

Exploring Youth Outcomes After Aging-Out of Care

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The Office of the Provincial Advocate for Children and Youth is committed to supporting research conducted by youth from all areas of our mandate. We believe young people's lived experience is an invaluable source of knowledge and that combining accounts of their lives with academic studies produces a more informed basis upon which to take action and make meaningful change. The comments reflected in this report are those of the author and do not necessarily reflect the official views of the Office of the Provincial Advocate for Children and Youth.

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ABSTRACT

This exploratory research was undertaken to review outcomes for youth who have transitioned or “aged-out” of the child protection system in Ontario. The purpose is to better understand the lasting impact of growing up in the child protection system. The analysis sought to synthesize data from selected academic and “gray literature” (media stories or articles written by professionals in the field) and supplement it with information obtained from 17 informal interviews with staff at Ontario stakeholder organizations serving youth in care. The data overwhelmingly show compromised life outcomes for youth who age-out of care compared to peers who were not involved in care. Typical outcomes for youth who age out of care include: low academic achievement; unemployment or underemployment; homelessness and housing insecurity; criminal justice system involvement; early parenthood; poor physical and mental health; and loneliness. These outcomes persist across decades, countries, varied policy approaches and the research methodology used in the studies. It is tempting to suggest that traumatic backgrounds and personal characteristics of youth are the “cause” of these poor outcomes; however, the findings from this study suggest structural factors and professional practices inherent in the child protection system may contribute significantly to poor outcomes for youth aging-out of care. Both policies and systemic practices must be examined so they are more informed and able to meet the needs of young people leaving care. As such, it is recommended that a longitudinal study of youth outcomes after aging-out of Ontario’s systems of care be undertaken to improve institutional responses. Future research should: ask Ontario youth about their experiences with aging-out; explore differences between sub-groups of youth after leaving care; and undertake to identify key structural and service barriers inherent to the present system that compromise youth outcomes. An evidence-based child protection system focused on youth outcomes is essential for effective intervention in the lives of vulnerable children and families.

INTRODUCTION

PURPOSE

This exploratory research was undertaken to synthesize information from the academic and grey literature and supplement this with multiple informal interviews with Ontario service providers to: 1) identify youth outcomes after leaving care or “aging-out” of the child protection system, and 2) discuss reasons why the system struggles to affect positive life trajectories. Put another way, this report seeks to analyze data that can help to paint a picture of the lives of youth after “aging-out” of the child protection system and to explore the system’s impact on outcomes.

Though numerous studies in several developed countries on this population have been undertaken, a comprehensive analysis in Ontario is lacking. This study seeks to address this knowledge gap by relying on data from multiple jurisdictions and Ontario service providers for local context.

The current Ontario child protection system is designed without consideration of youth outcomes after exiting care, thus, making it impossible to assess if policies and the system structure adequately serve the youth under its guardianship. This research is intended to open a dialogue about the need to apply more evidenced-based child protection reform so that the system can purposefully affect positive long-term outcomes for the children it is legally tasked with parenting.

BACKGROUND

Across Canada, there were approximately 67,000 youth in residential care in 2007 (and increasing) including: foster, kinship and group care, secure treatment facilities, and youth justice facilities (Couchman and Thomas, 2011; Provincial Advocate for Children and Youth, 2016A, p.10).

Approximately 17,000 of Ontario’s 3.1 million children are in care of Children’s Aid Societies or approximately 1 out of 182 children (Provincial Advocate for Children and Youth, 2012, p.12). Almost half of these young people are Crown Wards who have been permanently removed from their homes and families. For these youth, the province has assumed formal responsibility as a ‘parent’.

Every year in Ontario, 800 to 1,000 youth age-out of care (Irwin Elman, personal communication, March 11, 2016). It is also worth noting that 16.5 percent of 16 and 17-year-old youth in care fall into the placement category of ‘living independently’ with minimal support. As a point of comparison, most Canadian youth do not start to live independently until their 20s. Not all youth in care receive sufficient financial support to

help them transition successfully to living independently. For example, 64 percent of Crown Wards and youth in customary care will eventually be eligible for an Extended Care Maintenance allowance at age 18 to support them in their transition to independent living (Provincial Advocate For Children and Youth, 2012, p.12). However, not all vulnerable youths are eligible.

Not surprisingly, some Ontario youth in care report feeling a deep sense of abandonment when they formally age-out of the system and anxiety about the impending lack of support after leaving care. One youth stated that “we all tried to grow up too fast” (Our Voice Our Turn, 2012, p.18).

There is significant convergence in the findings across studies that explore youth outcomes after aging-out of care. Irrespective of time, place, and research methodology, the data paints a consistently dismal picture for youth outcomes after aging-out compared to their same age peers in the general population, and sometimes, even compared to peers from other disadvantaged groups.

Generally, these youth:

1. have low academic achievement;
2. are more often unemployed or underemployed;
3. often experience homelessness or unstable housing;
4. are frequently involved with the criminal justice system;
5. become parents early;
6. have worsened health outcomes; and
7. experience deep loneliness.

If the child protection system was a parent, it may well have its children taken away.

These typical negative trajectories are likely multi-causal. This is why it is important to commence sincere and open dialogue about better serving the needs of these youth who are ultimately the responsibility of the province.

Acknowledging that outcomes are poor for this subset of youth compared to their same age peers is key to making *effective* change. Effective change ought to be reflected in improving youth outcomes. Instead, despite varied policy approaches across jurisdictions and time, youth outcomes have remained the same – dismal. Thus, according to this research, emulating other jurisdictions is questionable and cannot be called evidence-based.

The present exploratory study seeks to set out what is known about youth who age-out of care and then open a discussion based on several key themes that have emerged.

Future research on the Ontario population of youth who have aged out of care is essential to child protection reform.

METHOD

This research relies heavily upon peer-reviewed academic journals, and when possible, is supplemented by the grey literature and informal interviews with Ontario stakeholder organizations who could add local context to outcomes facing youth who age-out of care.

For the literature review, no parameters were set for the age of youth who aged-out of care. Most studies analyzed populations between age 16 and 30. Very little is known about outcomes of former youth in care aged 30 and above. Furthermore, search parameters included any youth aging-out of the child protection system. As such, this research cannot break out any differences stemming from types of placement, types of custody arrangements, or number of years spent in care. Due to the general lack of available data and the exploratory nature of this study, breadth was prioritized over depth.

For the academic literature component, both a general database, JSTOR, and a more sector-specific database, Social Services Abstracts, were searched for outcomes of youth aging-out of the child protection system in Ontario. Search strings are included in the table below.

Table I: Database Search Strings

JSTOR	((foster children outcomes) AND (ontario))
	((at risk youth outcomes) AND (ontario))
	((youth aging out) AND (ontario)) OR (canada))
	((foster care) AND (ontario))
	((foster kids) AND (ontario)) AND (homelessness))
Social	all(foster youth) AND (ontario OR aging out of care)
Services	(aged out foster youth) OR (aging out of care OR foster care transitioning) AND ontario
Abstracts	(aged out foster youth) OR (aging out of care OR foster care transitioning) AND ontario AND outcomes

The literature was heavily biased toward studies of negative outcomes in general. Several authors made the comment that *strengths-oriented research* was conducted infrequently (Massinga & Pecora, 2004). Very few sources studied youth who experienced “success” after aging-out. However, this bias has limited impact on the present study, as the purpose is simply to provide a comprehensive portrait of youth outcomes whatever they may be. Understanding a sub-population of youth who age-out with relatively better outcomes is a question for future research.

It should be noted that, the literature reviewed has a significant American bias. The majority of peer review studies were based in the United States. Though it would be ideal to root this study exclusively on research from Ontario or even Canadian contexts, the lack of peer reviewed sources in Ontario as well as the overwhelming consistency of results across systems in the United States, Canada and the United Kingdom across time, resulted in the decision to include all jurisdictions in the discussion.

Peer-review research applies rigorous methodology to study a defined target population. This makes these sources extremely valuable. However, appreciating that there may be cultural peculiarities limiting the generalizability of these studies to other jurisdictions, the gray literature including media articles and stakeholder reports were also explored for local context.

Informal, unstructured interviews were conducted with 17 staff from several Ontario-based organizations serving youth in care. A snowball sample method was employed for locating participants for these interviews. Note that this part of the research only informs outcomes of youth who continue to interact with various social services captured within the sample, thus, does not capture youth who aged-out and have not interacted with any services nor those missed by the sample. Ultimately, these interviews were most useful for accessing relevant insider sources missed in general online searches.

PART I: FINDINGS

Broad literature searches opened the analyses to a range of jurisdictions across several developed countries. This decision was justified by the lack of peer-review sources specific to Ontario and the general consistency of findings across jurisdictions.

No time restrictions were imposed on this study, as it became apparent that findings were mostly consistent across numerous decades from as early as the 1970s to present day. This is an important point to emphasise since despite various efforts to modernize or improve child protection systems across time, and in different countries, the impact on youth outcomes has been negligible.

Frequently, longitudinal studies were employed for entire populations or representative samples of specified populations. Occasionally, convenience samples or focus groups were employed. However, consistency in the findings across study types, sample sizes and jurisdictions lends support to the hypothesis that systemic issues may be playing a significant role in the negative outcomes experienced by numerous young people aging-out of care. It should be noted that quantitative research conducted with large sample

sizes was often correlational. Findings revealing significant correlations should be interpreted with caution, as correlation does not necessarily mean causation.

It should also be noted that studies frequently employed variable definitions of youth in care. Though some studies found that gender, race, age, sexual orientation or cultural background interacted with outcomes, subgroups of youth who age-out of care are significantly understudied.

In sum, this exploratory literature review revealed notable negative outcomes for youth exiting child protection systems including: low academic achievement and poor employment outcomes; higher risk of homelessness; interaction with the criminal justice system; early pregnancy; poorer health outcomes; and loneliness, to name a few (Gomez, et al., 2015; Kirk & Day, 2011; Lee, et al., 2015; Massinga & Pecora, 2004; Nichols, 2014; Packard, et al., 2008; Provincial Advocate for Children and Youth, 2012; Scannapieco, et al., 2007; Stein, 1994; Tweddle, 2005; Unrau, et al., 2012; Vaughn, et al., 2008).

LOW ACADEMIC ACHIEVEMENT

Key Findings

1. Over the last four decades, poor academic outcomes have been characteristic of former youth in care from Canada, the United States and Britain.
2. Youth in care struggle to complete high school - 56 percent of Ontario Crown Wards drop out of high school.
3. Every time a youth moves, they lose four to six months of academic progress and then struggle to make up the loss over time.
4. Group care predicts poorer academic outcomes.
5. Risk factors beyond a youth's personal characteristics undermine academic and career trajectories. The cumulative effect of several risk factors can be especially damaging.
6. Being a former foster child is a significantly larger obstacle to post-secondary achievement than is living in a low income family, being a first generation newcomer student or being a particular gender or race alone.
7. The vast majority of former foster youth wish to attend university.
8. Fewer qualified former foster youth pursue post-secondary compared to their peers. For youth enrolled in post-secondary, university uptake is very low. When university is pursued, significantly fewer former foster youth finish their studies compared to same age peers.

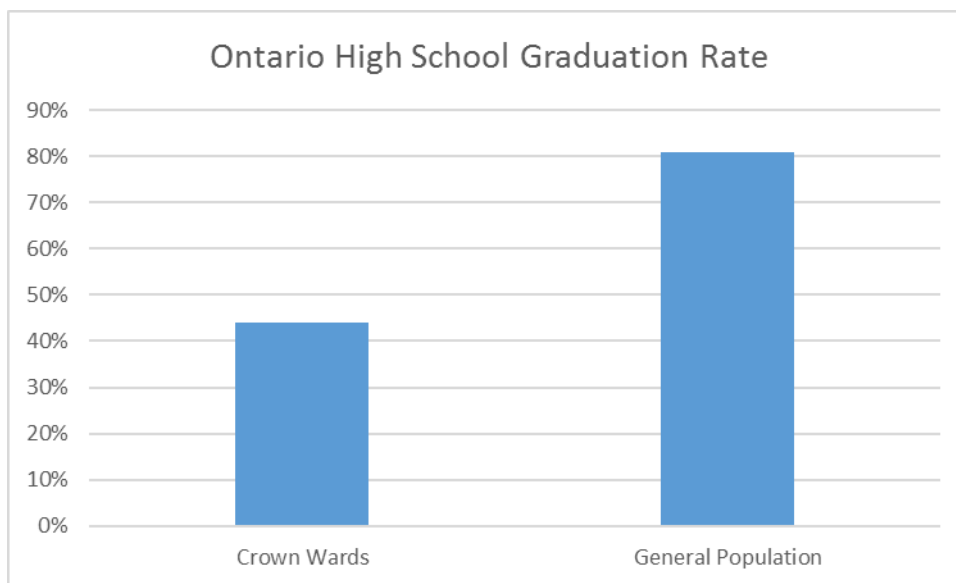
9. Foster parents are rarely cited as being a key resource for guiding youth on an academic path.
10. The difference in earnings over a lifetime is over a million dollars between a university graduate and someone who did not complete high school.

Literature Review

Poor academic outcomes for youth in care are consistent across Canadian, American and British studies (Stein, 1994). Compared to their same age peers, youth in care (especially those with longer stays in care) attain less academic credentials and fewer still go on to higher education. A 1983 study of 250 former youth in care in New York City found that they lagged behind their same age peers in scholastic achievement. Similarly, a Canadian study concluded that youth in care have a general lack of success in school (Stein, 1994).

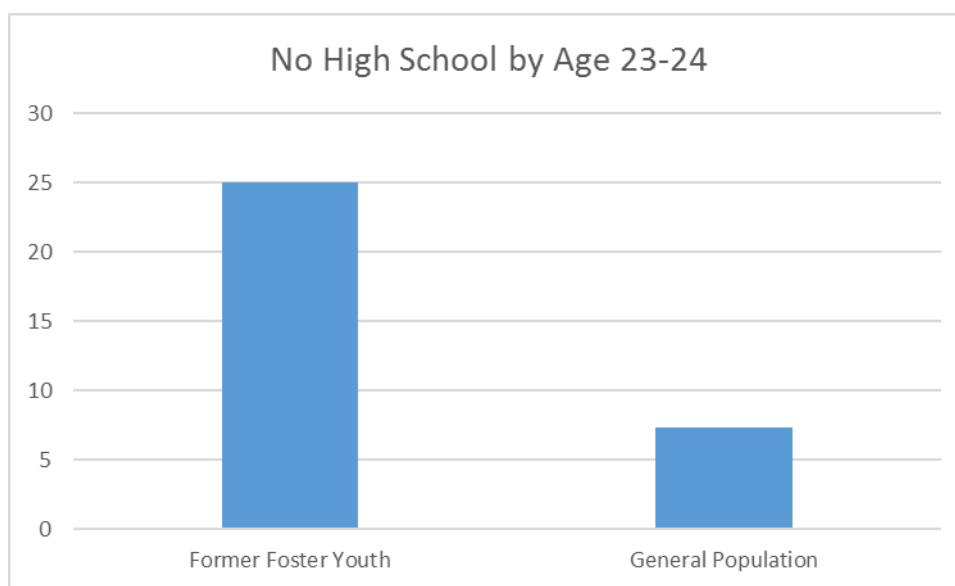
In Ontario, only 44 percent of youth in care graduate from high school compared to 81 percent of their peers (see *Figure I* below) (Provincial Advocate for Children and Youth, 2012).

Figure I: Ontario High School Graduation Rate



Similarly, in the United States, by age 23 – 24, a quarter of former foster youth still did not have a high school diploma or equivalency compared to 7.3 percent of their same age peers in a large Midwestern population study (see *Figure II* below) (Hook & Courtney, 2011).

Figure II: American Midwestern High School Dropout Rate by Age 23-24



Browell et al. (2010) undertook a longitudinal study of all youth who turned 18 in Manitoba to compare the effects of risk factors on outcomes. Youth considered at high risk for poor outcomes included: former youth in care; youth living in poverty; or youth with a mother who was a teen at first child birth. Youth with one risk factor dropped out of high school 41 to 57 percent of the time. All three risk factors resulted in a high school drop-out rate of 84 percent compared to 18 percent for youth with no risk factors. Poverty, foster care, and age of mother at first pregnancy are not personal youth characteristics. Structural risk factors present significant risks to academic performance. This study concluded that it is not only specific risk factors that undermine positive outcomes, but the cumulative effect of risk factors that is especially debilitating. It is also worth noting that youth in care come from poverty 80 percent of the time (Browell, et al., 2010).

In an American study, Kirk and Day (2011) reported that foster youth may move up to three times per year on average. Every time a youth moves, they lose four to six months of academic progress due to the disruption and logistical coordination between academic and child protection institutions. This gap is difficult to make up over time. Not surprisingly, this study estimates that approximately 54 to 58 percent of foster youths graduate high school by 19 compared to 87 percent of their peers.

Similarly, another American study of post-secondary transitions for 27 youth emancipated from foster care noted that foster youth start off behind in school and then struggle to catch up. Only 50 percent of former foster youth graduate from high school by age 18 compared to 70 percent of their non-foster peers (Batsche, et al., 2014; Unrau, et al., 2012).

A British study found that youth moved an average of 4.4 times in care and that placement stability and type interacts with the number of credentials a youth in care has when they age-out. The number of youth with no qualifications is 72.5 percent when leaving residential care versus 52 percent leaving foster care (Stein, 1994).

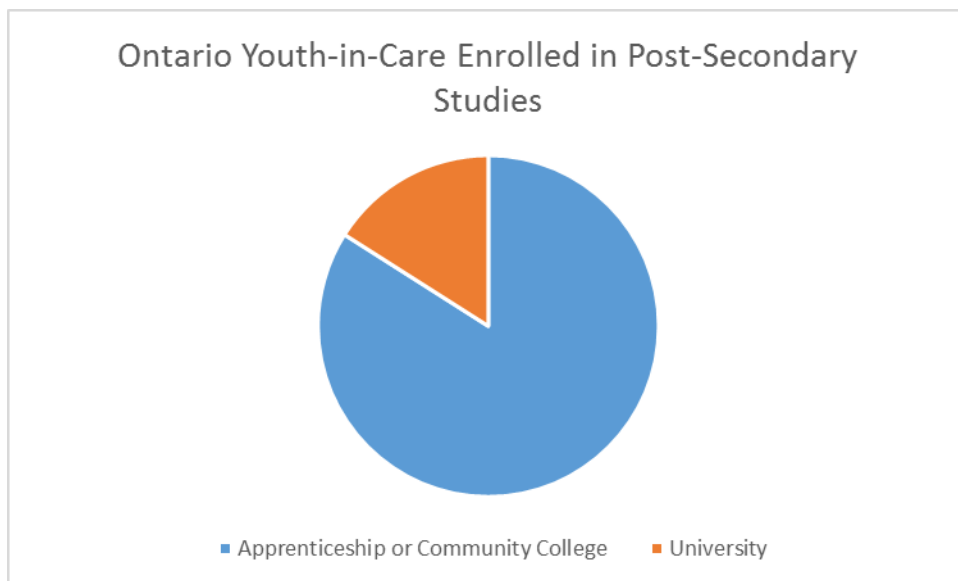
Ultimately, youth in care struggle in school; have more special education needs; higher absenteeism; are suspended or expelled more often; score 15 to 20 percent lower on standardized testing; are less likely to graduate; and repeat grades more frequently (Browell, et al., 2010).

In Canada, one study in British Columbia found that youth who were never in care were 20 times more likely to enroll in post-secondary studies (Provincial Advocate for Children and Youth, 2012). In one American study, only 18 percent of foster youth were enrolled in a degree program compared to 62 percent of their peers by age 19 (Kirk & Day, 2011). This is corroborated by another American study that found only 20 percent of foster youth who qualify for university pursue higher education compared to 60 percent of qualified non-foster peers (Packard, et al., 2012; Unrau, et al. 2012). This is not for lack of interest; 79 and 70 percent of youth surveyed express the desire to attend university or planned to go to university respectively (Unrau, et al., 2012).

In focus groups with American youth who aged-out of care and went on to higher education, four themes emerged: finding someone to help them, pushing yourself, finding the right fit and finding some money. Youth in this study relied on teachers, counsellors and mentors for support. Significantly, only *one out of 27* youth identified foster parents as a resource. A barrier to pushing yourself was the perception that college was unattainable rendering the taking of qualifying tests moot. When youth were evaluating the fit of a potential institution, their choices were often mediated by tuition exemptions for youth in care, accessibility of public transit, or support networks near the school (Batsche, et al., 2014, p. 174).

Of the former foster youth enrolled in post-secondary studies in Ontario, the overwhelming majority, 84 percent, were in apprenticeship programs or community college compared to university, 16 percent (see *Figure III* below) (Provincial Advocate for Children and Youth, 2012).

Figure III: Ontario Youth in Care Enrollment in College versus University Programs



Unrau et al. (2012) sought to determine college readiness of American foster youth. The authors found that in the first semester foster youth seemed less ready than their peers. Foster youth performed less well in the first semester and 87 percent withdrew from courses. Despite this, foster youth generally report significantly higher motivation to complete college and perceived themselves to be college-ready. Thus, their perceptions did not necessarily correspond to the reality.

The authors suggest a “pseudo-independence” attitude may be compromising academic achievement at the post-secondary level. Foster youth often cope with stressors alone and when they age-out the messaging they receive from caregivers is laden with themes of needing to be “independent”. This factor may inhibit foster youth from seeking needed supports in an unfamiliar college environment. The authors conclude that:

The combination of higher motivation to engage academically and socially with low family support, average coping skills and poorer academic performance may be the perfect storm leading to academic failure and college drop out (Unrau, et al., 2012, p. 82).

One Ontario youth said, “Although I entered university after aging-out of care with high ambitions for achieving academic excellence, my traumatic childhood greatly affected my academic performance. My first degree took longer to complete than a normal four-year track, because at different times I needed to reduce my course load to deal with the psychological difficulties that presented themselves after I left care.” (Our Voice Our Turn, 2012, p.20).

Youth aging-out are often “prematurely launched into independent living before they are developmentally ready” (Batsche, et al., 2014, p. 174). Former foster youth were acutely aware that their situation differed from their peers and that they could not afford to make mistakes (Batsche, et al., 2014).

American studies have found degree completion rates range from 1 to 10.8 percent for foster youth compared to 24 percent of non-foster peers (Unrau, et al., 2012). By age 25, only 11.8 percent graduate with a bachelor’s degree compared to 28 percent of their peers (Batsche, et al., 2014).

One study controlled for race and gender and found that foster youth attending university were more likely to drop out compared to low income and first generation newcomer students who were never in foster care. This finding suggests that among disadvantaged groups, foster youth tend to struggle the most with university completion (Unrau, et al., 2012).

Another American study compared levels of academic achievement to earnings across a lifetime (see *Table II* below).

Table II: Level of Academic Achievement and Lifetime Earnings

Level of Academic Achievement	Difference in Earnings Across Lifetime
University Degree VERSUS High School Diploma	\$900,000
Some University VERSUS High School Diploma	\$300,000
Some University VERSUS NO High School Diploma	\$500,000

(Massinga and Pecora, 2004)

These findings suggest that the difference between a university graduate compared to someone who did not complete high school may well be more than a million dollars in earnings across a life span.

At the very least, academic achievement is closely connected to employment. Just failing to complete a high school diploma is a significant predictor of future unemployment and poverty (Browell, et al., 2010). It has been suggested that high school may be especially important to former youth in care, as they have little else to support their transition from the system to adulthood. Few of these youths exit the system with financial resources or community and family supports (Browell, et al., 2010).

Stein (1994) found that the most common academic and career trajectory of British youth aging-out of care was: “leave school at 16 without qualifications, employment training and unemployment” (Stein, 1994, p.356).

UNEMPLOYMENT AND UNDEREMPLOYMENT

Key Findings

1. Despite differences in policy, the United States, United Kingdom, Australia and Canada all have poor employment outcomes for former youth from care.
2. Unemployment and underemployment is higher among youth who age-out of care compared to their same age peers as well as peers from other disadvantaged backgrounds.
3. The majority of youth who age-out of care live in poverty.
4. As many as 90 percent of youth in care may be on welfare within six months of aging-out.
5. Placement stability and type affect employment; group care predicts poorer employment outcomes.
6. Low academic achievement is connected to depressed employment.
7. Race and disability interact with employment outcomes.
8. Early pregnancy suppresses employment for the majority of aged-out women.
9. Criminal convictions suppress employment for the majority of aged-out men.
10. Former foster youth are four times more likely than the general population to engage in transactional sex.

Literature Review

Hook and Courtney (2011) pointed out that little is known about employment outcomes of youth who age-out of the child protection system. However, despite differences in policy, United States, United Kingdom, Australia and Canada have poor employment outcomes for youth exiting care (Hook and Courtney, 2011).

Generally, unemployment and underemployment are typical (Hook and Courtney, 2011; Tweddle, 2005). Less than half of youth leaving care are employed within the first quarter of discharge. This subset of youth has lower rates of employment and lower wages compared to same age peers in the general population and youth from low-income families (Hook and Courtney, 2011).

A study of Winnipeg teenage Crown Wards found that 70-80 percent were unemployed compared to the 17 percent youth general unemployment rate in the province (Stein, 1994). Another Canadian study found that 46 percent of their sample of 210 permanent wards aged 23 to 31 were unemployed. Only 32 percent of aged out youth reported fulltime employment (Tweddle, 2005).

In British Columbia, only 38 percent of youth reported earnings from employment as their main source of income within a year of aging-out (Provincial Advocate for Children and Youth, 2012). As many as 90 percent of youth were on welfare within six months of aging-out according to the Executive Director of SOS Children's Village, Douglas Dunn (BBC News, 2016). As cited in Gomez et al. (2015), Kushel et al. (2007) found that as many as 75 and 33 percent of American women and men who aged out of care respectively are receiving benefits from a needs-based government program by age 21. Similarly, British research found that only 13 percent of former youth in care found full time employment. The remainder “inhabited the world of benefits, work schemes, casual labour, and other practices (legal or otherwise) on the margin of employment” (Stein, 1994, p.355).

A study of 732 Midwestern American youth who aged-out found that by age 23 and 24, 56 percent may be classified as poor (excluding the nine percent who were disabled or incarcerated) (Hook and Courtney, 2011). In a Canadian study of 210 permanent wards, 77 percent earned less than \$20,000 annually after aging-out. However, as youth aged income did increase (Tweddle, 2005).

As cited in Hook and Courtney (2011), McMillan and Tucker (1999) found that the greater number of placements resulted in lower wages. Similarly, placement type interacted with employment outcomes; youth who exit group homes are 63 percent less likely to be employed and have lower wages than other types of placement (Hook and Courtney, 2011). In a British study, Stein (1994) also found that youths from residential care are also more likely to depend on social assistance. This may potentially be explained by the fact that youth with higher needs are more likely to be placed in residential care; however, it is also possible that residential settings may compromise future outcomes (Stein, 1994).

Education affects career trajectories. Education is perhaps the greatest predictor of employment and higher wages (Hook and Courtney, 2011). American youth who aged-out with a high school diploma were twice as likely to be employed; whereas, youth with some university or an Associate's degree were four times more likely to be employed (Hook and Courtney, 2011).

Racial differences also interacted with employment for former youth in care. African-American youth were half as likely to be employed compared to white youth. However, once hired, wages seemed equally low between black and white youth who aged-out (Hook and Courtney, 2011).

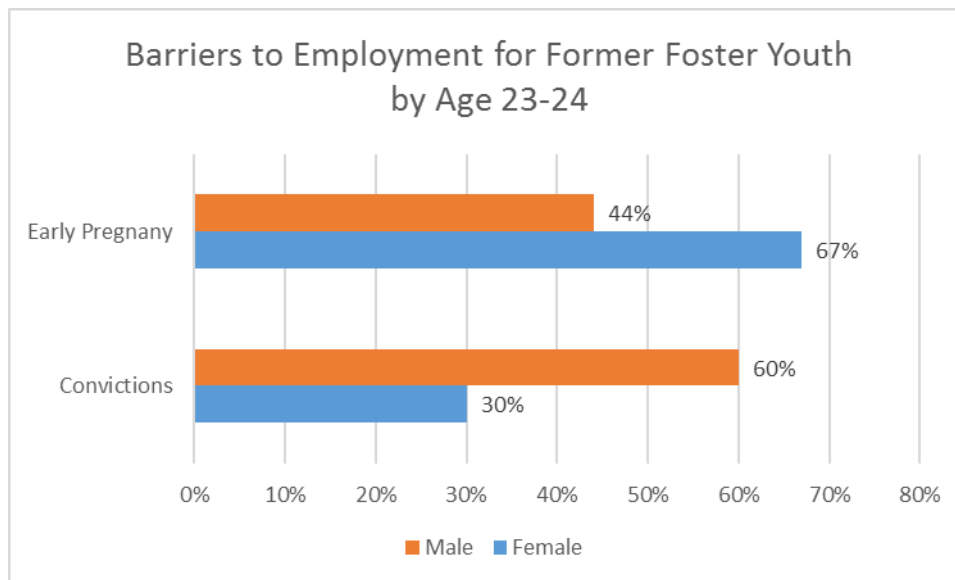
Disability may interact with employment. In Ontario, 82 percent of youth in care are diagnosed with special needs and 46 percent rely on psychotropic medications to help them manage (Our Voice Our Turn, 2012). Further, in Ontario, 80 percent of people with autism spectrum disorders are unemployed or underemployed (Provincial Advocate for

Children and Youth, 2016B). It should be noted that these were not necessarily youth from care, any youth with disability would face these employment challenges.

For former youth in care, early pregnancy and convictions typically depress employment outcomes except for young fathers whose employment rates are elevated. An American Midwestern study found that for women pregnancy typically translates to 60 percent likelihood of unemployment; whereas, it increases the likelihood of employment for men by 70 percent (Hook & Courtney, 2011).

Among former foster youth, early pregnancy and convictions undermine personal capital. Early pregnancy affects 67 and 44 percent of women and men respectively by age 23-24; whereas, 60 and 30 percent of men and women respectively have convictions by age 23-24 (Hook & Courtney, 2011). See *Figure IV* below.

Figure IV: Rates of Pregnancy and Convictions among Midwestern Former Foster Youth in the US



Former foster youth are more likely than peers to report being paid for sex (Geiger & Schelbe, 2014). Another study found that a history of sexual molestation and rape were correlated with the increased likelihood of involvement in transactional sex (Ahrens, et al., 2012). Former foster youth are two to four times more likely to engage in transactional sex than peers in the general population. Females are over-represented (Ahrens, et al., 2012).

HOMELESSNESS AND HOUSING INSECURITY

Key Findings

1. Rates of homelessness are elevated for youth who have aged-out.
2. Youth are most vulnerable to homelessness in the first six months of aging-out.
3. Placement instability prior to aging-out may project into adulthood; youth move frequently after care.
4. Couchsurfing is common even into the mid-20s.
5. Even one close contact or merely the perception of having social support available decreases risk of homelessness significantly.
6. Running away, group care, physical abuse and delinquency increase the risk of homelessness after care.
7. Housing options may also be limited for youth with special needs, mental health or behavioural disorders or substance abuse.
8. Rural youth may also be more vulnerable to homelessness and required to move to access services.

Literature Review

Rates of homelessness are elevated for youth who age-out of care (Dworsky & Courtney, 2009). Youth were especially vulnerable to homelessness within the first six months of exiting care (Dworsky & Courtney, 2009). In Ontario, approximately 43 percent of homeless youth have been involved with the child protection sector (Our Voice Our Turn, 2012). That said, not all foster youth become homeless, though, the rates of homelessness across studies range from 11 to 29 percent among foster youth.

Upwards of 11 percent of youth who aged-out of care report being homeless (Dworsky & Courtney, 2009). Dworsky and Courtney (2009) found that of 732 American Midwestern youth from the foster care system, 14 percent reported homelessness at some point after care and 54 percent of those youth reported repeated experiences of being homeless. Another study involving a large size sample of youth from care across seven states found that 25 percent of youth had been homeless since aging-out. In 1990, one study in the San Francisco area found that 29 percent of youth reported they had been homeless or had a period where they moved at least once a week since leaving care.

Even among youth who did not report homelessness, many experience housing instability. Of youth who age-out of the system, the average number of placements prior to exiting care was 2.4 to 9.5 (Curry & Abrams, 2015). This instability may project into

adulthood. For example, 25 percent of a 732-youth sample reported moving three or more moves since leaving care and the median time of being out of care was 14.4 months (Dworsky & Courtney, 2009). Thus, even though most youth in this study's sample did not become homeless, their living arrangements were far from stable (Dworsky & Courtney, 2009).

Another American study found that approximately 24 percent of 25 and 26-year-old youth who aged-out reported at least one episode of couch surfing in the last couple of years (Curry & Abrams, 2015).

Dworsky and Courtney (2009) suggest that close family ties or access to other caring adults may have protective effects for homelessness. For example, a close family tie was associated with a 68 percent decrease in the risk of homelessness. Just the perception of having social supports decreased the risk by 40 percent.

This study did not find any association between homelessness and academic achievement, work experience, previous mental health or substance abuse disorders or number of placements (Dworsky & Courtney, 2009). Instead, running away and placement type increased the risk of homelessness. Youth who had a pattern of running away from care had an eightfold increase in the probability of experiencing homelessness; whereas, group care quadrupled the risks associated with later homelessness. A history of physical abuse tripled the risk of youth homelessness and each delinquent behaviour for which they were apprehended increased the odds by 20 percent (Dworsky & Courtney, 2009).

Housing options may also be limited for youth with special needs, mental health or behavioural disorders or substance abuse (Curry & Abrams, 2015). Youth in care from rural communities also face additional challenges when forced to move into unfamiliar urban centres so they may access special services (F. Martin, personal communication, August 26, 2016).

CRIMINAL JUSTICE SYSTEM INVOLVEMENT

Key Findings

1. Rates of convictions are high compared to same age peers, especially for males.
2. Criminal behaviour seems to lessen over time for youth who age-out.
3. Gender, race and cultural background interact with criminal justice system involvement.
4. Placement type and stability are also correlated with criminal activity after aging-out.

5. Current substance abuse diagnosis, in-school status, and closeness with a caregiver were more predictive of criminality than time of entry into the child protection system, abuse or neglect history and closeness with original family.
6. Normal behaviours of foster youth are frequently criminalized.
7. Early labelling of youth in care as criminals is self-reinforcing leading to later criminality.
8. Police and official intervention has a greater effect on later criminality than adolescent delinquency, academic aptitude and demographic factors for males in care.
9. Youth in care are detained at higher rates than those not involved in care, however, there is no evidence suggesting that they committed more frequent or severe crimes.
10. During sentencing, judges factor history with child protection into their decisions; foster youth may be committed to residential programs, detention or probation related treatment more frequently than their peers.

Literature Review

In Ontario, 11 percent of Crown Wards had charges laid against them in a 2007 study (Provincial Advocate for Children and Youth, 2012). Further, 78 percent of Canadian youths accused in court are male and 62 percent are between 16 and 17 years old (Provincial Advocate for Children and Youth, 2016A). An American study of former youth in care found some evidence that incidence of criminal conduct decreases with age when comparing 17-18-year-old youth with 19 and 21-year-old groups (McMahon & Fields, 2015).

McMahon and Fields (2015) found that foster youth involved with criminal conduct were more likely to have alcohol or drug dependency, be male, be out of school, and have less caregiver closeness than foster youth with less criminal conduct. Contrarily, non-offending youth in care were more likely to be in school between ages 19 and 21.

Chronic non-violent offending was more typical among youth with earlier entry into foster care; whereas, adolescent-aged offending only was connected to later entry. Chronic violent offending was correlated with greater placement instability, group care on final placement, substance abuse diagnoses and low social support. Substance abuse diagnoses among youth in care were the greatest predictor for membership in the criminal conduct groups of the study (McMahon & Fields, 2015).

Another American study found placement stability and type were also correlated with criminal activity after aging-out (Lee, et al., 2015). An Ontario youth explains that “The

structures in group homes are divisive and are focused on control, punishment and reform rather than growth, learning and creating stability” (Our Voice Our Turn, 2012, p.16).

McMahon and Fields (2015) concluded that a current substance abuse diagnosis, in-school status, and closeness with a caregiver were more predictive of criminal conduct after aging-out than time of entry into the child protection system, abuse or neglect history and closeness with original family. This is significant because these risk factors can be mitigated before a youth leaves care.

Labelling theory has been applied to determine whether adolescent legal system involvement, through social exclusion, may lead to adult criminal activity for youth who age-out of care. Labelling theory suggests that negative social labels like ‘delinquent’ may become a self-fulfilling prophecy. There is general support for labelling theory in the literature. In fact, one Ontario youth said, “As a child I received many labels: bi-racial, orphan, foster child and Crown Ward. These labels profoundly affected my sense of identity” (Our Voice Our Turn, 2012).

Legal involvement as a juvenile seems to exclude foster youth from conventional opportunities like high school completion and employment, which results in involvement in criminal activities up to age 21 (Lee, et.al., 2015). Bernburg and Krohn (2003), as cited in Lee, et. al. (2015), found that police and official intervention in adolescence had a "direct effect on later adult crime" in early adulthood, specifically for males 19-22. This intervention applied even while controlling for adolescent self-reported delinquency, academic aptitude and demographic factors. According to Lee, et. al., there is growing evidence that legal system involvement as an adolescent may be associated with a process of exclusion that leads to ongoing adult criminal behaviours, though this theory has not been tested with foster youth (2015). Some studies suggest criminal behaviour tends to decrease over time, though very little research has been done on former foster youth beyond their early 20s.

Labelling effects are further exacerbated by the criminalization of normal behaviours by foster youth (N. Nichols, personal communication, August 26, 2016). Lack of parenting skills by foster parents and group home workers often result in calls to the police for minor disagreements such as violating curfew or acting out. Youth are more vulnerable to this when they have prior records. The Toronto Star discovered that 39 percent of serious incident reports “involved police, and showed a disturbing tendency to turn outbursts from children usually suffering from trauma and mental health issues into police issues” (Provincial Advocate for Children and Youth, 2016A). Further, one study in New York City found that foster youth were detained at higher rates than those not involved in care. However, there was no evidence to support that foster youth committed more frequent or severe crimes (Lee, et al., 2015).

Even during sentencing, foster youth fare worse than their peers. In an American study, it was discovered that judges often considered a history with child protection in their decisions. This was the most important factor for first time offenders with a history of drug use. These youths were committed to residential programs, detention or probation related treatment more frequently than their peers (Lee, et al., 2015).

EARLY PREGNANCY AND PARENTHOOD

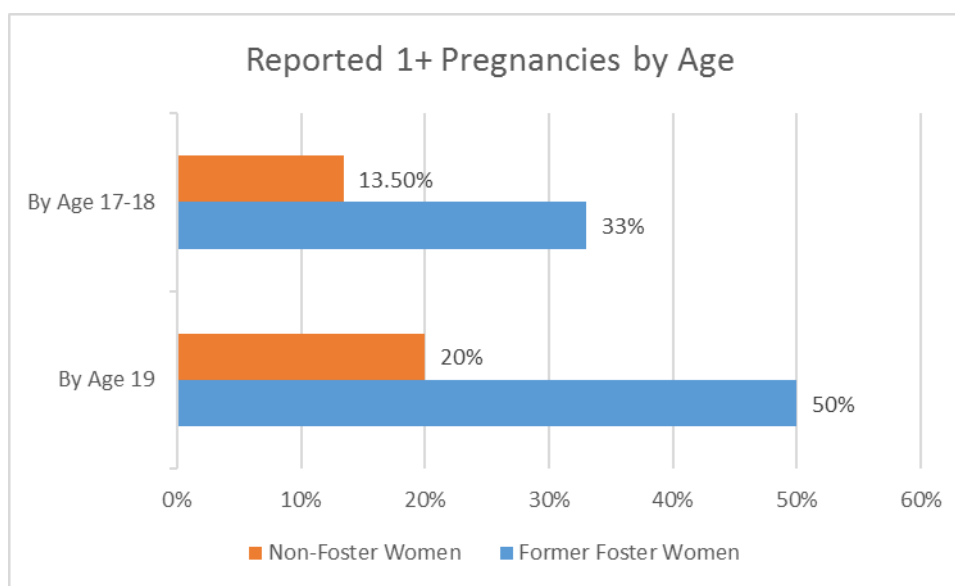
Key Findings

1. The birth rate for teenage pregnancy is triple or quadruple among women aging-out of care by age 17 to 19 compared to same age peers.
2. By age 19, half of women who aged-out of care have been pregnant.
3. Many youths reported *wanting* these early pregnancies.
4. In some cases, lack of reliable information about sex may contribute to the early pregnancy rate.
5. Psychiatric and substance abuse disorders and delinquency are associated with higher risk of pregnancy.
6. Caregiver attachment, group care, and educational attainment delay pregnancy.
7. Youth who age-out of care may be at greater risk of maltreating their children.
8. The cost of teenage pregnancies to society is in the billions of dollars.

Literature Review

A study in British Columbia found that women from care were four times more likely to have been pregnant by age 19 (Provincial Advocate for Children and Youth, 2012). Similarly, Dworsky and Courtney (2010) found that youth aging-out of care in their American Midwestern study were more likely to experience teenage pregnancy and have repeat pregnancies than their peers. One third of their American sample of 378 former foster women was pregnant at least once by age 17 or 18 compared to only 13.5 percent of their peers. By age 19, the gap had widened with 50 percent former foster women having reported at least one pregnancy. See *Figure V* on the subsequent page.

Figure V: Reported Pregnancies by Age in the Midwestern United States



It should be noted that 22 and 35 percent of the former foster youth who were pregnant by age 17-18 or 19 respectively claimed the pregnancies were wanted (Dworsky & Courtney, 2010). This is perhaps because for these youths the perceived benefits were greater than costs. Youths may seek to create a family they did not have to fill emotional voids or to prove they can be good parents (Dworsky & Courtney, 2010; Geiger & Schelbe, 2014).

Staying in care longer seems to mitigate risk of teenage pregnancy even when controlling for several other factors (Dworsky and Courtney, 2010). Several studies have noted closeness to parents as delaying the age of first intercourse and the increased use of contraceptives. Group care was also related to reduced pregnancy – perhaps due to greater levels of supervision (Dworsky and Courtney, 2010). Educational achievement is also negatively related to teenage pregnancy. Whereas, psychiatric and substance abuse disorders and delinquency are associated with higher risk of pregnancy (Dworsky and Courtney, 2010).

Another study suggests youth who age-out of care may be at greater risk of maltreating their children due to prior abusive experiences in their childhood and lack of supports and preparation for parenthood (Geiger & Schelbe, 2014). This has been termed intergenerational transmission of child abuse. Parents with histories of abuse are five times more likely to report physically abusing their own children and 1.4 more times more likely to neglect (Geiger & Schelbe, 2014). Some studies have found that teenage mothers more frequently exhibit abuse or neglect related behaviours in their parenting. They are also more likely to be unmarried, unemployed and have low educational attainment among other numerous risk factors (Geiger & Schelbe, 2014).

Teenage pregnancy may cost more than nine billion dollars a year in the United States (Geiger & Schelbe, 2014). These costs come from “foster care, health care, incarceration costs for children born to teen parents, lost tax revenue because of lower educational attainment of teen mothers” (Geiger & Schelbe, 2014, p.45). It is also estimated that an additional two billion dollars per year is spent on investigations of child maltreatment and the subsequent placement of children in care for teenage pregnancies (Geiger & Schelbe, 2014).

HEALTH AND MENTAL HEALTH OUTCOMES

Key Findings

1. Youth who aged-out report worse health and less access to healthcare than their same age peers.
2. The majority of Ontario’s youth in care identify with having special needs and half rely on psychotropic medication.
3. One third of Ontario permanent Wards have a mental health disorder.
4. Aboriginal communities in Canada have suicide rates five times that of the general population; it is unknown how this impacts youth in care in Ontario.
5. The rate of post-traumatic stress disorder in the United States may be twice as high for youth aging-out of care compared to war veterans.
6. Elevated rates of homelessness expose youth to various health issues.
7. Riskier sex and history of forced sex may expose youth who age-out to sexually transmitted infections, mental health issues and substance abuse.
8. In terms of available after-care resources, Ontario youth most commonly seek out short-term professional counselling, financial support services, and legal advice.

Literature Review

Youth who aged-out report poorer health and less access to healthcare than their same age peers (Geiger & Schelbe, 2014).

In Ontario, 82 percent of youth in care are diagnosed with some special needs and 46 percent rely on psychotropic medications to help them manage (Our Voice Our Turn, 2012). Whereas, approximately, one third of permanent wards have a mental health disorder and 49 percent of those have another disability as well (Provincial Advocate for Children and Youth, 2012, p.20). Similarly, Scannapieco et al. (2007) also found that American “Youth living with foster parents are more likely than children living with

biological parents to have behavioural and emotional problems... and to be in poor physical and mental health” (p.425).

Also, very notable is that Aboriginal youth are over-represented in care in Ontario. They make up only two percent of the general population, but are 22 percent of the Crown Ward population. Rates of suicide in some Aboriginal communities are five times greater than the general population (Our Voice Our Turn, 2012), however, the effects of this on youth in care populations are unstudied.

Further, Gomez et al. (2015) discuss one study that found that rates of post-traumatic stress disorder were twice as high for youth aging-out of care compared to the American war veteran population.

To remedy the problem of access to health services, the Ontario Association for Children’s Aid Societies has implemented an *Aftercare Benefits Initiative* for former youth in care up to age 25. The greatest uptake for benefits is prescription medications; however, dental costs are the highest for the program. Youth most commonly call in for short-term professional counselling for personal and emotional issues, financial support services, and legal advice (B. Clarke, personal communication, August 31, 2016).

Homelessness has further been correlated with the need for youth to employ survival strategies like prostitution, which may expose them to injury, disease or death (Curry & Abrams, 2015). Another study cites higher risks of “insufficient nutrition, exposure to diseases, lice, fleas, bedbugs, as well as sexual and physical violence” while homeless (Provincial Advocate for Children and Youth, 2012, p.20).

Youth from foster care do not differ from the general population of time of first intercourse and number of partners, but do report riskier sex than their peers. Also, in one study, 50 percent of female children in care experienced forced sex (Geiger & Schelbe, 2014). This has been noted as a risk factor for transactional sex (Ahrens, et al., 2012). Transactional sex increases the likelihood for sexually transmitted disease, injury due to violence and mental health disorders especially depression, suicidality and substance abuse (Ahrens, et al., 2012).

LONELINESS

Key Findings

1. Focus group studies with former youth in care uncover new themes.
2. According to youth, loneliness and isolation are additional outcomes facing youth aging-out.
3. Loneliness, isolation and stigma interact with academic and career outcomes.

Literature Review

When studies ask youth to speak to their experiences with aging-out, new themes emerge. Most notably, in Ontario, many youth submissions to the legislature in 2012 cited loneliness as an evitable outcome of aging-out of the system. In the same report, youth often reported feelings of isolation; that no one was really there for them (Our Voice Our Turn, 2012).

One Ontario youth said, “So, I very much felt alone and it would have been nice to have somebody, I guess, there to be able to say, we kind of get this and it’s okay that you’re feeling this way” and another reflected on how she remembered “sitting in my room alone the day I turned 21. I’d been alone a million times in that room before but I’d never really felt alone like I did at that point in time” (Our Voice Our Turn, 2012, p.10).

Scannapieco, et al. (2007) noted in their focus groups with American youth who had aged-out of care, youth were acutely aware that they had no one. This sometimes drove them to seek out their biological family only to be further disappointed. The authors point out that youth may not have the skills to maintain positive relationships, as they more frequently have experiences with broken relationships instead.

Stein (1994) concludes that youth aging-out face numerous challenges that interact with career goals and academic achievement especially feelings of isolation, internalizing stigma and movement and disruption in care. Couchman and Thomas (2011) also found that loneliness and mental illness were flagged as significant barriers for youth pursuing post-secondary education.

Understanding youth outcomes from the perspective of youth in care is significantly understudied and represents a gap in knowledge in this issue area.

PART II: DISCUSSION

Poor outcomes among youth who age-out of care are well established. Too often these outcomes involve: low academic achievement; unemployment and underemployment; social assistance and poverty; homelessness and housing insecurity; criminal justice system involvement; early parenthood; health, mental disorders and substance abuse (Gomez, et al., 2015; Kirk & Day, 2011; Lee, et al., 2015; Massinga & Pecora, 2004; Nichols, 2014; Packard, et al., 2008; Provincial Advocate for Children and Youth, 2012; Scannapieco, et al., 2007; Stein, 1994; Tweddle, 2005; Unrau, et al., 2012; Vaughn, et al., 2008).

Though there is a significant body of literature about outcomes of youth aging-out across countries, studies that focus on the Canadian context are lacking. For example, outcomes for Ontario youth in care have never been systematically studied as far as this research could ascertain. This raises the question whether Ontario child protection policy and structure is evidence-based in any significant way. Further, as youth outcomes are equally dismal across countries, emulating practices in other jurisdictions should be carefully scrutinized before being adopted.

The ensuing discussion will flow from the observation that youth outcomes are consistently poor across countries and recent decades. The reasons for these outcomes are no doubt multi-causal. That said, this discussion will consider two key themes inspired by this exploratory study.

Broadly speaking the literature reveals that the varied child protection policy approaches to youth aging-out of care over the last 40 years across jurisdictions have been ineffective. Further, the structure of the child protection system may contribute to negative trajectories in some instances.

Therefore, this discussion aims to illuminate why policy responses have not exerted significant positive effects on youth outcomes and how experience with the child protection system may undermine later outcomes.

FACTORS COMPROMISING CHILD PROTECTION POLICY RESPONSES

As youth outcomes remain persistently dismal after care, it is suggested that policy responses have not risen to the challenge of adequately serving these youths.

This discussion rejects the prejudicial assertion that these youths are somehow inherently flawed. Rather, the system has a potentially tremendous impact on youth development. Approximately, 30 percent of adolescents aging-out at 18 have spent nine years in care on average (Scannapieco, et al., 2007). This is almost a decade of early life where children are still undergoing major development and are subject to an intensive full-time intervention. This raises questions about why negative outcomes persist in the face of such long term and intensive intervention.

Instead, several possible reasons why policies are failing to impact youth outcomes in the long-run will be explored here. It should be noted that these are speculative and ought to be examined in future research.

Factors Undermining Policy Efficacy

1. Insufficient scale or the resources to properly implement policies
2. Policies or programs that focus on “fixing the youth” instead of “fixing the system”
3. Initiatives that potentially do more harm than good
4. Initiatives that treat youth as a homogenous group
5. System efficiency becomes the focus at the expense of its efficacy
6. Treating correlation as causation when designing policy

First, perhaps policies are not rolled out to a sufficient scale to affect outcomes more generally. This may be possible; however, some programs have been implemented state-wide with persistently dismal outcomes overall.

Second, perhaps the oft implemented ‘fix the youth’ strategies like skills training, formal mentors and print-information are not adequately suited to creating positive life trajectories. Whether life skills training programs target key skill deficits and effectively maximize learning is not well known (Massinga & Pecora, 2004, p. 158).

Various American independent living programs teaching basic life skills were evaluated, but after a decade of implementation there was little evidence to suggest youth outcomes had improved or that youth were prepared to live independently (Geiger & Schelbe, 2014). One youth in a focus group said, “You know, like these life skills programs, they don’t teach you how to survive in the real world” (Gomez, et al., 2015, p. 511). In fact, in another study, 50 percent of youth who aged-out expressed dissatisfaction with the preparation they received (Gomez, et al., 2015). Many of these independent living programs include a housing component, however, there is no data available to support the efficacy of these programs reducing rates of homelessness (Dworsky & Courtney, 2009). Often life skills and job training schemes are classroom based. These may be especially ineffective.

Mentorship programs present with mixed results. “Despite the proliferation of mentoring programs both within and outside the child protection systems, very few of these programs have been evaluated for efficacy. Only limited evidence concludes that these programs provide positive benefits for youth in care” (Avery, 2011, p.11). In fact, a meta-analysis of an extensive range of mentorship programs found only modest support for their efficacy in affecting outcomes (Avery, 2011). It is possible that formal mentorship programs can suffer from mentor turnover or differences in personality that lead to break down of the relationship. This may adversely impact a youth who adds another adult who disappointed them to their life experience. It is worth being wary of programs that seek to formalize a mentor-client relationship. These types of programs should demonstrate permanency of staff or volunteers. Natural mentors tend to be

associated with more positive outcomes. This is when relationships can evolve organically. For example, a pilot study with youth who aged-out and are currently enrolled in post-secondary frequently cited the influence of mentors in facilitating their success (Couchman & Thomas, 2011). These mentors were typically the product of organic relationships that evolved during school or with social workers. Another study found that youth who have natural mentors reported lower levels of depression, better social skills and better academic outcomes (Massinga & Pecora, 2004; Packard et al., 2012). Results were mixed for drug use and other problem behaviours were unaffected (Massinga & Pecora, 2004).

Many resources provided to youth aging-out seek to pre-empt dismal outcomes by providing corresponding information about high risk behaviours. These common resources tend to emphasise survival in crisis as opposed to pathways to better outcomes (Kovarikova, 2016). For example, if youth are at elevated risk of involvement with the criminal justice system, it seems prudent to arm them with information about their rights when they are arrested prior to aging-out. The problem with this approach is that it may have unintended harmful effects. The oft heard message that “youth are expected to fail after aging-out” can be self-reinforcing. Studies based on the application of labelling theory have demonstrated that early labels applied to young people from formal legal interventions lead to increased later involvement with the criminal justice system (Lee, et al., 2015). Future research should seek to determine the effects produced by resource material.

Third, policy may be ineffective because it is overgeneralized to all “youth-aging-out”. The problem that became apparent in this research is that youth aging-out are not a homogenous group. Many correlations were driven by specific subsets of youth within the greater population of those who aged-out. For example, elevated involvement in the criminal justice system by youth from care is driven by the overrepresentation of males (Hook & Courtney, 2011; McMahon & Fields, 2015). In fact, many characteristics, like sex, age, race, cultural background, geography, placement history, or school enrollment to name a few, all affect different types of outcomes systematically. One study found that youth who had a pattern of running away from care had an eightfold increase in the probability of experiencing homelessness; whereas, group care quadrupled risks associated with later homelessness (Dworsky & Courtney, 2009). Much research has yet to be done to truly understand who the youth aging-out of care are and how they are differentially affected by various factors. In Ontario, there is no systematic tracking of youth who age-out and very little current research. Policy cannot be effective without this data.

Fourth, it is possible that the bureaucratization of the child protection system undermines policy efficacy. For example, it is not uncommon for North American bureaucracies to place greater emphasis on efficiency over effectiveness (Johnson,

1982). Child protection reforms are not immune to this phenomenon. In other words, implementing an ineffective policy very well will not impact outcomes. In a comprehensive review of the many institutions that connect to youth homelessness, Dr. Naomi Nichols finds that “Across institutional settings people are encouraged to manage and improve their performance. They are not encouraged to think” (2014, p.138). To be fair, inefficiency can undermine efficacy so there is a case for improving efficiency. However, this is moot if certain policies are simply ineffective. No gains in efficiency will turn an ineffective policy into an effective one.

Finally, policy is ineffective when it fails to address the causal mechanism driving a poor outcome. This can occur when correlation is treated as causation. Considering this, caution should be used when making inferences about the correlation between placement stability and better outcomes. The causal mechanism to explain positive effects of placement stability are unknown. For example, it is possible that caregiver attachment is actually the cause of better outcomes and placement stability is merely spurious. If this is the case, then simply ensuring a child stays put (in a place that may not have the opportunity for attachment) may not net the expected positive results. Jail is illustrative of this point. Currently in Ontario, there is a significant push for permanency or placement stability in the child protection sector. When institutionalizing new policies, it is important that the relationship between variables is understood so that the causal mechanism is not lost. A similar note of caution about the relationship that emerged between group care and especially negative outcomes is warranted. It is possible that the higher level of needs of children in group care arrangements is driving the correlation or it is possible that something inherent to group care arrangements compromises outcomes. Correlational data cannot clarify the exact nature of the relationship so policy must be mindful of this limitation.

This discussion has explored several reasons why the varying policy approaches over the years across countries have failed to reduce the negative outcomes of youth aging-out of care in a substantial way. However, there are likely many confounding reasons why negative outcomes stubbornly persist. Future research should delve into this multifaceted puzzle further.

A CASE FOR 'FIXING' THE SYSTEM

The subsequent discussion explores how the structure of the child protection system may complicate youth outcomes after aging-out.

When discussing institutional care, treatment and support of youth, Nichols seeks to “shift the institutional preoccupation with ‘fixing’ young people towards re-imagining the ‘system’” (2014, p.139).

Several themes emerged during this literature review that ought to be further investigated.

Structural Factors Undermining Youth Outcomes

1. Structural barriers
2. Psychological barriers
3. Criminalizing youth
4. Picking ‘things’ up in care

First, when youth age-out, they encounter immense structural barriers that may lead to further disadvantage. Many studies note that youths frequently leave care unprepared and in unplanned ways (Unrau, et al., 2012). Approximately, only one third of foster youth leave the system with basic resources like a driver’s licence, essential housewares, co-signer for a lease, cash, health benefits (Unrau, et al., 2012). Massinga and Pecora (2004) add that states provide only minimal supports for education, employment, housing, health and mental health services. However, youth also encounter barriers with: “staff turnover, transportation problems, lack of coordination among various services, limited involvement of foster parents, lack of youth employment opportunities, scarcity of housing and supervised living arrangements, lack of affordable educational services, and a shortage of mentors/volunteers” (Massinga and Pecora, 2004, p.157). Almost each of these themes recurrently surfaced in interviews with Ontario stakeholder organizations working with youth who age-out of care. It is suggested here that the way transitions are handled can contribute to the dismal outcomes affecting youth post aging-out.

Second, youth also encounter psychological barriers imposed by the system. When youth are asked about their own outcomes, stigma and low expectations surface as themes. In an American study, stigma was frequently cited as a problem for youth during their post-secondary education transitions (Batsche, et al., 2014, p. 174). Stigma provides the labels that fuel low expectations. Former youth who have aged-out in Ontario said they do not have a voice that is taken seriously by adults (Our Voice Our Turn, 2012). Another youth said that the child protection system “really underestimated

me and my efforts to be independent and move forward” (Our Voice Our Turn, 2012, p.9).

In an Ontario report about youth with special needs, young people frequently cited low expectations as holding them back. Many did not attempt to pursue post-secondary studies because they were frequently discouraged, as they did not have ‘what it takes’ or they would become a ‘great failure’. Equally, limiting was the lack of active encouragement. One youth said, “What you believe, we achieve” (Provincial Advocate for Children and Youth, 2016B, p.51). In the same study, a youth with special needs did not speak of how these challenges held her back, but instead reminded people that “People with Down Syndrome have the ability to do a lot of things when we are given the chance to try. People with Down Syndrome can read, write and do arithmetic. We can work and live independently. We can drive cars and go to college too” (Provincial Advocate for Children and Youth, 2016B, p.43). These low expectations are especially disconcerting because 82 percent of youth are diagnosed with special needs and 46 percent rely on psychotropic medications to help them manage in Ontario (Our Voice Our Turn, 2012).

In focus groups with 72 former youth in care in Texas, one foster youth said, “(My) foster parent... didn’t want to help me in the home. She told me I would end up dead or in prison” (Scannapieco, et al., 2007, p.428). In another study, focus groups with American youth concluded that the child protection system inhibited the development of self-efficacy, motivation and an internal locus of control. Coders found that 59 percent of comments by youth in the focus groups reflected learned helplessness (Gomez et al., 2015). If youth are being stigmatized and receiving messaging about low expectations as they grow up in the system, then low outcomes become a self-fulfilling prophecy. Youth testimonies about barriers rooted in stigma and low expectations as they interact with the system are consistent across studies and seem too common.

Third, many youths in care are pathologized and/or criminalized for normal behaviours. One youth home worker, who also was a youth that aged-out of the system, said that group homes “put otherwise normal human beings under a microscope and pathologize normal human responses to trauma” and that this care option is “not an acceptable option for success” (Our Voice Our Turn, 2012, p.16). Even disadvantaged youth not from foster care worry for their peers from the system. Gomez et al. (2015) conducted focus groups with homeless youth not from foster care and found that they expressed concern for former foster youth because “They’re [youth who aged-out of foster care] so used to being locked up in – like foster care or jail. Just cause they were just used to like being in this box and they are so angry and so bitter. ...I would blame the system basically...” (Gomez, et al., 2015, p.511).

There is a trend also emerging where foster youth are more frequently criminalized than their same age peers. For example, lack of parenting skills by foster parents and group home workers often result in calls to the police for minor disagreements such as late curfew or acting out. The Toronto Star discovered that 39 percent of serious incident reports “involved police, and showed a disturbing tendency to turn outbursts from children usually suffering from trauma and mental health issues into police issues” (Provincial Advocate for Children and Youth, 2016A). Further, one study in New York City found that foster youth were detained at higher rates than those not involved in care, however, there was no evidence to support that they committed more frequent or severe crimes (Lee, et al., 2015). At sentencing, judges also have been found to commit some youths with history in child protection to residential programs, detention or probation related treatment more frequently than their peers (Lee, et al., 2015). Other studies have found that police and official intervention has a direct effect on later criminality even when controlling for adolescent self-reported delinquency, academic aptitude and demographic factors for males (Lee, et al., 2015). Unwarranted or excessive criminalization of foster youth sets them up on a negative trajectory.

Finally, youth pick ‘things’ up in care that are more predictive of their outcomes than personal characteristics. For example, a study of youth in Manitoba found that simply being in care was a significant risk factor compromising high school achievement, and that it loaded on other factors making a diploma almost unobtainable (Browell, et al. 2010). McMahon and Fields (2015) concluded that current substance abuse diagnosis, closeness with caregiver and current in-school status were more predictive of later criminal conduct than time of entry into child protection system, abuse or neglect history and closeness with original family. This is significant because these risk factors are not permanent or unalterable; instead, they have emerged over time while the youth was in the system.

For example, quality of recent caregiver attachment emerged as a common theme. Placement impermanency appears to affect the development of meaningful relationships. However, it is also possible that system structures undermine quality attachment. For example, in some Ontario jurisdictions, foster parents have been instructed to maintain distance with youth – unattached care. Unsurprisingly, youth feel the effects of policies like these and frequently report deep loneliness and isolation produced by the system (Our Voice Our Turn, 2012). Scannapieco, et al. (2007) noted in their focus groups that some youth were acutely aware that they had no one and this drove some youth to seek out their biological family only to be further disappointed. This loneliness may well correspond to the elevated rates of early pregnancy. Youths may seek to create a family they did not have to fill emotional voids or to prove they can be good parents (Dworsky & Courtney, 2010; Geiger & Schelbe, 2014). Through this lens, it is unsurprising that 22 to 35 percent of teenage mothers who aged-out of care reported *wanting* the early pregnancy (Dworsky & Courtney, 2010).

Conservatively, the structure of the child protection system fails to solve the problem of dismal outcomes for youth aging-out of care. However, it is very possible that the system creates or exacerbates negative trajectories for youth. An Ontario service provider commenting on youth aging-out said, “We as adults are making them [the youth aging-out] fail” (Our Voice Our Turn, 2012, p.20).

CONCLUSION

This exploratory research sought to report what happens after youth transition from the child protection system to independence as well as to discuss possible systemic factors that interact with youth outcomes.

The real-world implications of this study aim to raise awareness about the outcomes of youth who age-out to start a conversation about the role of the child protection system in life trajectories.

It is clear that outcomes are persistently poor among youth who age-out across jurisdictions, time and research methodology; in fact, outcomes are systematically negative in predictable ways. The puzzle is why? Though the answer is likely multi-causal, three possibilities ought to be further explored.

One possibility is that youth characteristics generally account for poor outcomes. Though these may be contributive, the supposition is incomplete. Many of these youths are parented for almost a decade, intensively 24/7, at a time their brain is most malleable – under 25. Thus, it is reasonable to expect that the system has immense influence over life trajectories in the same manner parents influence their children. Thus, the key questions are why do varied policy approaches struggle to improve outcomes across child protection systems and are there structural factors inherent to the system that may compromise outcomes? Though these were briefly discussed in this exploratory report, there is significant opportunity for further research.

Boldly, if routinely negative outcomes of youth who age out are any measure of the efficacy of the system itself, then neither the policies nor design of child protection in Ontario are evidence-based. The child protection system is uniquely positioned to strategically affect the lives of youth, and thus, can commit to the vision that even the most vulnerable youth in Ontario may have a bright and successful future.

RECOMMENDATIONS

1. Get informed.

Undertake a longitudinal study of youth aging-out in Ontario. Potentially partner with a research institution and/or several provinces to understand better areas of improvement unique to Ontario.

2. Study all key sub-groups of youth in care.

Youth in care are not a homogeneous group. Certain sub-groups may have unique characteristics and needs. For example, examine the outcomes of youth who have transitioned from care on a positive trajectory. The answer to better transitions lies in identifying common characteristics among this subgroup.

3. Be transparent and accountable.

Commit to collecting and publishing information on how youth are doing beyond care (Our Voice Our Turn, 2012). Use this data to measure efficacy of new policies and reforms.

4. Formally consult with youth.

Establish a council of youth who aged-out *long ago* to evaluate new policy and structural changes to child protection. The wisdom of adults with previous lived experience in care is presently a seriously underutilized resource.

5. Get out of the ‘fix the youth’ policy rut.

Evidence is mixed for the oft implemented ‘fix the youth’ strategies like skills training, formal mentors and print-information. These may cause more harm than good; know before you implement.

6. Fix the system; not just the youth.

Undertake to identify key structural and psychological barriers that are transposed on youth in care that compromise their wellbeing after aging-out. Interaction with the system itself can cause harm.

7. Go evidence-based.

Create standards for evaluating if new reforms are evidence-based, or in other words, promote positive youth outcomes. It is not enough to only have inward looking benchmarks like compliance with paperwork or permanency; we must measure the impact of involvement with the system by looking at youth outcomes after care.

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