Child and Family Development Service Standards and Mandatory planning for independence at age 17, achieved a score of 17 out of 21 while Early identification with mandatory pre-placement psychological assessment achieved a score of 17.5 out of 21. Thus, all three policy alternatives are within the range of acceptability and are, therefore, recommended.

Policy alternative #1: 100% full compliance to Child and Family Development Service Standards strives to ensure that all children who enter and who are in the child welfare system in British Columbia receive services in accordance to the service standards, which provide the mandatory framework for service delivery for the MCFD. Policy alternative #2: Early identification with mandatory pre-placement psychological assessment strives to address the emotional, developmental, behavioural and cognitive difficulties of children who enter care with a focus on early intervention and prevention.

And, policy alternative #3: Mandatory planning for independence at age 17 strives to ensure that youth who age out of foster care have adequate skills for independent living and are well supported after leaving care.

Implementation of these three policy alternatives will address the concerns surrounding stability and continuity by reducing placement changes and providing children and youth the opportunity to develop a secure, safe, lifelong and positive relationship with at least one caring adult, which literature indicates is crucial to healthy development in children. Implementation of these policy alternatives also ensures that children entering government care receive appropriate services for their individual needs at the earliest possible time to provide intervention and support—this could include mental health services or educational resources—to ensure success as the child grows into adulthood. Finally, implementation of these policy alternatives ensures that all youth leaving care are prepared for independence.

Forbes and Inder (2006) state that "[i]t is often argued that proactive policy action in the form of preparatory or preventative programs can effectively pay for itself in cost savings later" (pg. 23). As such, they conducted a cost-benefit analysis on youth who aged out of the child welfare system and found that "the potential benefits to society of improved support in the leaving care phase can be substantial" (pg. 24). Specifically, they report that the costs to the Victorian State Government in Australia of supporting adults who had previously been in and transitioned out of care was "extremely high" relative to the costs of providing support to youth around the time they leave care and transition into independence. Although implementation of the three policy alternatives may be costly to the Ministry of Children and Family Development, this up-front investment in preparatory and preventative programming can result in cost efficiencies in the long-term for the Government of British Columbia.

# Conclusion

Research worldwide consistently report that children who age out of the child welfare system show negative outcomes in adulthood, such as low educational attainment, high unemployment, receiving social assistance, homelessness, abusing drugs and alcohol and being involved in the criminal justice system. A recent longitudinal study on youth who aged out of the child welfare system in British Columbia report similar negative outcomes for this population.

Following in the work of Mary Collins (2001) who wrote that the lack of theory guiding program and services may be a factor in the negative outcomes we see for youth leaving government supported care, this policy research project draws on theory to answer the research question, "Why do some children who age out of foster care in British Columbia have negative outcomes in adulthood?" Three theories were chosen because of their representativeness of the different stages of development and transition: attachment theory for childhood development, adolescent development theory and life-course theory for transition from adolescence to adulthood. This theoretical approach to informing policy is a new direction in policy research on youth leaving care and is in line with the work of Mike Stein (2006) who wrote *Young People Aging Out of Care: The Poverty of Theory*.

A review of the literature reveals that there is limited outcome data on youth who had successfully transitioned into adulthood from government supported care. Yet, this limited data confirms the hypotheses for three independent variables: mental health, transition planning and independent life skills. This data combined with data on youth who did not successfully transition into adulthood from care gives support to the three

theories applied in this research project: attachment theory, adolescent development theory and life-course theory.

Research on youth who age out of the child welfare system is a relatively new area of study, particularly in Canada and, specifically, in British Columbia. Future projects should focus on those youth who had successfully transitioned out of foster care to uncover the variables associated with their success in order to better inform policy. Additionally, because drawing on theory to guide policy, programs and services is a new approach to this topic, future studies may want to apply different theories to the study of this policy problem. And, finally, future research could also look at foster parents who provide care to children in the child welfare system and consider the types of training and supports that foster parents may need to provide quality care to these vulnerable children in order to help them to develop into useful members of society and responsible members of the workforce.

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Foster Parent Support Services Society website:
http://www.fpsss.com/BC_Foster_Care_Education_Program.html

Grunberg Patterson Counselling and Psychological Services website:
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Ministry of Children and Family Development website:
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