

# Longitudinal and Life Course Studies: International Journal

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## Special Issue Outcomes of children raised in out-of-home care

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- Long-term effects of out-of-home care in Switzerland
- Adult outcomes of youths who have been in judicial institutions in the Netherlands
- Transition to adulthood in care-leavers in Belgium
- Post-compulsory educational aspiration and achievement in English looked-after youths
- Tracking the life course of male and female care-leavers in Britain
- Book review – Pathways to Adulthood

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## Foreword

**Heather Joshi**      **Executive Editor**

I would like to thank the guest editors of this issue, Janna Verbruggen, Victor van der Geest and Catrien Bijleveld, for having brought together a fascinating collection of studies about what happens to people after they have been in out-of-home care as children.

Childhood in modern societies normally involves institutions beyond the family of origin, such as school, playing a part in the raising of children, but living away from their parents as a child is not such a normal part of the life course. Children are variously described as having been 'in care' or 'looked after' by institutions or foster parents and there are various reasons, including but not only delinquency, why children are put into public care. Social disadvantage generally precedes and follows this experience. Compared to those who have been brought up entirely in the parental home, care leavers tend to have poor prospects in adult life. Out-of-home care may be protective, but also stigmatising.

The papers presented here draw their evidence from the Netherlands, Belgium, Switzerland, California and England in the 19th and 21st centuries; the latter case study includes some unaccompanied minor asylum seekers. The contributors use a variety of quantitative and

qualitative methodologies, to report diverse experiences of care leavers. The 'outcomes' considered include educational attainment, employment, family formation, crime and other behaviour problems, self image, optimism. Findings show that it is not impossible for 'graduates' of out-of-home care to proceed to successful adult lives, through their own determination, and/or with the help of institutions providing continued support beyond the threshold of legal majority. These papers will interest those interested in the history and future of policies for out of home care. They are also recommended to readers interested in life course studies more generally. The vulnerability and resilience of this marginal social group throws light on a particularly difficult passage to adulthood, without the normal back-up of a family network. The editors' introduction provides a more detailed summary.

This issue also carries the review of a book collecting papers on the transition to adulthood seen even more broadly. The theme of the importance of the adolescent's motivation and agency appears in both the book and the papers, but so too do the constraints imposed by institutional and economic structure.

## GUEST EDITORIAL

### Outcomes of children raised in out-of-home care

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#### Introduction

The overarching objective of this special issue is to examine the outcomes of children who were raised for part of their childhood in out-of-home care, including in foster care and institutions. There is a growing body of literature examining the transition to adulthood for young people leaving care (e.g. Collins, 2001; Courtney et al., 2016; Mendes, Pinkerton & Munro, 2014; Stein & Munro, 2008). While these studies generally show that youths raised in care are at risk of experiencing adverse outcomes in adulthood, the amount of literature is still small.

Research so far has shown that negative outcomes can manifest in multiple life domains, including education, employment, relationship formation, parenting experiences, health, wellbeing and life satisfaction, and contact with the criminal justice system (e.g. Mendes & Snow, 2016; Stein, 2006; Stein, Ward & Courtney, 2011). However, many studies are retrospective, and it is difficult to disentangle the impact of pre-existing vulnerabilities from the impact of the care experience itself. Also, while care arrangements have existed for several centuries in different countries, few studies have attempted to compare outcomes across jurisdictions or historical periods

(but see for example Stein, Ward & Courtney, 2011). Moreover, existing studies often either focus on small samples or follow youths for a relatively short period after they have left care.

This special issue was initiated to bring together studies on the aftercare experiences of women and men, from a variety of disciplines, covering different countries and historical periods. A first aim of the special issue is to build upon the emerging body of work on care leavers, by documenting the outcomes of youths who were followed up after they had left out-of-home care. It contains contributions that look at a variety of life domains, including 'objective' markers of adult life success, such as employment, but also outcomes that are less often considered, such as experienced social support and identity. For example, both the study by Averdijk, Ribeaud and Eisner and the article by Verbruggen, Van der Geest and Bijleveld include outcomes in objective domains, such as education, employment, accommodation, and antisocial and criminal behaviour, as well as subjective measures such as employment quality and self-efficacy. Cox, Shore, Alker, and Godfrey provide a historical analysis of outcomes in objective life domains including criminal behaviour, employment and

family formation. Furthermore, Okpych, Feng, Park, Torres-García, and Courtney examine outcomes in terms of different types and sources of social support, whilst Luyten, Nuytiens, Christiaens and Dumortier focus on self-perception and identity, and Cameron looks at realisation of educational aspirations.

A second aim of this special issue is to further investigate to what factors the generally poorer outcomes of care leavers are attributable. An important question is to what extent placement in care and its consequences contribute to difficulties in adulthood among these youths, over and above their often difficult childhood circumstances, which contributed to placement in care in the first place, but which may also explain long-term negative outcomes. In the special issue, pre-existing vulnerabilities such as childhood victimisation are considered, as well as placement in care itself and the associated stigmatisation. In particular, Averdijk and colleagues use a propensity score matching approach to examine whether childhood risk factors or placement in care contribute to negative outcomes after care. Verbruggen et al. focus on the extent to which patterns in adult criminal behaviour impact outcomes in adult life domains, whilst controlling for childhood risk factors. The theme of stigmatisation due to having spent time in care features in the contribution of Luyten, Nuytiens and colleagues.

Third, the special issue also aims to gain insight into the experiences of care leavers by examining what their life trajectories looked like after leaving care, what obstacles they experienced, and how they made sense of themselves and their time in care. Only considering objective markers of adult life adjustment may result in an incomplete picture of the lives of care leavers. Moreover, especially their subjective experiences during and after their time in care may be key to understanding why some do and others do not experience poor outcomes in adulthood (e.g. Stein, 2005). The three qualitative contributions to this special issue by Luyten, Nuytiens and colleagues, Cameron, and Cox et al. therefore help to provide a more in-depth understanding of the lives of care leavers.

The fourth and final aim of the special issue is to bring together research that examines outcomes of children raised in care from a variety of countries. The six studies included in this special issue were conducted in five different countries: the United

States, England, Switzerland, Belgium, and the Netherlands. Taken together, these studies therefore shed light on outcomes of youths who have spent time in care in a range of countries and care settings.

### Short outline of the special issue

This special issue consists of a collection of six contributions, which take different methodological approaches to the analysis of aftercare outcomes. Three papers use a quantitative approach to study outcomes of youths who have spent time in care. In addition to describing the outcomes in a variety of life domains, these studies also examine background (risk) factors that can explain (negative) outcomes after leaving care. These papers are complemented by three qualitative studies that provide an in-depth exploration of young peoples' experiences after leaving care, and paint a richer and more contextualised picture of what the lives of young people look like after leaving care.

To begin with, Okpych, Feng, Park, Torres-García and Courtney focused on the role of social support among youths leaving foster care in the United States. They studied a sample of young people in foster care who were followed up at age 19, and examined to what extent youths were still in some form of extended care at age 19, what type of arrangements they lived in, and what types and sources of social support they had available to them. The study also examined differences in social support between youths who left care by the age of 19, and those who used extended care arrangements.

In general, a substantial proportion of youths reported having inadequate emotional, tangible, or informational support at the follow-up interview. Compared to youths who had left care, youths who used extended care arrangements – offered to help them make the transition out of care and into young adulthood – felt better supported, as they were more likely to receive adequate tangible and informational support, as well as support from professionals.

Averdijk, Ribeaud and Eisner addressed the question of whether potentially negative outcomes after out-of-home placement (i.e. foster family or group home) were due to pre-existing childhood adversities, which are characteristic of youths placed in care, or due to the out-of-home placement itself. The authors used a longitudinal

study of Swiss youths, and adopted a propensity score matching approach. This enabled them to match youths who had been placed in out-of-home care to similar youths who had not experienced out-of-home care. Outcomes in several domains, measured in late adolescence, were considered, including various measures of antisocial behaviour and delinquency, internalising problems, education level and commitment, as well as optimism, trust and self-efficacy.

The study found that youths who were placed in out-of-home care came from backgrounds characterised by substantially higher levels of risk and adversity, compared to those of youths who did not experience out-of-home care, and it appeared that it was these pre-existing differences that explained negative outcomes in late adolescence, rather than out-of-home care itself. However, the authors also recognised that youths who were placed in out-of-home care experienced difficulties in several life domains, and that, although out-of-home placement did not worsen their situation, it also did not improve their outcomes.

The study by Verbruggen, Van der Geest and Bijleveld examined long-term outcomes of a group of previously institutionalised men and women from the Netherlands. Using a longitudinal study of a sample of youths who spent time in a judicial treatment institution during adolescence, the study investigated to what extent background risk factors as well as longitudinal patterns in adult criminal behaviour were associated with (negative) outcomes in different life domains. Outcomes in a variety of life domains, namely accommodation, employment, family formation, (mental) health, and alcohol and drug abuse, were measured when previously institutionalised youths were in their thirties.

The study demonstrated that youths, on average 17 years after leaving a judicial treatment institution, experienced difficulties in a variety of adult life domains. Especially those with chronic involvement in criminal behaviour in adulthood were more likely to experience difficulties in several life domains, including in the areas of accommodation, employment, contact with and financially contributing to their offspring, mental health and drug abuse. Moreover, in this specific high-risk group of previously institutionalised youths, characterised by high rates of childhood disadvantage, it was mainly criminal behaviour in

(young) adulthood that was associated with long-term negative outcomes, whilst most background risk factors were not predictive of adult outcomes. An exception was education, which improved youths' prospects in the labour market and was also associated with a reduced likelihood of contact with mental health services.

These three quantitative articles are followed by three studies using a qualitative approach to gain insight into youths' life trajectories and experiences after leaving care, and outcomes in adult life domains. First, Luyten, Nuytiens, Christiaens and Dumortier provide a subjective view on adult outcomes of care leavers from Belgium by examining how self-perception is shaped by the experience of out-of-home care, and how it develops over time. Life history interviews were conducted with people who had spent time in out-of-home care, mainly institutions but also foster care. Respondents were aged between 21 and 66, and therefore some had left care recently whereas for others their care experience was longer ago.

Three narratives of the self emerged from the life stories of the care leavers, namely, among those who spent time in institutions: a *collective* self, referring to the feeling of losing one's sense of self and individuality due to being treated as a 'number' in the group; a *problematic* self, where respondents developed a negative view of themselves because they felt the focus in care was on their problematic behaviour, whereas no attention was paid to the underlying issues causing their behaviour problems; but also a *resilient* self, meaning respondents engaged in various forms of resistance to preserve a sense of self, including both internalising behaviour such as withdrawing, as well as more visible acts of resistance such as running away. After leaving care, these narratives continued to impact their lives. Many experienced stigmatisation due to their time in care, although this appeared to diminish with age. A substantial portion of respondents were dealing with mental health problems and processing earlier traumatic experiences in adulthood. Over time, respondents' self-perception changed and became more positive. Two turning points stood out: starting to work in youth care themselves and parenthood.

The contribution by Cameron examined educational trajectories of young people with a public care background in England. Using a qualitative longitudinal biographical approach, the

study focused on whether educational aspirations at the initial interview were realised at the follow-up interview, and also shed light on the experiences of young people whilst trying to achieve their goals.

The study found that about one-third of young people had been able to fulfil their aspirations and were in or had just completed higher education. Another third were only able to partially fulfil their goals and faced practical barriers or had to adjust their aspirations. Others had not been able to achieve their goals, for example, due to difficulties in the areas of health and relationships. Although many felt it was their own responsibility to achieve their aspirations, many also pointed to experiencing a lack of adequate support.

Finally, the special issue closes with a paper by Cox, Shore, Alker, and Godfrey, which used a historical life course approach to examine the adult outcomes of youths placed in out-of-home care, and one 'industrial school' in particular, in Britain in the late 19th and early 20th century. Using digitised historical records, they reconstructed youths' outcomes in areas such as criminal behaviour, employment, and family formation. Specific attention was paid to the life courses of females placed in care.

The results suggested that most youths placed in care ended up leading regular working-class lives, and that only a few engaged in adult offending. The analysis pointed to the importance of employment after leaving out-of-home care. Interestingly, at the time, a relatively strong aftercare system was in place, consisting of supervised employment, and this may have helped youths in making a successful transition to adulthood.

Taken together, this special issue builds upon the emerging body of work on outcomes of young people who have spent time in care, by describing outcomes of children raised in out-of-home care, analysing factors associated with poorer outcomes, as well as shedding light on the subjective experiences of young people in the period after leaving care. Even though the articles in this special issue vary in terms of research question,

methodology, country and historical period, the following two conclusions stand out.

First, most articles point to the considerable challenges that youths experience after leaving out-of-home care, both in 'objective' domains such as education and employment, as well as in 'subjective' domains such as identity formation. Thus, these youths form a vulnerable group at risk of long-term adversity and social exclusion (e.g. Stein, 2006). However, it is also important to recognise that there are examples of resilience, and that for some youths their situation and experiences improve with time.

Second, the articles point to the importance of aftercare and support throughout the transition to adulthood. The transition to adulthood for young people leaving out-of-home care is both 'accelerated and compressed' compared to youths who have not been in care (Stein, 2006: 274). Care leavers have to make the transition to adulthood in a short period of time, often with limited support and resources, whereas young people not in care tend to prolong this transition period, and often rely on their families for financial and practical support throughout the period of emerging adulthood (Arnett, 2000). In recent years, the increased recognition of the challenges faced by care leavers has in some countries already resulted in some efforts to better support them through the transition to adulthood, although this has not necessarily translated into improved outcomes as of yet, and the long-term outcomes of such efforts are still unclear (e.g. Mendes et al., 2014).

Future research conducted in different countries, in which samples of youths in distinct types of out-of-home care (e.g. foster care, residential care) as well as relevant comparison groups are followed throughout the transition to adulthood using a mixed-methods approach, is needed to understand the causes of poor adult outcomes among care leavers and to determine the most effective approaches to support this vulnerable group in their attempts to make a successful transition into adulthood.

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# Living Situations and Social Support in the Era of Extended Foster Care: A View from the U.S.

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## Abstract

Social support is important for promoting resiliency and decreasing the occurrence and impact of negative life events as foster youth transition to adulthood. However, the types and amount of support may vary by where youth are placed. Additionally, it is not known whether state policies that extend the foster care age limit beyond age 18 are associated with greater social support. This paper examines how types and sources of social support vary by youths' foster care placement and extended foster care status at age 19. Data come from the CalYOUTH Study, a representative sample of youths in California foster care where 611 participants were interviewed at ages 17 and 19. Information was gathered on youths' perceived adequacy of three types of social support (emotional, tangible, and advice/guidance) and their sources of support (family, peers, and professionals). Overall, a third or more of the participants reported having inadequate support in each of the three support domains, which calls for renewed efforts to ensure that foster youth have adults they can rely on as they transition to adulthood regardless of where they happen to be living. After controlling for prior social support and other characteristics, youth in foster homes with relatives had less contact with professionals than did youth in other placements. In-care youth were more likely than out-of-care youth to have adequate advice and tangible support and to identify a professional as a support. These findings provide early support for the role of extended care in linking youth to important social resources.

## Keywords

Foster care youth; care leavers; extended foster care; foster care placement type; social support; transition to adulthood

## Introduction

Past trauma, negative experiences in out-of-home placements, and the termination of care at age 18 in most countries leave foster youth a highly vulnerable group during the transition to adulthood. Family and peers can be important sources of support, but these relationships are often strained by histories of maltreatment and dislocation (Courtney, 2010; Courtney et al., 2005; Curry & Abrams, 2015; Mendes, Johnson, & Moslehuddin, 2012). Placement moves that foster youth commonly experience while in care can uproot existing ties to caregivers, schools, and communities (Stein, 2012; Van Breda, 2015; Wade, 2008). Unlike many youth who rely on their parents well into their 20s for housing and other necessities, turning to parents for help may not be an option for care leavers (Fowler, Toro, & Miles, 2009; Toro, Dworsky, & Fowler, 2007).

In the United States, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCA) fundamentally changed foster care practice by giving states the option to extend the age limit of foster care from 18 to 21 (Courtney, 2009). The law is intended to promote positive transitions to adulthood by shielding youth from disruptive life events (e.g. homelessness) and providing opportunities and resources to build human and social capital. To date, more than 20 states have enacted laws that extend the foster care age limit past age 18 (National Conference of State Legislators, 2015). Implementing the new provisions of the law means that participating states are now responsible for supervising and providing care to young adults (non-minor dependents), which is very different from serving minors in care (Courtney, 2009). Changes will need to be made to existing service contexts and practices. For example, new housing options need to be made available that are developmentally appropriate for young adults.

While extended foster care is expected to benefit youth by meeting their basic needs (e.g. housing, daily living expenses) and enabling them to acquire education and training, it may also enhance youths' transition to adulthood by strengthening connections to individuals who can provide important resources and guidance. Social support is important because it can buffer youth from the occurrence and impact of

negative life events, and it can enhance resiliency (Collins, Spencer, & Ward, 2010; Stein, 2008; Van Breda & Dickens, 2015). As foster youth prepare to leave state care, supportive individuals help make sense of the transition, assisting youth with clarifying their goals, mapping out their next steps, and making them feel understood and accepted (Collins et al., 2010). The presence of socially supportive individuals can be a source of constancy during a time of flux and uncertainty, and can build interdependence during a transition that is heavily focused on achieving independence (Curry & Abrams, 2015; Samuels & Pryce, 2008).

In U.S. states that have extended the foster care age limit, the amount and types of social support available to youth may be influenced by whether they remain in care past age 18. Furthermore, among young adults participating in extended foster care, the sources and forms of available social support may depend, in part, on the type of living arrangement in which they reside. To address these important but largely unexplored issues, the present study draws on data collected in California, the state with the largest foster care population in the U.S. and one of the early adopters of the FCA (AFCARS, 2015; Courtney et al., 2016a; Webster et al., 2016). In this paper, we examine how the types and sources of social support vary by participation in extended foster care and by living arrangements among youth in extended care.

## Literature review

### The role of social support during the transition to adulthood

Despite the many cultural, systemic, and policy differences across nations, social support is generally recognised as playing a vital role for care leavers as they transition to adulthood (Atwool, 2016; Hiles, Moss, Wright, & Dallos, 2013). Scholars have noted that many youth transitioning from foster care often remain disconnected from important social support figures (Courtney, 2010; Fowler, Toro & Miles, 2011), while other care leavers experience difficulties in utilising available social supports (e.g. Samuels & Pryce, 2008). Histories of trauma, loss, removal from one's family of origin, and frequent placement and school changes while in foster care may stifle or

complicate the formation of trusting relationships with adults (Collins et al., 2010; Curry & Abrams, 2015; Greeson et al., 2015; Samuels & Pryce, 2008; Stein, 2012; Van Breda, 2015; Wade, 2008). However, several scholars have found that supportive networks of relatives, foster parents, mentors, workers, and peers that youth establish while in care are helpful during the process of leaving care, especially in terms of emotional and practical support (Dima & Pinkerton, 2016; Mendes & Snow, 2016; Stein, 2012). Additionally, youth who have a history of stable placement while in care, as well as a later and more gradual transition out of care, have been found to fare better in navigating the transition than youth with unstable placement histories and abrupt exits (Hiles et al., 2013). Some scholars in the U.S. draw attention to mixed messages that youth receive while in foster care. Strong emphasis is placed on both becoming self-sufficient and relying on others for support (Curry & Abrams, 2015; Samuels & Pryce, 2008). While independence can be a source of resilience, it can also lead to feelings of disconnection from others, cause anxiety about receiving emotional support, and prevent youth from forming relationships with potentially supportive individuals (Cunningham & Diversi, 2012; Samuels & Pryce, 2008).

Social support refers to actual and perceived help and aid provided by others (Curry & Abrams, 2015). Researchers have found that care leavers actively seek out and create relationships that satisfy a need for belonging and trust, and they construct networks of individuals who can support and assist them in achieving their goals (Samuels, 2008; Van Breda, 2015). Two ways that social support has been differentiated are by type of support and source of support (Greeson, Garcia, Kim, Thompson, & Courtney, 2015). Support type refers to the content of the support that is available or provided, and common types include emotional, informational, tangible, and companionship. Different types of social support provide distinct resources important for negotiating developmental transitions and challenges. For example, emotional support (e.g. caring, listening, showing empathy) can promote trust, esteem, and feelings of having reliable alliances with others (Greeson & Bowen, 2008; Van Breda, 2015). Emotionally supportive relationships can lead youth to feeling understood and respected, maintain

positive self-esteem in the face of hardships, and reduce feelings of loneliness and disconnection (Dima & Pinkerton, 2016; Mendes & Snow, 2016; Stein, 2012). Tangible support (e.g. financial resources, material goods, practical assistance) includes concrete resources and help that are instrumental in completing tasks, meeting material needs, and responding to emergencies (Greeson & Bowen, 2008; Stein, 2012). Transitioning out of care often results in foster youth losing important resources and becoming increasingly responsible for their own material wellbeing (Courtney & Heuring, 2005; Fowler, Toro, & Miles, 2011; Masten, Obradovic, & Burt, 2006). Informational support involves gathering and sharing important information. In addition to information needed for specific tasks (e.g. completing a job application), informational support includes advice about resolving conflicts, communicating effectively, and other interpersonal skills that help youth transition into adult roles and responsibilities (Dickens, 2016; Stein, 2012).

In terms of sources of support, connections to relatives, peers, professionals, and foster families have been found to be important for youth as they transition out of care (Stein, 2012; Wade, 2008). Studies report that the majority of foster youth stay in contact with relatives (Collins, Paris, & Ward, 2008; Collins et al., 2010; Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007; Jones & Kruk, 2005; Samuels & Pryce, 2008). Findings are mixed with respect to the quality of transition-age foster youths' relationships with their relatives; studies generally find most young adults who aged out of care report a close relationship with at least one adult member of their birth family, although some care leavers report having ongoing conflicts with birth families (Cashmore & Paxman, 2006; Courtney, 2010; Courtney et al., 2007; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Curry & Abrams, 2015; Mendes, Johnson, & Moslehuddin, 2012; Samuels, 2008; Stein, 2012; Wade, 2008). For example, studies in Australia have found that young people express unresolved feelings of anger, rejection, and resentment in the wake of unsuccessful family reunifications (Mendes et al., 2012; Moslehuddin, 2010). In some cases, the process of returning to one's birth family disrupts positive relationships foster youth have formed while in care with other

individuals such as friends, caregivers, and workers (Van Breda, 2015).

Friends, romantic partners, schoolmates, and other peers are common sources of support for care leavers. Peers can provide advice and moral encouragement, serve as buffers from involvement in risky behaviour, and help foster youth during times of crisis such as unexpected bouts of homelessness (Garrett et al., 2008; Perez & Romo, 2011; Toro, Dworsky, & Fowler, 2007; Tyler & Melander, 2011). Professionals are another potential source of support for care leavers. Youth in foster care come into contact with a wide range of professionals, including adults in child welfare services and courts, schools, mentoring programmes, and other arenas (Daining & DePanfilis, 2007; Lemon, Hines, & Merdinger, 2005; Stein, 2012). Some youth maintain contact with professionals in the child welfare system after leaving care, and these adults have been found to continue to serve supportive roles in the lives of care leavers (Collins et al., 2010; Dickens, 2016).

Types of support are often related to sources of support, as “certain types of support tend to come from specialised sectors of social networks” (Perry, 2006, p.386). Close, informal ties commonly serve a “bonding function,” providing emotional support and companionship, while formal ties often serve a “bridging function,” linking youth to resources and opportunities that may not be available in their emotionally-close networks (Lin, 2001). Studies of foster youth have found that informal networks of family and peers provide emotional support, tangible support, and companionship, while professionals commonly provide information and tangible support needed for task completion (Ferrand, Mounier, & Degenne, 1999; Singer, Berzin, & Hokanson, 2013; Wellman & Wortley, 1989).

### **Extended foster care in the U.S.**

The FCA represents a shift in U.S. child welfare policy toward greater acknowledgment and responsibility of the government in supporting older foster care youth as they transition to adulthood (Courtney, 2009). Key provisions of the FCA extend eligibility for foster care services to age 21, permit states to use foster care funds for housing costs for youth between ages 18 and 21 who had remained in care after their 18th birthday, and allocate public

funding for health and mental health services up to age 21 for youth who remain in care<sup>1</sup> (Fowler et al., 2011). To be eligible for extended care, youth must be in care on their 18th birthday and meet one of the following criteria: work 80 hours per month, participate in a program to remove barriers to employment, be enrolled in secondary or post-secondary school, or be unable to perform any of these activities due to a medical condition (Geen, 2009).

Upon the enactment of the California Fostering Connections to Success Act (Assembly Bill 12), California was one of the early adopters of the FCA (Courtney, Charles, Okpych, Napolitano, & Halsted, 2014). Beginning in 2012, young people in California foster care have an option to remain in care until their 21st birthday. As the state with a substantial portion of the U.S. foster care population, California offers an important opportunity to investigate changes in youth outcomes in the post-FCA era (Courtney et al., 2014). Eastman and colleagues (2017) used state administrative data to investigate rates of extended foster care participation in California before and after the enactment of the law (Eastman, Putnam-Hornstein, Magruder, Mitchell, and Courtney, 2017). They found that, among youth who were in care at age 17, the proportion of youth who were still in care at age 19 increased from 19% in 2009 (pre-extended care era) to 67% in 2012 (extended care era). While the impact of extended foster care on youth outcomes remains to be seen, it is clear that the law increased the proportion of youth who remain in care beyond age 18.

### **Living arrangements of foster youth in the U.S.**

The most common placement options for adolescents in foster care under age 18 include foster homes with non-relatives, foster homes with relatives, and congregate care placements (e.g. group homes, residential treatment centers) (Courtney, Terao, & Bost, 2004; Eastman et al., 2017). In some cases, foster families are provided extra training and support from trained professionals to care for foster children with special behavioural, emotional, or physical needs.

For youth who remain in care after age 18, two additional placement options were created in California in recognition of youths’ developmental

needs and desire for more independence. Supervised Independent Living Placements (SILPs) allow youth to live on their own or with roommates in a placement approved by their caseworker (e.g. an apartment or college dormitory), and they receive monthly payments to help pay for the cost of rent and living expenses. SILPs are the placements that provide youth in extended care with the most independence and autonomy. After youth reach age 18, SILPs become a common living arrangement, with about one-third to one-half of non-minor dependents in California residing in these settings (Courtney et al., 2005; Courtney et al., 2016a; McCoy, McMillen, & Spitznagel, 2008). The second new placement type is the Transitional Housing Placement (THP). For young people who may not be ready for the autonomy of SILPs, THPs are shared or scattered site apartments that provide foster youth with an array of psychoeducational, independent living skills, employment readiness, and other services to prepare them for adulthood. THPs are supervised and resource-intensive placements that are considerably more expensive than SILPs. While SILPs and THPs offer new living options to non-minor dependents, in practice, a major concern is the lack of safe, affordable housing, particularly in urban areas (Napolitano & Courtney, 2014; Courtney et al., 2016b).

For youth who do not remain in foster care after age 18, residing with relatives or living on their own or with romantic partners are the most common living situations at age 19 (Courtney et al., 2005; Courtney et al., 2016a; McCoy et al., 2008).

### **Differences in social support by extended foster care participation and living arrangement in the U.S.**

Given the recency of extended foster care in the United States, little research has examined differences in the types and sources of social support between youth who remained in care beyond their 18th birthday and youth who exited care prior to reaching age 18. One study, which included two states where foster care ended at age 18 and one state where youth could remain in care to age 21, did not find significant differences in the perceived availability of social support between in-care and out-of-care youth at age 19 (Courtney et al., 2005). Information on sources of support was not collected

in this study. To our knowledge, no studies have investigated differences in type and source of social support among youth living in different extended foster care placements. Given the variety of living options available to non-minor dependents and that different placements may hinder or create opportunities for youth to access social support, this study addresses these gaps in knowledge with three analytic objectives:

1. Describe the living arrangements, types of social support, and sources of social support among foster youth, both at age 17 and at age 19.
2. Investigate whether types and sources of social support differ between youth who remained in care to age 19 and youth who had exited care.
3. Among youth who were still in foster care at age 19, investigate whether types and sources of social support differ by their living arrangements.

## **Methods**

### **Recruitment and sampling**

Data come from the California Youth Transitions to Adulthood Study (CalYOUTH), a longitudinal study of transition-age foster care youth in California (Courtney et al., 2014). The study was approved by the Institutional Review Board at the University of Chicago's School of Social Service Administration and the California Committee for the Protection of Human Subjects prior to initiating the study. The wave 1 interviews were conducted in 2013. Youths were eligible to participate in the study if they were between 16.75 and 17.75 years of age at the time of sample draw and had been in the California foster care system for at least six months. The sampling frame was created from data extracted from the California administrative data system for child welfare services. From the initial sampling frame of 2,583 youths, a stratified random sampling approach was used to divide California counties into six strata based on the total number of eligible youths in each county. After ineligible youths were excluded, the final sample for the wave 1 survey consisted of 763 youths.<sup>2</sup> Of the 763 eligible youths, 727 completed the wave 1 interview, yielding a response rate of 95%. Of the wave 1 respondents, two participants asked not to be contacted for follow-up interviews and one participant passed away between waves 1 and 2. The remaining 724 youths were eligible to participate in

the wave 2 interviews, which took place in 2015. A total of 611 youths completed wave 2 interviews, which is 81% of the study sample and 84% of the wave 1 respondents (Courtney et al., 2016a).

The sample for the present analysis includes youths who completed both the wave 1 and wave 2 interviews, which consists of 611 participants. We examined potential differences in all of the covariates measured at wave 1, described below, between the 611 youths who completed both interview waves and the 116 youths who completed only the wave 1 interview. There were no statistically significant differences ( $p < .05$ ) between these two groups in any of the wave 1 measures.

### Data collection

Wave 1 interviews occurred between April and October of 2013, and wave 2 interviews took place between March and December of 2015. Of the 611 wave 2 interviews, 592 were completed in person and 19 were completed by telephone, including five interviews with incarcerated participants. The wave 1 and wave 2 surveys each covered over 20 content areas and were designed to take 75 to 90 minutes to complete. Audio-enhanced and computer-assisted self-interviewing was used for sensitive questions (e.g. sexuality, pregnancy, mental health, past maltreatment). As incentive to participate, youths were offered \$50 at the wave 1 interview and \$60 at the wave 2 interview.

Data collected from CalYOUTH Study interviews were linked to state child welfare administrative data, which were used to cross-check youths' self-reported foster care status and placement type at each of the two interview waves. Among the 611 respondents, 601 granted permission for CalYOUTH researchers to access administrative data for research purposes.

### Measures

#### **Outcome measures: Social support**

Three measures were used to capture social support types and three measures were used to capture sources of social support.

**Types of social support.** During both interview waves, participants were asked whether they had enough people to turn to for three types of social support. Emotional support pertains to having individuals to talk to about personal or private matters, or if youth had something on their mind that

was worrying them or making them feel down. Tangible support relates to having individuals to lend or give youth something they needed or pitch in to help them with something they needed to do (e.g. people who would run an errand for them; lend them money, food, or clothing; or drive them somewhere they needed to go). Informational support pertains to having individuals to turn to if youth needed advice or information (e.g. if youth did not know where to get something or how to do something they needed to do). The original response choices included "enough people you can count on," "some but not enough people you can count on," and "no one you can count on." For this analysis, binary variables were created for each support type, with one indicating youth had enough support and zero indicating that they had no support or not enough support.

**Sources of social support.** The Social Support Network Questionnaire (SSNQ) was used to capture information on participants' sources of social support. The SSNQ is a brief instrument designed to measure aspects of youths' relationships with specific individuals who are nominated as people youth can turn to for different types of social support (Gee & Rhodes, 2007). A modified version of SSNQ was administered during both waves to both meet interview time constraints and to tailor certain response options to a foster care population.<sup>3</sup> During the study interview, participants were first asked to nominate up to three individuals they would most likely turn to for emotional support, up to three individuals they would most likely to turn to for tangible support, and up to three individuals they would most likely to turn to for informational support. Once a roster of nominated individuals was created, youths were asked follow-up questions about each nominee including their relationship with each person. For the present analysis, we classified nominees into three groups: professionals (caseworkers, teachers, school counsellors, therapists/counsellors, mentors, foster caregivers or some other professionals), relatives (siblings, biological parents, step-parents, aunts/uncles, cousins, and grandparents), and peers (friends, co-workers, classmates, and romantic partners). For each of these three groups, a count variable was created for the number of distinct individuals nominated by a respondent, as well as a binary variable with one indicating that the

respondent nominated one or more individuals in this group and zero indicating that the respondent nominated zero individuals in this group. Similar to our measures of social support types, the measures of social support sources were collected at both wave 1 and wave 2.

**Main grouping variables: Extended foster care status and foster care placement type**

**Extended foster care status.** Participants' extended foster care status was captured by a binary variable, with one indicating that the participant was in care at the time of the wave 2 interview and zero indicating that they were not in care.

**Placement type.** Participants who were in foster care were asked about their current living situation at both interview waves. For wave 1, the living arrangements included five categories: non-relative foster home, relative foster home, therapeutic foster care agency home (TFC)<sup>4</sup>, congregate care (group home or residential treatment center), and other placement (guardian home, adoptive home, independent living arrangement, or court-specified home). The wave 2 placement options included: non-relative foster home, relative foster home, TFC home, supervised independent living placement (SILP), transitional housing placement (THP), and other placements (congregate care, guardian home, court specified home, jail/prison, and hospital/rehab)<sup>5</sup>.

**Control variables: Youth characteristics at age 17 (wave 1)**

**Demographic characteristics.** Information was gathered on participants' gender, race/ethnicity<sup>6</sup>, nativity status (born in the U.S. vs. not), and age at each interview wave. Recognising that sexual minority youth are often estranged from their families and sometimes experience marginalisation while in care (Wilson, Cooper, Kastanis, & Nezhad, 2014), we also created a binary variable for youths' self-reported sexual minority status, with a one indicating that the participant identified with one of five statuses (mostly heterosexual, bisexual, mostly homosexual, 100% homosexual, or not sexually attracted to either males or females) and a zero indicating that they identified as 100% heterosexual.

**Contact with biological parents.** The strengths of youths' connections with their family of origin, particularly their birth parents, might influence their

likelihood of obtaining support from both extended family members and from professionals connected to the foster care system. With this in mind, we controlled for youths' contact with each biological parent. At wave 1, participants were asked about the number of visits they had with their birth mother and with their birth father in the past year. Binary variables were created for each biological parent indicating whether the youth had 12 or more visits with the parent in the past year (i.e. about one visit per month) or not.

**Mental health status.** Youths' mental health status could influence both their ability to seek social support and the likelihood that others would provide support. The Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) (Sheehan et al., 1998) was used to screen for the presence of various psychological disorders at wave 1. The MINI-KID is a brief structured diagnostic tool used to assess DSM-IV and ICD-10 psychiatric disorders in children and adolescents. Two binary variables were included in this analysis to capture the presence of depression (positive screen for Major Depressive Episode) and an externalising behaviour disorder (Conduct Disorder (CD) or Oppositional Defiant Disorder (ODD)).

**Analyses**

To address the first analytic objective identified earlier, we present descriptive statistics at age 17 and at age 19 on participants' social support, foster care status (age 19 only), and living arrangement. To address our second objective, to investigate whether social support varies by extended foster care status, we examine differences in types and sources of social support at age 19 between youth who were in care and youth who had exited care. Chi-square tests were used to test between-group differences for binary measures of social support, and analysis of variance (ANOVA) tests were used to examine between-group differences in the average number of individuals nominated for each social support source. Fischer's exact statistic and p-values are provided to indicate statistically significant ( $p < .05$ ) group differences. Since observed differences in social support between in-care and out-of-care youth could be due to other group differences, we also ran a series of regression analyses for each binary social support outcome

measured at age 19 (wave 2) controlling for the following variables measured at age 17 (wave 1): youth demographic characteristics, social support<sup>7</sup>, placement type, parental contact during the past year, depression, and externalising behaviour problems. Logistic regression was used to examine differences in the log odds of the outcome by care status. Regression coefficients are presented as odds ratios for ease of interpretation, and abbreviated results from the regression analyses are reported, focusing on the relationship between care status and social support.

To address our third research objective of examining differences in social support at age 19 by foster care placement type, we limited our analyses to the youths who were still in care at wave 2 (n=477) and used chi-square tests and ANOVA tests to examine overall differences in each social support measure by placement type. Additionally, binary logistic regression analyses were conducted to examine social support differences by placement type after controlling for wave 1 demographic characteristics, social support, placement type, and other control variables. Relative foster home was designated as the reference group, but other placement type differences were also explored and significant differences are reported in text.

Analyses were conducted using Stata version 14. All findings presented below apply survey weights, which take into account features of the sampling design and rates of non-response, and expand results to the population of California foster youth meeting the study criteria. Although missing data were infrequent for individual covariates, more than 5% of cases were missing values on at least one covariate included in the regression analyses. Multiple imputation by chained equations was used to address missing data in the regression analyses, and 25 imputed datasets were created and analysed (Royston & White, 2011).

## Results

### Sample characteristics

Table 1 presents characteristics of the sample at wave 1, when most youths were 17 years old. The

sample was predominantly female, and nearly half of the youths identified themselves as Hispanic. About three-quarters of participants identified as 100% heterosexual, while the rest of the respondents characterised themselves as belonging to another sexual identity status. More than a quarter of respondents visited their birth mother at least on a monthly basis, and just one-tenth of participants were in monthly contact with their biological father. About one in five youths met the criteria for current depression, while about one-in-ten met the criteria for a behaviour problem (ODD or CD). Nearly all respondents reported that they were born in the U.S. In terms of foster care status, nearly all participants had not exited foster care by the time of their wave 1 interview. At the time of the follow-up interview when most youths were 19 years old, about three-quarters of participants were still in care.

### Description of living arrangements, types of social support, and sources of social support at ages 17 and 19

Statistics on youths' living arrangements and social support at age 17 (wave 1) are presented in table 2. Among the young people who were still in care at wave 1, the two placement types with a therapeutic component (TFC homes and congregate care) were the most common places youths were residing, making up about one-third and one-quarter of the placements, respectively. Over one-third of participants lived in a foster home, either with a relative or a non-relative. Less than one-tenth of participants lived in an 'other placement', which included placement in an adoptive home (n=6), with a legal guardian (n=7), in an independent living arrangement (n=23), or some other placements that youths specified (n=9). When youths were asked about whether they had enough people to rely on for different types of support, advice/guidance was the type of support for which participants were most likely to report having adequate support, followed by emotional support and tangible support. Relatives and peers were the most common sources of support. One in three youths nominated a professional as someone they could turn to for support.

Information on youths' living arrangements and social support at age 19 (wave 2) is presented in table 3. At the time of the wave 2 interview, about three-quarters of participants were in extended foster care. Among the youths in extended foster care, the greatest proportion of participants were living in a SILP. About one in five youths were living in a THP, and more than one in three youths were living in a foster home with a relative or non-relative. Only 5% of participants were living in some 'other placement' type, such as a congregate care setting (n=8), hospital or alcohol/substance use rehabilitation facility (n=2), or some other living arrangement (n=15). Overall, the

proportions of youths who felt they had enough social support were lower at age 19 than at age 17. However, the areas where youths felt most supported were comparable across ages. Similar to age 17, the greatest proportion of youths at age 19 reported that they had enough people to turn to for advice, followed by emotional support and tangible support. In terms sources of support, family members continued to play a large role. Reliance on peers for support increased from age 17 to age 19. Similar to the results at age 17, at age 19 professionals were a less common source of support than were family and peers.

**Table 1. Sample characteristics at age 17 (n=611, weighted)**

Demographic Characteristics	
Male (%)	40.0
Race/ethnicity (%)	
White	17.4
Black	17.4
Asian/Pacific Islander/American Indian/Alaskan Native	2.3
Mixed race	15.1
Hispanic	47.6
Age at wave 1 interview (Mean/SD)	17.5 (0.3)
Age at wave 2 interview (Mean/SD)	19.5 (0.3)
Sexual minority status (%)	23.4
Birth mother visit at least once per month (%)	28.2
Birth father visit at least once per month (%)	10.2
Screened positive for major depression episode (%)	21.5
Screened positive for externalising disorder (%)	9.7
Born in the U.S. (%)	94.7
Care Status	
In care at wave 1 (%)	95.7
In care at wave 2 (%)	77.3

**Table 2. Placement type and social support at age 17 (n=611, weighted)**

Placement Type <sup>a</sup> (%)	
Therapeutic Foster Care (TFC) home <sup>b</sup>	32.6
Non-relative foster home	16.8
Congregate care	23.8
Relative foster home	20.3
Other placement	6.6
Youths' Perceived Adequacy of Types of Social Support <sup>c</sup> (%)	
Emotional support	65.4
Tangible support	58.5
Advice/guidance	72.3
Sources of Social Support (nominated individuals)	
Professionals	
Nominated at least one (%)	32.0
Number of nominated professionals (Mean/SD)	0.5 (0.8)
Family supports	
Nominated at least one (%)	73.9
Number of nominated family members (Mean/SD)	1.5 (1.3)
Peer supports	
Nominated at least one (%)	60.7
Number of nominated peers (Mean/SD)	1.0 (1.1)

<sup>a</sup> Includes only youths in care at wave 1 (n=587)

<sup>b</sup> TFC is placement in a foster home with specifically trained foster parents for youths with mental or behavioural health needs. It is used as an alternative to congregated care.

<sup>c</sup> Adequate social support is operationally defined as a youth replying that they have "enough people to count on" for a given type of support, rather than having "too few people" or "no one to count on."

**Table 3. Placement type and social support at age 19 (n=611, weighted)**

Placement Type <sup>a</sup> (%)	
TFC home	9.1
Non-relative foster home	13.1
Relative foster home	22.5
SILP	31.4
THP-Plus	19.2
Other	4.8
Youths' Percieved Adequacy of Types of Social Support (%)	
Emotional support	58.4
Tangible support	53.3
Advice/guidance support	65.1
Sources of Social Support (nominated individuals)	
Professionals	
Nominated at least one (%)	28.4
Number of nominated professionals (Mean/SD)	0.4 (0.7)
Family supports	
Nominated at least one (%)	69.8
Number of nominated family members (Mean/SD)	1.2 (1.1)
Peer supports	
Nominated at least one (%)	68.3
Number of nominated peers (Mean/SD)	1.1 (1.1)

<sup>a</sup> Includes only youths in care at wave 2 (n=477)

The next table examines how types and sources of social support varied by living placement among participants who were in care at age 17. As displayed in table 4, differences were found in the proportions of youths who had enough emotional support and tangible support, as well as the proportions of youths who nominated family members and peers as supports. Regression analyses were run to identify where differences in social support existed between specific placement types. Notable differences were present for youths in congregate care settings and youths in kinship foster care, relative to other placement types. Youths in congregate care were less likely than youths in non-relative foster homes, relative foster homes, and 'other placements' to have enough emotional support. Youths in congregate care were also less likely than youths in non-relative foster homes, relative foster homes, and TFC homes to nominate a peer that they could turn to for support. Youths in relative foster homes were more likely than

youths in TFC homes, non-relative foster homes, and congregate care to report having enough tangible support and, not surprisingly, to nominate family members as supports.

### **Differences in types and sources of social support between youths who remained in care and youths who exited care**

Table 5 compares youths' adequacy and sources of social support by their care status at wave 2 (age 19). Compared to youth who had exited care, greater proportions of youths in care reported having enough people to turn to for tangible support and having enough people to turn to for advice/guidance. Additionally, in-care youths were more than four times as likely as youths who had left care to nominate at least one professional as a support. No significant differences were found between in-care youths and out-of-care youths for adequacy of emotional support and the likelihood of nominating peers and family as supports.

**Table 4. Comparisons of social support by placement type at age 17 (n=611, unweighted n, weighted % and mean/SD)<sup>a</sup>**

	Overall (n=611)	Youths in Care <sup>a</sup> (n=587)	Comparison by Placement Type among Youths in Care (n=587)					p
			Non- relative foster home (n=103)	Relative foster home (n=86)	TFC home (n=203)	Con- gregate care (n=128)	Other (n=67)	
Youths' Perceived Adequacy of Types of Social Support (%)								
Emotional support	65.4	64.7	71.9	75.6	63.0	52.5	64.8	*
Tangible support	58.5	57.9	48.9	74.6	51.5	56.1	67.2	**
Advice/guidance support	72.3	71.9	69.8	83.7	71.7	65.3	66.2	
Sources of Social Support (nominated)								
Professionals								
Nominated at least one (%)	32.0	32.7	32.0	24.5	31.9	39.1	40.9	
Number of nominated professionals (Mean/SD)	0.5 (0.8)	0.5 (0.8)	0.5 (0.9)	0.4 (0.7)	0.4 (0.7)	0.6 (1.0)	0.6 (1.0)	
Family supports								
Nominated at least one (%)	73.9	73.5	68.9	87.8	68.5	70.8	75.4	**
Number of nominated family members (Mean/SD)	1.5 (1.3)	1.5 (1.3)	1.1 (1.1)	2.1 (1.2)	1.2 (1.2)	1.6 (1.3)	1.6 (1.4)	***
Peer supports								
Nominated at least one (%)	60.7	60.2	65.2	66.0	65.0	47.9	51.2	*
Number of nominated peers (Mean/SD)	1.0 (1.1)	1.0 (1.1)	1.0 (1.1)	1.0 (1.0)	1.1 (1.2)	0.8 (1.0)	0.9 (1.2)	

\*p < .05, \*\*p < .01, \*\*\*p < .001

<sup>a</sup> Care status information at wave 1 was missing for three youths, and 21 youths had exited care between the time that the study sample was drawn based on child welfare administrative data and wave 1 interviews were conducted. These youths were therefore left out of these analyses.

The differences observed in social support by care status at age 19 could be due to differences in youth characteristics. Table 6 presents abbreviated results of regression analyses that examined care status differences controlling for demographic characteristics, prior social support (age 17), placement type, and other background characteristics. Results indicate that after adjusting for these factors, differences by care status reported above remained statistically significant. The estimated odds of having enough people to turn to for tangible support were about 80% greater for youths in care versus youths who left care. A similar estimated odds ratio was found for advice/guidance. There was a particularly large difference in the likelihood of nominating at least one professional as a support; the estimated odds of nominating a professional for in-care youths were more than six times the estimated odds for out-of-care youths. Since caseworkers were included in the professional group, we were concerned that the care status differences may be driven largely by in-care youths nominating their caseworker. However, when we re-ran the analysis after removing nominated caseworkers, results were essentially unchanged (OR=6.58,  $p<.001$ ). As suggested by previous research, we expected out-of-care youths to be more likely than youths still in care to nominate family members as sources of support. While the estimated odds ratio was in the expected direction, differences were not statistically significant.

### **Differences in types and sources of social support by placement type among youth who remained in care**

Table 7 presents differences in the social support types and sources of support by the living arrangements of young people who were still in care at age 19. No significant differences were found in adequacy of social support between youths living in

different placements, although there were differences in all three sources of support. Youths living in non-relative foster homes relied heavily on peers as supports. These youths were significantly more likely to nominate peers as supports than were youths in all other placement types, except for youths in SILPs. Youths in SILPs had higher rates of peer support than did youths in some other placements (youths in TFC homes and relative foster homes). Perhaps unsurprisingly, participants residing in foster homes with relatives had particularly high rates of family support and were significantly more likely to nominate kin than were youths in non-relative foster homes and THPs. Participants living in relative foster homes were also less likely to nominate professionals than were youths in some other placement types (youth in TFC homes, SILPs, and THPs). A relatively high proportion of youths in THPs (which often have on-site staff) relied on professionals for support compared to those in non-relative foster homes.

Table 8 examines differences in social support by placement type among youths who were still in care at age 19, after controlling for characteristics of the youth and their prior placement type, social support, and other background characteristics. Youths in relative foster homes were designated as the reference group in the results shown in table 8. Similar to the descriptive statistics presented in table 7, there were no differences between youths in different placements in perceptions of having enough emotional support, tangible support, and informational support. However, several placement differences remained in the types of people who were nominated as supports. Youths in relative foster homes were more likely than were youths in nearly every other placement type to nominate a family member and they were less likely than youths in SILPs,

**Table 5. Comparisons of social support by care status at age 19 (n=611, unweighted n, weighted % and mean/SD)**

		Out of care (n=134)	In care (n=477)	p
Adequacy of Types of Social Support (%)				
Emotional support	58.4	55.5	59.2	
Tangible support	53.3	44.3	56.0	*
Advice/guidance support	65.1	57.2	67.4	*
Sources of Social Support (nominated)				
Professional				
Nominated at least one (%)	28.4	7.9	34.4	***
Number of nominated professional (Mean/SD)	0.4 (0.7)	0.1 (0.3)	0.5 (0.8)	***
Family supports				
Nominated at least one (%)	69.8	71.6	69.3	
Number of nominated family members (Mean/SD)	1.2 (1.1)	1.3 (1.1)	1.2 (1.1)	
Peer supports				
Nominated at least one (%)	68.3	66.0	68.9	
Number of nominated peers (Mean/SD)	1.1 (1.1)	1.2 (1.2)	1.1 (1.1)	

\*p < .05, \*\*\*p < .001

THPs, and TFC homes to nominate professionals. Youths living in relative foster homes were also less likely than were youths in SILPs and non-relative foster homes to nominate peers. Consistent with findings in table 7, participants in non-relative foster homes and SILPs were more likely than youths in some other placements to nominate peers. Youths living in non-relative foster care placements had significantly greater estimated odds than did youths residing in a TFC home, a relative foster home, or an 'other' placement of nominating a peer as a support. Youths in SILPs were more likely than were youths in a relative foster home and a TFC home to nominate a peer. Finally, youths in THPs and TFC homes were more likely than youths in non-relative foster homes, relative foster homes, and SILPs to nominate a professional as a support.

Although not displayed in tables 6 or 8, a key finding in all regression analyses was that a particular type or source of social support measured at age 17

was strongly predictive of that type or source of social support at age 19, net of the other covariates in the model ( $p < .001$  in nearly every regression analysis). For example, youths who reported having enough people to turn to for emotional support at age 17 were more likely than youths with inadequate emotional support at age 17 to report having enough emotional support at age 19 (OR=2.65,  $p < .001$ ). As a second example, youths who nominated a professional at age 17 were more likely than youths who did not to later nominate a professional at age 19 (OR=2.19,  $p < .001$ ). These findings suggest that there is a robust relationship from age 17 to age 19 in social support. Having enough of a specific type of support at age 17 increased the likelihood that youths would report having enough of that support about two years later. Similarly, youths who nominated a specific source of support at age 17 had an increased likelihood of nominating the same source of support at age 19.

**Table 6. Results from logistic regression analyses of wave 2 social support on care status at wave 2 (n=611, covariates not shown, weighted)**

	Adequate Emotional Support		Adequate Tangible Support		Adequate Informational Support		Nominated a Professional		Nominated a Relative		Nominated a Peer	
	OR	p	OR	p	OR	p	OR	p	OR	p	OR	p
(ref: Out of care)												
In care	1.15	.543	1.79	.011	1.80	.013	6.35	<.001	.86	.551	1.04	.884

**Table 7. Comparisons of social support by placement type at age 19 among youth still in care (n=477, unweighted n, weighted % and mean/SD)**

	Non- relative foster home (n=61)	Relative foster home (n=92)	SILP (n=142)	Trans- itional housing place- ment (n=114)	TFC home (n=43)	Other (n=25)	p
Adequacy of Types of Social Support (%)							
Emotional support	54.1	58.1	60.8	57.4	73.3	48.6	
Tangible support	52.7	65.8	57.6	44.4	58.9	48.8	
Advice/guidance support	62.6	67.6	71.1	63.6	74.1	57.6	
Sources of Social Support (nominated)							
Professional							
Nominated at least one (%)	26.1	19.8	35.9	48.9	45.3	35.2	**
Number of nominated professional (Mean/SD)	0.3 (0.6)	0.3 (0.6)	0.5 (0.7)	0.7 (1.0)	0.7 (0.9)	0.5 (0.9)	**
Family supports							
Nominated at least one (%)	51.5	83.7	71.4	62.0	67.0	70.6	**
Number of nominated family members (Mean/SD)	0.8 (1.0)	1.8 (1.1)	1.1 (0.9)	0.9 (1.0)	1.1 (1.0)	1.3 (1.1)	***
Peer supports							
Nominated at least one (%)	83.3	61.6	76.1	67.2	52.4	55.4	**
Number of nominated peers (Mean/SD)	1.3 (1.0)	1.0 (0.9)	1.3 (1.1)	1.1 (1.2)	0.7 (0.8)	0.9 (1.0)	**

\*\*p &lt; .01, \*\*\*p &lt; .001

**Table 8. Logistic regression analyses of wave 2 social support on foster care placement type at wave 2 (n=477, covariates not shown, weighted)**

	Adequate Emotional Support		Adequate Tangible Support		Adequate Informational Support		Nominated a Professional		Nominated a Relative		Nominated a Peer	
	OR	p	OR	p	OR	p	OR	p	OR	p	OR	p
(ref: Relative foster home)												
Non-relative foster home	0.91	.803	1.20	.641	1.57	.275	2.01	.110	0.24	.001	2.83	.019
SILP	1.25	.489	0.96	.900	1.65	.157	2.56	.011	0.47	.053	2.16	.025
Transitional housing placement	1.11	.755	0.69	.270	1.19	.609	5.05	<.001	0.29	.001	1.31	.413
TFC home	2.65	.061	1.06	.905	1.33	.579	7.47	<.001	0.29	.020	0.67	.397
Other placement	0.81	.685	0.72	.517	0.78	.643	2.51	.087	0.62	.425	0.86	.763

## Limitations

Several limitations of this study should be kept in mind when interpreting the findings. First, if the population of youth in care in California or the contexts of the transition to adulthood from care there differ from elsewhere, the findings may not apply to young people transitioning to adulthood from state care in other places. Second, while we did not find any statistically significant differences on observed characteristics between the youths who we were able to interview at both waves and the youths who only completed wave 1, it is possible that these groups could differ in unmeasured characteristics that could bias study findings. Third, our social support measures may not have captured aspects of social support that are important to the transition to adulthood. Moreover, since we are not aware of the use of the social support measures with a representative population of young adults who were not involved with the child welfare system, we are not able to make comparisons with the overall young adult population. Lastly, while we have made efforts to control for characteristics of the study population that could confound our analyses of the relationship between extended care, placement type, and social support, the causal mechanisms underlying these relationships remain unclear.

## Discussion

Although the primary focus of this study is on what sources and types of social support look like for young people who remain in foster care as adults, findings from our interviews with minors in care at age 17 are also instructive. As prior research has shown, many youth in foster care have ongoing contact with their family of origin; over one-quarter of our study subjects regularly saw one or both of their parents and nearly one-in-six lived with a relative while in care as a minor. Moreover, when asked to name the individuals whom they rely on for support, they named as many relatives on average as peers and professionals combined. Those in foster care with a relative at age 17 were more likely than their peers in therapeutic settings and non-relative foster care to report adequate tangible support,

which may speak to the relative willingness of kin to provide concrete support despite the fact that many of them have low incomes. A similar finding was reported at age 19, as young people in relative foster homes relied heavily on their family as people they turn to for support. Past research has reported that families can be an important source of tangible support (Dima & Pinkerton, 2016; Mendes & Snow, 2016; Stein, 2012). However, while most foster youth maintain contact with relatives (Collins et al., 2008; 2010; Courtney et al., 2007; Jones & Kruk, 2005; Samuels & Pryce, 2008), relationships with some family members, especially birth parents, can involve unresolved emotions and ongoing conflict (Collins et al., 2008; 2010; Courtney, 2010; Curry & Abrams, 2015; Jones & Kruk, 2005; Mendes et al., 2012; Samuels & Pryce, 2008). We also found that youths residing with families may have less connection to professionals who can bridge them to information and resources that are useful in achieving their goals, such as pursuing higher education, finding a job, and accessing mental health services. While foster care agencies prioritise placements with relatives when possible, it may also be necessary for child welfare workers to redouble efforts to ensure that foster youth living with kin are connected to skilled, resourceful professionals such as teachers, school counsellors, religious figures, and advocates.

Youths in congregate care were less likely than those in family and family-like settings to report having adequate emotional support. Youth are typically placed in congregate care because they exhibit behavioural problems that make it difficult for them to live in family-like settings, behaviour that can undermine their ability to form supportive relationships. Group care settings also commonly employ shift-work staff, which may get in the way of youth in such settings forming long-term supportive relationships with the adults who care for them.

Supporting the findings of prior research on the topic (Courtney, 2010; Fowler et al., 2011; Samuels & Pryce, 2008), the youths' perceived adequacy of support declined across all of the domains of social support we measured as they

moved from being minors in state care to being young adults. For many of these young people, the autonomy associated with the transition to adulthood brings a sense of being on one's own without the support one had as a child. This provides some justification for the U.S. policy framework's focus on better supporting the transition to adulthood for foster youth.

Consistent with one of the primary justifications for extended foster care, our analyses suggest that allowing youth to remain in foster care into early adulthood connects them or allows them to remain connected with professionals who provide them with tangible support and guidance. Moreover, the placement types used to provide housing for youth perceived to need more adult care and supervision (TFCs and THPs) were most strongly associated with connections to professionals, suggesting that these living arrangements may be accomplishing one of their central purposes.

Placement type while in extended care was not associated with perceived adequacy of social support. Nevertheless, the fact that a third or more of the youths reported having inadequate support in each of the domains of support we studied calls for renewed efforts to ensure that these young people have adults they can rely on as they transition to adulthood, regardless of where they happen to be living. Policies and practices that promote the formation of natural mentors and peer mentors are promising initiatives. A natural mentor is, "a very important non-parental adult that exists in a youth's social network, like a teacher, extended family member, service provider, community member, or coach, who provides ongoing guidance, instruction, and encouragement aimed at developing the competence and character of the young person" (Thompson, Greeson & Brunsink, 2016, p.48). Since natural mentors are selected from individuals with whom foster youth already have a connection, youth may be more receptive to efforts to strengthen existing relationships instead of beginning a relationship with a new adult. Interviews with foster youth have found that authenticity, trust, caring, shared interests, patience, and respect are important attributes of

natural mentors (Greeson & Bowen, 2008; Munson, Smalling, Spencer, Scott, & Tracy, 2010), and effective mentors provide emotional support, guidance/advice, instrumental support, and parent-like support (Ahrens et al., 2011).

Peer mentoring is another promising initiative, which links foster youths with individuals who are older, who had also been in foster care, and who have positively transitioned to post-care life (Mezey et al., 2016; Middleton, 2012). Peer mentorship has the advantage of connecting foster youth to individuals with firsthand experience of being removed from their families, of being involved in foster care, and of having to transition to adulthood while losing support from state care. Peer mentors are also close in age and have an egalitarian dynamic that may not be present in relationships with professionals and other adults. Consequently, peer mentors can deliver information around personal matters that foster youth may be more willing to listen to than if communicated by an adult in a position of authority (Mezey et al., 2016). Training for natural mentors and peer mentors should include components of standard mentoring preparation (e.g. goal setting), but should also train mentors to anticipate and deal with relationship difficulties arising from trauma, living instability, and disrupted relationships experienced by foster youth.

The study findings also provide insight on extended foster care and social support. Importantly, extended care is not associated with a reduced likelihood that youth identify relatives as support, even though youth who remain in care are somewhat less likely than those who leave care to live with kin. This finding should help allay the fears of observers concerned that extended foster care may undermine youths' relationships with their families of origin. Extended care also had no relationship with the number of peers youth reported as sources of support, suggesting that remaining in care neither enhances nor hinders youth's relationships with peers.

While our study findings provide cautious support for the recently adopted U.S. policy of extended foster care, further research is needed

to better inform how the policy can help youth acquire and maintain the support they need to succeed as adults. The nature of the relationship between extended care and support from professionals is one area needing investigation. Public agency caseworkers are present in the lives of these youth, but our analyses suggest that they do not account for all relationships between extended care and connections to professionals. Additionally, research should investigate different kinds of programmes and practices within the care system that can best strengthen young people's social support. In particular, while policies and practices that promote the formation of natural mentors and peer mentors are promising, rigorous evaluation research is needed to identify evidence-based approaches to

supporting mentoring relationships for youth in foster care. Research also needs to gather youths' perspectives on their perceived relational needs and willingness to engage in different initiatives to increase their social capital (Munson et al., 2010). Future work is needed to examine the relationship between extended care and social support over a longer period of time than was observed in this study, including after foster youth reach the age of 21 and must leave care. Finally, the relationship between distinct forms of social support and other aspects of youth wellbeing during the transition to adulthood should be investigated, including research that assesses whether and how social support affects various outcomes.

## Disclaimer

The findings reported herein were performed with the permission of the California Department of Social Services. The opinions and conclusions expressed herein are solely those of the author and should not be considered as representing the policy of the collaborating agency or an agency of the California government.

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## Endnotes

1. Beginning in 2014, the Affordable Care Act extended the Medicaid age limit for qualifying foster care alumni to age 26.
2. The initial sample included 880 youths. During the interview field period, 117 youths were excluded for one of the following reasons: physically or mentally unable to participate in an interview, on runaway status for at least two months, incarcerated during the field period, had returned home for at least two months, or had relocated out of state. See Courtney et al. (2014) for more information.
3. The original SSNQ gathered information on five types of social support and permitted youth to nominate an indefinite number of support individuals. Due to time constraints, we only asked about three types of social support and limited the number of nominees for each type to three individuals. In total, a respondent could nominate a maximum of nine distinct individuals. Additionally, when respondents were asked to identify their relationship to each nominated individual, several response options were added to reflect sources of support that foster youth commonly have access to (e.g. foster parent, caseworker, etc.). See Courtney et al. (2014) for more information.
4. TFC homes are licensed foster care homes that receive additional training and professional support to care for children with emotional, behavioural, and/or physical needs that require extra services. TFC homes are alternatives to congregate care placements.
5. Group home was collapsed into the 'other placement' category at wave 2 because fewer than 10 youths were in a congregate care setting at wave 2.
6. Youths who reported that they were Hispanic were included in the Hispanic category and not the other race categories.
7. For example, when examining youths' adequacy of emotional support at wave 2, we controlled for youths' adequacy of emotional support at wave 1.

# The long-term effects of out-of-home placement in late adolescence: A propensity score matching analysis among Swiss youths

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## Abstract

The aim of this study was to examine the outcomes of out-of-home placement in adolescence. We used data from a longitudinal study of Swiss youths and measured all outcomes, including externalising problem behaviour, anxiety and depression, education, and self-efficacy at age 17. Propensity score matching was used to reduce selection effects and multiple imputation to treat the missing values. The findings revealed that youths who were placed in out-of-home care come from disproportionately problematic backgrounds, which complicated their proper matching to youths who were not placed in out-of-home care. Outcome analyses including multiple robustness checks suggest that negative outcomes among youths who were placed in out-of-home care are not so much due to the placement itself, but largely to pre-existing difficulties present already before the placement.

## Keywords

Foster care; problem behaviour; delinquency; longitudinal; propensity score matching

## Introduction

Children and youths who spend part of their childhood in out-of-home care have been described as a vulnerable group. Not only is out-of-home placement typically a marker of prior adversities such as abuse, neglect, parental mental illness, poverty, and behavioural and socio-emotional problems (Pecora et al., 2006; Pilowsky & Wu, 2006; Rosenfeld et al., 1997; Vanderfaellie, Pijnenburg, Damen, & van Holen, 2015), youths who have been placed out of the home also report significant problems later in life, including low levels of education and employment and high-risk behaviours such as unsafe sex, drug abuse, and delinquency (Berzin, 2008; Courtney & Dworsky, 2006; Kortenkamp & Ehrle, 2002; Taussig, 2002).

It is largely unknown, though, which factors are responsible for these maladaptive outcomes. On the one hand, the pre-existing vulnerabilities of children and youths before entering out-of-home care may predispose them to adverse outcomes. Indeed, prior research has attested to the vulnerable histories of these children and youths, including parenting problems and family challenges (e.g. Holland & Gorey, 2004). On the other hand, it is possible that the separation from a familiar environment or characteristics of the out-of-home care situation may aggravate symptoms. For example, the separation from the home environment may disrupt existing bonds (beyond the child–parent bond), thereby leading to unstable attachments and disrupted feelings of

belongingness (Baumeister & Leary, 1995). Even dissolving bad or destructive relationships has been argued to potentially lead to distress. It is known that breaking off attachments can lead to a lack of belongingness, in turn leading to a low perceived meaningfulness of life and a variety of maladaptive outcomes, including both internalising and externalising behaviour (Baumeister & Leary, 1995; Lambert et al., 2013; Stillman & Baumeister, 2009).

A third possibility, which is more in line with the goals of out-of-home care within the child protection system (Blülle, 2013), is that out-of-home care alleviates negative outcomes by providing youths with a break from a potentially abusive or otherwise detrimental situation. To this extent, the chronic distress and increasing demand on coping skills in the home environment can deplete psychological and physical resources, thereby increasing allostatic load and contributing to a variety of maladaptive conditions (Danese & McEwen, 2012; Ganzel, Morris, & Wethington, 2010; McEwen, 1998). If removal from the stressful environment is perceived as a positive life change, then it might not only lead to stress reduction, but also open up new opportunities for positive development. Indeed, research on therapeutic out-of-home care programs has shown that intensive structured support programs for foster parents and youths are capable of decreasing problem behaviour (Chamberlain et al., 2008; Macdonald & Turner, 2008; Westermarck, Hansson, & Olsson, 2011).

The main reason that knowledge on the outcomes of foster care is still limited despite the large number of studies that has been conducted is that the vast majority of prior studies suffers from methodological challenges. In particular, most research has been conducted among samples of children and youths who have been placed in out-of-home care only, therefore lacking a comparison group. To investigate the effects of out-of-home placement, it would be ideal from a research perspective to compare a sample of youths that has been randomly selected to enter the out-of-home care system to one that did not (Pilowski & Wu, 2006). Due to the obvious ethical difficulties involving such a research design, this is not possible. The next best option from a methodological perspective is to use longitudinal data collected among a population sample, study changes in outcomes before and after out-of-home

placement among those placed in out-of-home care, and compare these to changes among those who were not placed in out-of-home care. To our knowledge, no such study has been conducted to date.

Studies that have been conducted have either compared children who were placed in out-of-home care to children who were not, or have studied the behaviour of children who were placed in out-of-home care at different points during and after out-of-home care. The first type of studies has shown that children and youths who were placed in out-of-home care have a higher prevalence of problem behaviour later on, including conduct problems, delinquency, reincarceration, and risky sexual behaviour compared to community norms or comparison groups not placed in out-of-home care (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Courtney et al., 2016; Jung & LaLonde, 2016; Ryan & Testa, 2005; Schmid, Kölch, Fegert, & Schmeck, 2013). They also have higher rates of mental disorders, suicide attempts, depression, substance use disorders, inhalant abuse, homeless shelter use, and lower physical health (Courtney et al., 2016; dosReis, Zito, Safer, & Soeken, 2001; Herman, Susser, & Struening, 1994; Park, Metraux, & Culhane, 2005; Pilowski et al., 2006; Wu, Pilowsky, & Schlenger, 2004). In addition, youths placed in out-of-home care find themselves in less favorable socio-economic circumstances, having lower educational attainment, employment rates, and earnings (Cook, 1994; Courtney & Dworsky, 2006; Dworsky, 2005; Pecora et al., 2006). For example, compared to young adults matched on educational attainment, youths who were in out-of-home care earned about half and the employment rate was about 20 points lower (Okpych & Courtney, 2014).

The second type of studies (studies that examine changes in behaviour at different points during and after out-of-home placement) is much smaller in number and findings have been conflicting. Whereas an older Canadian study showed that emotional and behaviour problems generally remained stable or increased during placement (Palmer, 1976), two more recent studies from Australia and Switzerland found that they improved over time (Barber and Delfabbro, 2005; Schmid et al., 2013). These differences may in part be due to differences between the child care welfare systems (and changes therein over time) in the countries

where the studies were conducted, although there has also been evidence that the initial severity of children's problem behaviour and the informant who reports the information in the survey play a role (Newton, Litrownik, & Landsverk, 2000; Van Oijen, 2010).

Although these studies have been important in increasing our knowledge on the outcomes of children and youths placed in out-of-home care, it is still too early to draw conclusions on the effects of out-of-home care as currently delivered. Many studies did not control for relevant covariates or only a limited amount. Those studies that used matched samples to control bias included only few covariates for matching (e.g. Blome, 1997; McCord, J., McCord, W., & Thurber, 1960; Okpych & Courtney, 2014). As a consequence, it is largely unclear to what extent the documented unfavourable outcomes among children and youths who were placed in out-of-home care are due to pre-existing childhood adversities, maturation, or the out-of-home placement per se. Furthermore, the vast majority of studies have been conducted in the United States.

Our aim in this study was to help fill some of these research gaps by using a large longitudinal population sample of urban youths in combination with a propensity score matching approach. Using this approach, we matched youths who were placed in out-of-home care with youths who were not on a large number of covariates collected among multiple informants to reduce selection bias. Given the broad range of outcomes that have been linked to out-of-home care, we included outcomes across multiple life domains, including anti-social behaviour, mental health, education, and self-efficacy at age 17.

Our study was conducted in Switzerland. Although no official statistics exist (Zatti, 2005), it is estimated that between 22,000 and 30,000 children and youths (1.5 to 2% of minors (Federal Statistical Office, 2010–2015)) do not live with their parents in Switzerland (Keller, 2012). These children and youths temporarily or permanently grow up in foster families or stationary institutions. They are often placed in these arrangements as part of child protection interventions or referrals by the youth justice system. Out-of-home placements in Switzerland are usually a last resort after interventions within the family have failed or when such placements are deemed necessary for the

child's welfare. The sector is weakly regulated and the quality of the help process relies to a significant extent on the qualifications of the case workers (Huwiler, Raulf, Tanner, Wicky, & Arnold, 2008). However, steps have been taken to improve quality control and professionalism. A quality standard was developed by five organisations in 2004 (see Netzwerk IPK, 2013), and a new and revised regulation (Pflegerkinderverordnung, PAVO) stepped into force in 2013. In 2010, the criteria for a quality label for foster family placement organisations were developed (Integras, 2013), for which seven organisations have been certified (Integras, status: 24 May 2016). Another initiative was launched as part of a European strategy for the introduction of quality standards (Quality4Children Switzerland). Finally, foster family mediation organisations, especially the larger ones, offer training and supervision for foster parents, and promote the training of professionals and local authorities' members as well as scientific research into the development and quality of foster family arrangements (Gassmann, 2008, 2013).

Our study focused on effects of out-of-home placement on problem behaviour in late adolescence. In late adolescence, out-of-home placement and leaving care may result in limited possibilities for making a successful transition into the relative autonomy of emerging adulthood due to limited social and economic support structures to fall back on (Biehal & Wade, 1996; Lee, 2012; Ossipow, Aeby, & Berthod, 2013). Youths placed in out-of-home care, especially stationary institutions, have reported that although there is a strong focus on promoting education and integration into work life, there is a lack of possibilities to explore the life skills, independence, and social relations that are needed to successfully manage autonomy after leaving out-of-home care and entering emerging adulthood (Schaffner & Rein, 2013). Also, the instability and insecurity of the out-of-home care situation and the lack of warm and/or enduring family relationships have been reported to form major obstacles in building meaningful relationships with others (Love, McIntosh, Rost, & Tertzakian, 2005; Samuels, 2008). This may be especially problematic for foster care youths, who have to manage the transition from dependent adolescence to independent adulthood while being less likely to be able to rely on the support of their (extended) family, which is recognised to be an important

contributor to a successful transition to adulthood (Courtney & Heuring; 2005; Mortimer & Larson, 2002). In addition, emerging adulthood is not only a life period increasingly manifesting itself as characterised by frequent change, identity formation, and exploration of possible life directions, but also by decreased monitoring by caregivers and a heterogeneity of possible life pathways with little structure, which lends itself to high rates of risk behaviour (Arnett, 2000). With decreased support structures to fall back on, foster care youths may be especially vulnerable in this period in life (Osgood, Foster, Flanagan, & Ruth, 2005).

## Data

### Sample

Data were drawn from the ongoing combined longitudinal and intervention study, the Zurich Project on the Social Development from Childhood into Adulthood (*z-proso*;) (Eisner, Malti, & Ribeaud, 2011). After stratification by enrolment size and socioeconomic background of the school district, a sample of 56 schools was drawn in the city of Zurich, Switzerland. The final target sample was all 1,675 first graders (age 7). The implemented interventions did not affect anti-social outcomes in any substantive way (Averdijk, Zirk-Sadowski, Ribeaud, & Eisner, 2016; Malti, Ribeaud, & Eisner, 2011). The sample was 52% male. In 46% of all cases, both parents were born outside of Switzerland. Table 1 provides an overview of the participation rates and sample age for each time-point.

### Procedure

In line with local data protection regulations, active parental consent was obtained before the first and again before the fourth data collection. From age 13 onwards, youths provided active and the parents passive consent. From the first to the third data collection, computer-assisted interviews lasting 45 minutes were conducted with the children at school. From age 11 onwards, the youths completed a paper-and-pencil questionnaire of approximately 90 minutes' duration. At age 11, the youth assessments took place during regular school hours; from age 13 forward they took place outside regular school hours. The youths received a financial incentive worth the equivalent of 30, 50, and 60 USD at ages 13, 15, and 17. Computer-assisted parent interviews were conducted at the

respondent's home and ceased after four data collections; the incentive for the parents was a voucher worth the equivalent of 50 USD. Teachers completed a paper-and-pencil questionnaire at all data collections.

### Data analysis

We used propensity score matching (PSM) to remove pre-existing differences between youths who were placed in out-of-home care and those who were not as much as possible. PSM has become a popular method in the social sciences (e.g. Apel & Sweeten, 2010) and has been successfully applied to the *z-proso* data (Eisner, Nagin, Ribeaud, & Malti, 2012; Obsuth et al., 2016). PSM has been recommended for data analyses with rare exposures, such as in our case (Ross et al., 2015), and was used to match each youth who was placed in out-of-home care to one or more other youths who were not placed in out-of-home care, but 'looked like' the first youth on other relevant variables. The goal was to ensure that youths in out-of-home care had insignificant mean differences across key background covariates compared to youths not in out-of-home care. The advantage of PSM over other matching techniques is its ability to match youths on a very large set of covariates.

As a first step, we estimated the propensity score, which is the conditional probability of being assigned to a certain treatment given the observed covariates (Rosenbaum & Rubin, 1984). To this end, the treatment (i.e. placement in out-of-home care) was regressed on all covariates in a logit regression. The second step was to assess whether the youths in out-of-home care were indeed similar to their matched partners on all relevant covariates, a condition known as 'common support'. In the third step, the effects of out-of-home care on the age 17 outcomes were estimated.

Youths were matched using optimal matching, which has been shown to have advantages over greedy matching, most importantly minimising the total average distance within all matched pairs (Guo & Fraser, 2010). To find the optimal matching structure and assess sensitivity of the estimates to the matching method (Apel & Sweeten, 2010), we carried out 1-to-1 pair matching (where each youth placed in out-of-home care was matched to the youth with the closest propensity score who was not placed in out-of-home care), 2-to-1 pair

**Table 1. Study participation and sample age for each time-point.**

Time-point	Number of participants (%) of original target sample			Child age at child interview ( <i>M, SD</i> )
	Child	Parent	Teacher	
1	1,361 (81.3%)	1,240 (74.0%)	1,350 (80.6%)	7.45 (.39)
2	1,335 (79.7%)	1,192 (71.2%)	1,325 (79.1%)	8.11 (.38)
3	1,322 (78.9%)	1,181 (70.5%)	1,294 (77.3%)	9.10 (.38)
4	1,148 (68.5%)	1,075 (64.2%)	1,064 (63.5%)	11.33 (.37)
5	1,366 (81.6%)	n.a.	1,269 (75.8%)	13.67 (.37)
6	1,447 (86.4%)	n.a.	1,293 (77.2%)	15.44 (.36)
7	1,306 (78.0%)	n.a.	904 (54.0%)	17.45 (.37)

matching (where each youth placed in out-of-home care was matched to the two closest youths who were not placed in out-of-home care), full matching (where all cases were grouped into sets that contained at least 1 youth placed in out-of-home care and 1 youth not placed in out-of-home care, and where all youths were placed into a set, so that each set typically contained either 1 youth in out-of-home care and multiple youths not in out-of-home care, or 1 youth not in out-of-home care and multiple youths in out-of-home care), and constrained full matching (which is the same as full matching except that it limits the ratio of youths placed in out-of-home care to youths not placed in out-of-home care in each matched set). Results were similar. As full and constrained full matching are considered more flexible and efficient compared to nearest neighbour matching because more cases are retained in the analysis, leading to lower variance and potentially lower bias (Stuart & Green, 2008), we present the results of the full and constrained full matching below. For constrained full matching, we erred on the side of caution by limiting the ratio of youths placed in out-of-home care to youths not placed in out-of-home care to range from 2:5 to 1:10 (Stuart & Green, 2008), which implied that not all youths who were not placed in out-of-home were matched. We used the *matchit* package (Ho, Imai, King, & Stuart, 2011) with the add-on package *optmatch* (Hansen, 2004) in R to carry out the matching.

Next, the outcomes of out-of-home placement were estimated using weighted regression models in Stata 12 (StataCorp, 2011). Youths who were placed in out-of-home care received a weight of 1. The weights for the youths who were not placed in out-of-home care were constructed as being proportional to the number of youths placed in out-of-home care in a particular set divided by the number of youths not placed in out-of-home care in that set. The weights of the youths who were not placed in out-of-home care were then scaled to equal the number of matched youths not placed in out-of-home care (Ho et al., 2011; Stuart & Green, 2008).

For the current analysis, we included only those youths who participated in at least one of the data collections in which the key study variables were measured (i.e. at age 13, 15, or 17) ( $N = 1,483$ ). We used multiple imputation using fully conditional specification in SPSS to treat the missing data; the

number of imputations was 10. We performed the matching as well as all tests and regressions for each imputation separately and then calculated the overall estimates according to the rules described by Allison (2001).

### Predictor

*Out-of-home placement.* Out-of-home placement was measured at ages 13, 15, and 17 using a Life Event Calendar (LEC). LECs involve placing events and circumstances on calendars in order to capitalise on the sequential and hierarchical storage of memory (Roberts & Horney, 2010). For each of a variety of listed events, among which was 'You moved in with a foster family or moved to a foster home' (where 'foster home' translates to a group home), the youths were asked to report whether or not they had experienced it in the past two years. Those youths who reported that they had been placed in out-of-home care were asked in which of the previous semesters this had happened. Because our measure of out-of-home care at age 17 was measured at the same time-point as the outcomes, we included only out-of-home placements in the first two semesters (i.e. age 16) at this time-point to guarantee causal ordering in relation to the outcomes.

### Outcomes at age 17

A range of outcomes at age 17 was assessed, reflecting outcomes examined in the existing literature.

*Delinquency.* The youths reported on the past-year prevalence of 14 different types of delinquency. Items included stealing at home, stealing at school, shoplifting something worth more than 50 dollars, shoplifting something worth less than 50 dollars, vehicle theft, driving without a license, burglary and stealing from a car, drug dealing, graffitiing, vandalism, carrying a weapon, threatening and extortion, robbery, and assault. The scale was adapted from Wetzels, Enzmann, Mecklenburg, and Pfeiffer (2001). All items were coded as a dichotomy of 0 ('did not commit the offence') and 1 ('did commit the offence'). Next, a variety scale was computed (Bendixen, Endresen, & Olweus, 2003). Variety scales have been termed 'the preferred criminal offending scale' because they display high reliability and validity, are less skewed than frequency measures, and are not compromised by high-frequency crime-types of low seriousness (Sweeten, 2012).

**Aggression.** Aggression was self-reported by the youths using the Social Behavior Questionnaire (SBQ; Tremblay et al., 1991). Tremblay et al. (1991) reported internal consistency, test-retest reliability, stability over time, and concurrent and predictive validity. Responses across 9 items (e.g. 'You physically attacked other people') were recorded on a 5-point Likert scale ranging from 1 'never' to 5 'very often'. We averaged these items ( $\alpha = .80$ ).

**Self-reported police contacts related to an offense.** For each type of youth-reported delinquency described above, a follow-up item assessed the prevalence of a police contact for that delinquent act. We constructed an overall prevalence score across all items.<sup>1</sup>

**Substance use.** Eight self-report items measured the past-year consumption of tobacco, alcohol, strong liquor, marijuana, ecstasy, amphetamines, cocaine, and psychedelics in the past 12 months. Answer categories on a 6-point scale ranged from 1 ('never') to 6 ('daily'). After recoding the category 1 to 0 and the categories 2 through 5 to 1, we computed the final score as a variety scale.

**Optimism.** Four items measured the youths' feelings of optimism (e.g. 'I'm happy'). The scale was self-developed by the *z-proso* team. Responses on the items ranged from 1 'fully untrue' to 4 'fully true' ( $\alpha = .78$ ).

**Anxiety and depression.** The youths reported on their internalising problems in the past month using the SBQ. Nine items were included (e.g. 'I was sad without knowing why'). Responses varied from 1 'never' to 5 'very often'. We averaged the items ( $\alpha = .82$ ).

**Suicidal ideation.** One item asked the youths about suicidal ideation in the past month ('I thought about killing myself').

**Low education.** A variable was constructed that reflected the school level that the youths attended at age 17. Categories ranged from high (1 'Grammar school or equivalent') to low education (5 'Profession choice year, special needs class, or not in education').

**School commitment.** Four items measured the youth's school commitment (e.g. 'I do all my homework'). Answer categories ranged from 1 'fully untrue' to 4 'fully true' ( $\alpha = .64$ ).

**Generalised trust.** Trust was measured through three items (e.g. 'Most people can be trusted'). Answer categories ranged from 'fully untrue' to 4 'fully true' ( $\alpha = .83$ ).

**Self-efficacy.** We included five items measuring self-efficacy on a 4-point scale from 1 'fully untrue' to 4 'fully true' (e.g. 'If there are difficulties, I find ways or means to overcome them',  $\alpha = .67$ ).

### Covariates for the matching procedure

The success of matching depends on the set of included covariates (Smith & Todd, 2005). Our data were particularly suitable for matching due to the richness in variables related to both treatment and outcomes. We first selected 161 covariates for potential inclusion based on their developmental relevance and prior analyses (Eisner et al., 2012; Obsuth et al., 2016). However, computational difficulties prohibited us from using the full set of covariates. We therefore subjected all 161 covariates to *t*-tests to examine differences between youths who were placed in out-of-home care and those who were not. If the same covariates were measured at multiple time-points, more recent measures were given priority based on the logic that more proximate variables typically have higher influence. We also included sex ("0" for females, "1" for males)

due to its importance in predicting child development. This resulted in a final selection of 83 covariates (table 2). The covariates were collected among multiple informants (parents, teachers, children, and peers) and in the first four data collections to ensure that they were not influenced by the predictor variable (out-of-home placement).

## Results

### Descriptive statistics

Between age 11 and 17, 47 youths (3.9%) were placed in out-of-home care (table 3). Initial *t*-tests between the youths who were placed in out-of-home care and those who were not showed that youths who were placed in out-of-home care came from significantly more problematic socio-economic and family backgrounds and displayed more problem behaviour. An overview of the differences between all covariates between the two groups is shown in appendix 1.

### Results of the matching procedure

Success of the matching procedure was examined in three ways. First, we inspected histograms and jitter plots of the propensity scores. These demonstrated evidence of lacking common support (see figures 1 and 2 for examples). Although the groups demonstrated considerably

**Table 2. Covariates included for the Matching Procedure.**

	Number of variables across all informants and time-points	Types of variables	Parent/primary caregiver	Informant Teacher	Child	Peer
Demographic characteristics	6	sex, parental education, socioeconomic status, financial difficulties, single parent home, number household members	W1			
Parental criminality	1	One of the parents has been a crime suspect	W1			
Age mother	1	Age of mother at birth of the child	W1			
Social behavior (SBQ)	35	6 Overt aggression, 3 indirect aggression, 5 attention deficit hyperactivity disorder (ADHD), 6 oppositional defiance disorder, 5 non-aggressive conduct disorder, 5 prosocial behaviour, 5 anxiety and depression	W3, 4	W3, 4	W3, 4	
Conflict coping	1	Aggressive conflict coping			W4	
Trust	1	Peer-reported trustworthiness				W2
Self-control	2	Low self-control			W3, 4	
Decision-making	1	Expected benefits from using violence			W4	
Risky leisure activities	1	Risky, unsupervised leisure activities with friends			W4	
Deviance	1	Deviant acts, including bullying perpetration, substance use, and delinquency			W4	
Police contacts	1	Police contact due to delinquent act			W4	
Media use	1	Consumption of adult media content (18+ horror movies, action movies, or computer games)			W4	
Parenting	13	Involvement, monitoring, erratic punishment, corporal punishment	W3, 4		W4	
Parental conflict	1	Periods of serious conflict among caregivers	W1			
Parental depression	2	Extended periods of feeling depressed, unhappy, or overburdened; parental mental health	W1, 2			
Parents' involvement in school	2	Parental support, parental interest		W3, 4		

**Table 2. Continued. Covariates included for the Matching Procedure .**

	Number of variables across all informants and time-points	Types of variables	Parent/primary caregiver	Informant Teacher	Child	Peer
Family climate	1	Interactions and climate within family	W3			
School achievement and motivation	3	Math and language achievement, motivation		W3, 4		
Peer status	1	Popularity among classmates				W2
Deviant friends	1	Crime, truancy, and substance use by two best friends			W4	
Relationship sibling(s)	1	Relationship with siblings	W2			
Role among peers	4	Popular, isolated, bullied, dominating		W3, 4		
Victimisation	2	Victimisation of peer aggression and violence			W4	

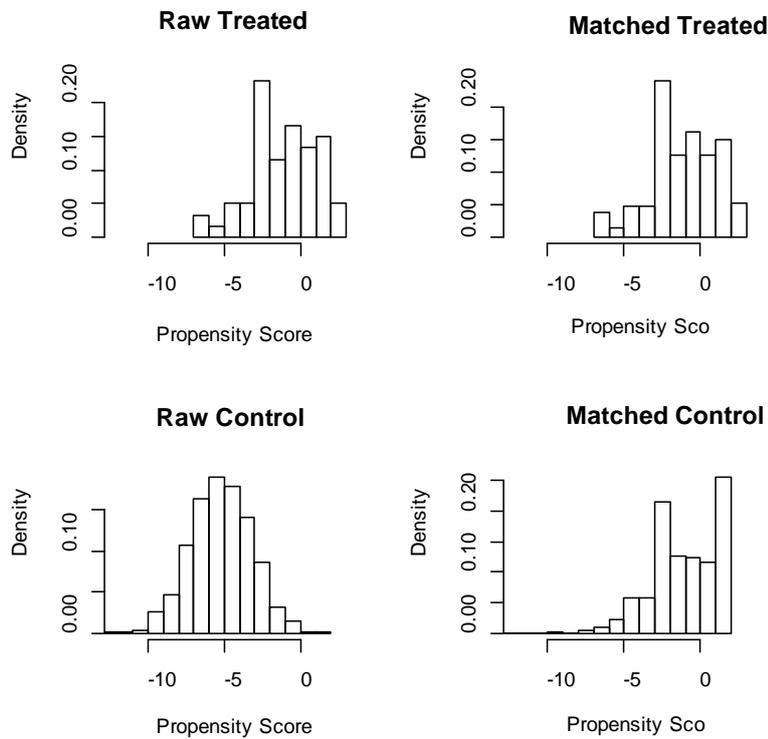
**Table 3. Number of youths who were placed in out-of-home care.**

Ages	Number of youths
11–13	19 (1.4%)
13–15	22 (1.5%)
15–16	19 (1.5%)
Total	47 (3.9%)

*Note.* Individual cells do not sum to 47 due to youths who reported out-of-home placement in multiple waves.

**Figure 1. Histograms of treated and control cases before and after matching (examples from the first imputation, 83 covariates).**

a. Full matching



b. Constrained full matching

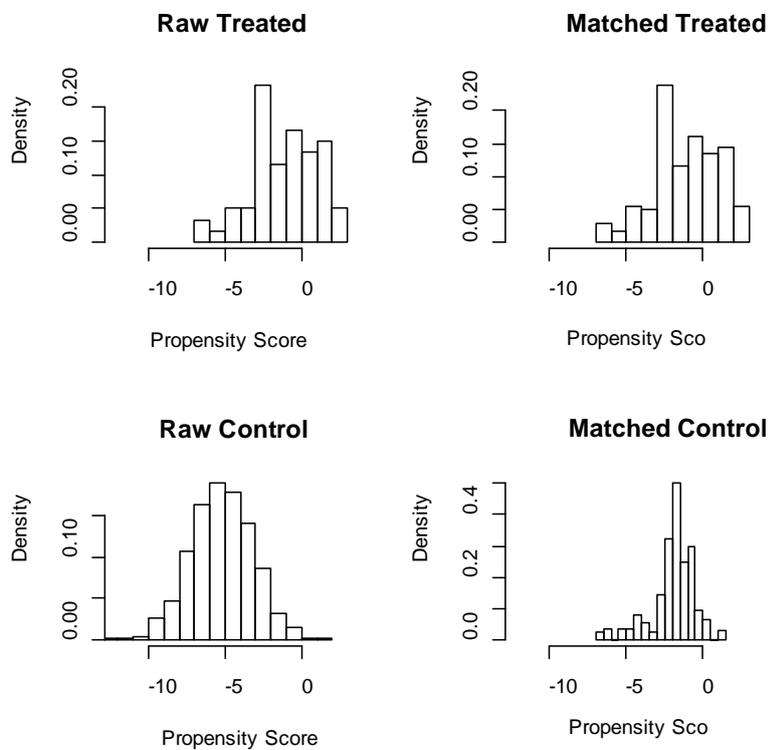
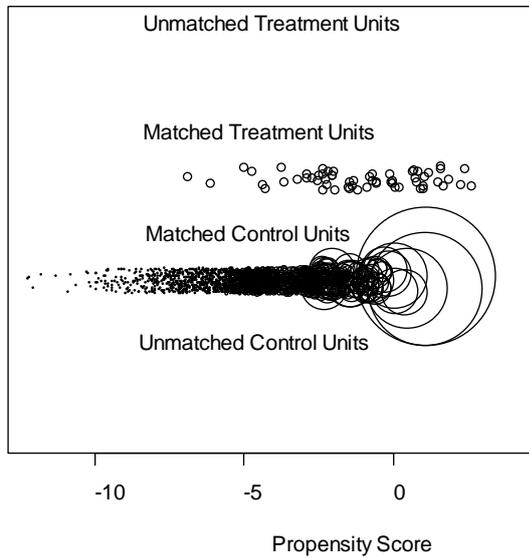


Figure 2. Jitter plot of treated and control cases after matching (examples from the first imputation, 83 covariates).

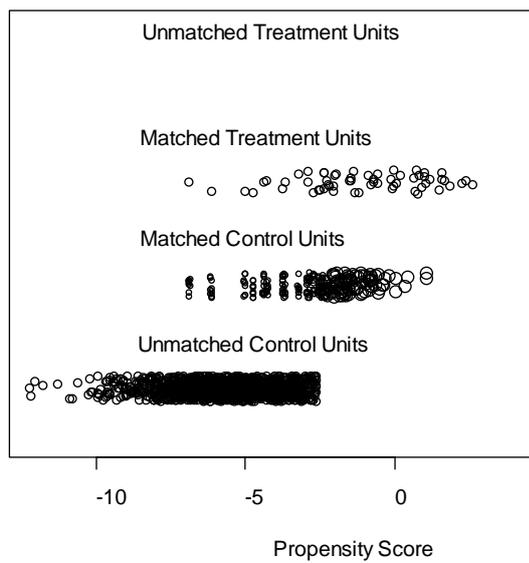
a. Full matching

Distribution of Propensity Scores



b. Constrained full matching

Distribution of Propensity Scores



more overlap after matching compared to before, there were several youths placed in out-of-home care on the upper end of the propensity score who had higher propensity scores than any of the youths not placed in out-of-home care, and several youths not placed in out-of-home care on the lower end of the propensity score who had lower propensity scores than any of the youths placed in out-of-home care. For the full matching method, the jitter plot showed that some of the youths not placed in out-of-home care received a very large weight due to the imbalances.

Second, we examined reductions in the standardised mean difference, which is defined as the weighted difference in means between the two groups divided by the standard deviation in the control (i.e. the youths not placed in out-of-home care) group (Rubin, 2001). If the standardised mean difference is less than 0.25, matching is considered successful (Ho, Imai, King, & Stuart, 2007). Only the standardised mean difference for full matching was satisfactory at 0.18. For constrained full matching, it was 0.51. Full matching resulted in a 91% improvement in standardised mean difference compared to the non-matched data; for constrained full matching it was 75%.

Third, we performed weighted  $t$ -tests on all included covariates after the matching. On average, 32% of the covariates showed statistically significant differences between the youths who were placed in out-of-home care and those who were not after full matching. After constrained full matching, where only part of the youths not placed in out-of-home care was matched, only 2% of the tests were significant.

### Measures taken to increase common support

Several measures were taken to increase common support. First, interaction terms with clear imbalances across the two groups were included. This decreased common support.

Next, we decreased the number of covariates used for matching as a large amount of covariates may exacerbate common support issues (Smith & Todd, 2005). More specifically, we examined  $t$ -tests of all 83 covariates *before* matching and matched the data again using subsets of covariates based on different cut-off values of the  $t$ -statistics (see appendix 1): the first matching procedure only included covariates that exceeded  $t > |6|$  prior to matching (resulting in using a subset of four covariates for matching), the second used  $t > |5|$

(leading to the inclusion of 12 covariates), the third  $t > |4.5|$  (20 covariates), and the fourth  $t > |4|$  (26 covariates). As reported in the upper half of table 4, the standardised mean bias was lower when less covariates were included for both full and constrained full matching. We also performed weighted  $t$ -tests across all 83 covariates *after* matching and calculated the percentage of  $t$ -tests that displayed significant differences between the two groups for each of the analyses that included a subset of the covariates. Results are reported in the last column of the upper half of table 4. The percentage of significant  $t$ -tests was high for both full and constrained full matching when only four covariates were included. For full matching, the percentage was lowest when 12 and 20 covariates were included. For constrained full matching, the percentage dropped below 5% at 20 covariates or more, a percentage that could be expected based on chance alone.

Our final measure to increase common support was to discard all cases that were off common support, i.e. outside the range of propensity scores of the other group. Thus, all youths placed in out-of-home care with propensity scores that were higher than the highest propensity score in the group of youths not placed in out-of-home care were excluded, as were all youths not placed in out-of-home care with propensity scores that were lower than the lowest propensity score in the group of youths placed in out-of-home care. As shown in the lower half of table 4 and as could be expected, this decreased the standardised mean differences. For full matching, especially for larger numbers of covariates, this also decreased the percentage of significant  $t$ -tests (see the last column of the lower half of table 4). This was less the case for constrained full matching, which had already discarded part of the cases in the earlier part of the matching.

### Effects on outcomes

Given the challenges encountered in the matching procedures, we proceeded to estimate the outcome effects as follows. We first estimated the effects of out-of-home placement using the non-matched data. Next, we estimated the effects using the matched data. We did this both for full and constrained full matching, and using sets of 12, 20, 26, and 83 covariates separately. Finally, we repeated the analyses discarding all cases that were off common support.

**Table 4. Standardised mean bias and % of significant t-tests after matching.**

Matching procedure	Number of covariates	Std. Mean Difference	% Balance improvement: Std. Mean Diff.	Matched Control	Matched Treated	% significant t-tests
Full matching	4	0.01	99.12	1429	54	15.3%
Full matching	12	0.00	99.41	1429	54	9.5%
Full matching	20	0.02	98.75	1429	54	10.2%
Full matching	26	0.03	97.99	1429	54	12.3%
Full matching	83	0.18	91.18	1429	54	31.7%
Constrained full matching	4	0.10	88.81	320	54	19.4%
Constrained full matching	12	0.17	84.65	332	54	6.1%
Constrained full matching	20	0.21	82.61	306	54	4.7%
Constrained full matching	26	0.24	81.22	307	54	2.4%
Constrained full matching	83	0.51	74.56	227	54	2.4%
<i>Cases off common support discarded</i>						
Full matching	4	0.01	98.90	1373	54	17.5%
Full matching	12	0.01	99.44	1296	54	11.1%
Full matching	20	0.00	99.83	1286	52	9.5%
Full matching	26	0.00	99.88	1258	50	7.7%
Full matching	83	0.01	99.59	897	41	5.2%
Constrained full matching	4	0.11	87.17	317	54	19.5%
Constrained full matching	12	0.19	82.76	330	54	6.1%
Constrained full matching	20	0.14	88.83	306	52	3.9%
Constrained full matching	26	0.12	90.44	304	50	3.0%
Constrained full matching	83	0.14	93.36	216	41	0.0%

Note. Number of treated cases differs from reported in table 3 due to multiple imputation.

Table 5. Outcomes of regression analyses.

Dependent variables	Non-matched data	12 covariates				20 covariates			
		Full matching		Constrained full matching		Full matching		Constrained full matching	
		All cases	Cases on common support	All cases	Cases on common support	All cases	Cases on common support	All cases	Cases on common support
<i>Youth outcomes</i>									
Delinquency	0.48*	0.02	0.00	0.09	0.10	0.21	0.14	0.14	0.11
Aggression	0.20**	0.01	0.00	0.04	0.04	-0.01	-0.01	0.05	0.03
Police contacts	1.53**	0.18	0.32	0.56	0.66	0.49	0.34	0.68	0.54
Substance use	0.72**	0.46†	0.53*	0.50†	0.55†	0.43	0.42	0.45	0.45
Optimism	-0.09	0.03	0.02	-0.02	-0.02	0.03	0.02	0.00	-0.01
Anxiety & depression	0.16	0.14	0.16	0.13	0.15	0.09	0.08	0.08	0.08
Suicidal ideation	0.95*	0.77	0.87	0.56	0.61	0.46	0.47	0.46	0.49
Low education	0.75**	0.36	0.36	0.33	0.32	0.37	0.32	0.38	0.36
School commitment	0.01	0.11	0.09	0.08	0.07	0.11	0.09	0.09	0.08
Generalised trust	-0.08	0.08	0.08	0.02	0.02	0.02	0.03	0.04	0.05
Self-efficacy	-0.05	0.01	-0.01	-0.02	-0.03	-0.01	-0.01	-0.04	-0.03

**Table 5. Continued. Outcomes of regression analyses.**

Dependent variables	26 covariates				83 covariates			
	Full matching		Constrained full matching		Full matching		Constrained full matching	
	All cases	Cases on common support	All cases	Cases on common support	All cases	Cases on common support	All cases	Cases on common support
<i>Youth outcomes</i>								
Delinquency	0.18	0.15	0.14	0.12	0.42	0.19	0.31	0.28
Aggression	-0.04	-0.05	0.04	0.01	0.01	-0.04	0.10	0.01
Police contacts	0.42	0.56	0.73	0.60	1.27	0.58	0.96	0.47
Substance use	0.35	0.50	0.50 <sup>†</sup>	0.54 <sup>†</sup>	0.55	0.65 <sup>†</sup>	0.60 <sup>†</sup>	0.72 <sup>†</sup>
Optimism	0.04	0.01	0.00	0.00	0.00	-0.03	-0.04	-0.07
Anxiety & depression	0.06	0.11	0.08	0.08	0.04	0.05	0.04	0.07
Suicidal ideation	0.25	0.46	0.44	0.45	0.72	0.45	0.69	0.68
Low education	0.31	0.27	0.34	0.28	0.49	0.23	0.46 <sup>†</sup>	0.26
School commitment	0.11	0.06	0.08	0.06	0.02	0.05	0.02	-0.01
Generalised trust	0.03	0.05	0.04	0.05	-0.05	-0.03	0.01	0.00
Self efficacy	-0.01	-0.02	-0.04	-0.04	0.04	0.04	0.00	0.03

*Note.* Unstandardised coefficients. Due to varying distributional properties of the dependent variables, we used a negative binomial model to estimate the regression for delinquency, a tobit model for suicidal ideation, and logit models for psychiatric clinic and all three variables for police contacts. The remaining regressions were estimated using linear models.

<sup>†</sup> $p < .10$ ; \* $p < .05$ ; \*\* $p < .01$

Results are shown in table 5. As shown in the first results column (named 'Non-matched data'), out-of-home placement was related to several of the dependent variables prior to matching, with youths who were placed in out-of-home care displaying heightened levels of delinquency, aggression, police contacts, substance use, and suicidal ideation, while having lower education.

Results for the matched data, however, indicate that these problematic outcomes were primarily due to selection effects, i.e. youths placed in out-of-home care coming from more problematic backgrounds and displaying problem behaviour already prior to out-of-home placement. In fact, once youths placed in out-of-home care were matched to youths who were not placed in out-of-home care but were from similar backgrounds and displayed the same types of behaviour, few significant relations remained. In one of the analyses (full matching on 12 covariates, only cases on common support included), youths placed in out-of-home care were more likely to use substances, but this effect was not stable across the analyses.

### Supplementary analyses

In our final set of analyses, we examined whether the results of our analyses were robust, by combining two supplementary analyses. First, due to the shown challenge of including a large number of covariates in the matching procedure, we used an alternative method to reduce the number of covariates, namely through exploratory factor analysis using the principle-axis factor extraction. Factor loadings are presented in appendix 2. The analysis indicated a 21-factor structure with sums of squared loadings ranging from 1.3 to 5.0.

Second, in the analyses presented so far, we relied on an estimation of the propensity scores using logistic regression, which assumes a linear relation between the propensity score and its predictors. Generalized Boosted Modeling (GBM) relaxes this assumption, using regression trees and iterative algorithms to create complex models by combining multiple simple models (Olmos & Govindasame, 2015), thereby helping to solve the variable specification problem and potentially leading to a more accurate prediction of treatment probability (Guo & Fraser, 2010; McCaffrey, Ridgeway, & Morral, 2004). We therefore performed GBM to estimate the propensity scores, using the 21 factors extracted through the EFA and

the *twang* package in R (Ridgeway, McCaffrey, Morral, Burgette, & Griffin, 2017). Balance statistics are presented in appendix 3. Outcome analyses displayed in table 6 indicated one significant difference between the out-of-home care and the non-out-of-home care group, namely that the former reported higher levels of anxiety and depression at age 17 compared to the latter. The other differences between the two groups were not statistically significant.

### Discussion

Children and youths who are placed in out-of-home care often experience unfavourable outcomes later in life. It is unknown, however, whether this is due to the out-of-home placement itself or to the pre-existing difficulties that these children and youths face. In this paper, we examined the effects of out-of-home placement on youth outcomes at age 17 using a large representative longitudinal sample of youths from Zurich, Switzerland and a propensity score matching approach using covariates collected among multiple informants to reduce selection bias. A substantial minority, namely 3.9% of the participants, experienced at least one episode of out-of-home placement between the ages 11 and 16.

Our findings suggest, first, that adolescents placed in out-of-home care displayed substantially higher risk levels in childhood across a range of domains including family background, problem behaviour, and school problems compared to youths who were not placed in out-of-home-care. The difference in backgrounds and behaviour between the two groups was found to be so large that it complicated the propensity score matching analysis to the extent that it proved difficult to match the two groups properly and several additional measures had to be taken to examine the robustness of the results.

Second, the results of the analyses show that most of the differences in outcomes between youths who were placed in out-of-home care and those who were not are likely due to pre-existent differences between the two groups, and not to the out-of-home placement itself. More specifically, even though youths placed in out-of-home care displayed significantly more externalising and internalising problem behaviour and had lower education at age 17 compared to youths not placed in out-of-home care, almost all of these differences disappeared after matching. The only effects that

**Table 6. Outcome regressions based on PSM using Generalised Boosted Models.**

	Unstandardised coefficient
<i>Youth outcomes</i>	
Delinquency	0.08
Aggression	0.03
Police contacts	0.02
Substance use	0.63
Optimism	-0.21
Anxiety & depression	0.48*
Suicidal ideation	0.51
Low education	0.28
School commitment	0.03
Generalised trust	-0.08
Self efficacy	-0.02

*t* $p < .10$ ; \* $p < .05$ ; \*\* $p < .01$

remained (on substance use and anxiety and depression) were unstable across the analyses.

The overall lack of effects of out-of-home placement on youth outcomes suggests that out-of-home placement may not have negative consequences. However, our results should be seen in the context of our study and sample. First, the outcomes were measured on average about three (with a range of one to five) years after the placement. Hence, our results may not be representative of shorter-term effects or delayed effects into adulthood. Second, our study was conducted among adolescents in Switzerland, and the results may not be generalisable to younger children or other countries. Finally, it should be noted that our findings do not imply that youths who are placed in out-of-home care do not face adversity. To the contrary, as our analyses showed, their backgrounds were disproportionately problematic. Our results suggest that out-of-home placement did not worsen their situation, but, as is widely recognised, these youths nevertheless require significant support services to overcome the obstacles they are presented with.

Although few negative effects of the out-of-home placement itself were observed, our findings also suggest little evidence for improved youth outcomes. Although quite some efforts have been made in the past years to improve the quality of foster care in Switzerland, one additional way to potentially

improve outcomes for youths placed in out-of-home care could be to integrate structured intensive and individualised support systems into the out-of-home placement. So-called therapeutic foster care programs that provide foster parents with the skills needed to manage and change challenging behaviour have been shown to be capable of decreasing externalising and internalising behavioural problems and improving school engagement and employment (Chamberlain et al., 2008; Knorth, Harder, Zandberg, & Kendrick, 2008; Reddy & Pfeiffer, 1997; Macdonald & Turner, 2008; Westermarck et al., 2011), although this may not extend to all child protection systems (Biehal et al., 2012; Biehal, Ellison, & Sinclair, 2012).

Our study was subject to several limitations. First, we did not have data on the type of out-of-home placement (institutions versus family) that the youths were placed in. This limits the conclusions that can be drawn from our study as these variables may play an important role in determining youth outcomes. Indeed, research indicates that placement in a residential institution is related to less favourable outcomes compared to foster families (see Vanderfaellie et al., 2015). Future research that distinguishes between youths placed in institutions and families using a propensity score matching approach is highly recommended. Second, our data were limited in other aspects of the foster care placement as well. We did not have data on the foster

caregivers, the out-of-home care environment, the reasons for placement, premature breakdown of the out-of-home placement, or length of stay in the out-of-home situation. These factors play an important role in predicting later life success and the absence of information on these aspects limits our study. Future work that focuses on these aspects specifically is highly recommended. Third, the number of out-of-home placements in our sample was only small and therefore the two groups in our analysis (i.e. out-of-home care youths and non-out-of-home care youths) were unbalanced. Although supplementary analyses using GBM were conducted to partially account for this issue, future analyses using larger samples are recommended. Fourth, our dependent variables were measured through youth reports only. Since different informants may have differing views on the same phenomenon and results may depend on the informant of the behaviour (Schmid et al., 2013;

Van Oijen, 2010), future studies including perspectives of different informants would be helpful. Fifth, we did not examine moderator effects. Given that the effects of out-of-home placement may vary among youths, for example according to their initial level of problem behaviour (Newton et al., 2000; Schmid et al., 2013), as well as age, such analyses are encouraged.

Although there are many research questions that need to be tackled by future research, this study contributed to our knowledge by using data from a large population study combined with a propensity score matching approach to estimate the outcomes of out-of-home placement at age 17. It showed that although research on the effects of out-of-home care is not without challenges due to the highly problematic backgrounds of youths placed in out-of-home care, the results were fairly consistent in showing very few effects (negative or positive) of the out-of-home placement itself.

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## Endnotes

1. We note that two other available measures for police contacts in the dataset were not used for the current paper because they included police contacts in the past two years and therefore overlapped with the predictor.

## Appendix

### Appendix 1. Differences between youths who were placed in out-of-home care and those who were not.

*Results of t-tests on all covariates.*

	Youths not placed in out-of-home care M (SD)	Youths placed in out-of-home care M (SD)	t statistic
Sex	1.49 (.01)	1.57 (.07)	-0.96
TP1 Parental education PR	6.45 (.08)	5.22 (.40)	3.04
TP1 Socioeconomic status PR	47.85 (.50)	39.50 (2.44)	3.15
TP1 Financial problems PR	.07 (.01)	.29 (.05)	-7.59
TP1 Single parent household PR	.24 (.01)	.58 (.06)	-5.82
TP1 Number of household members PR	2.06 (.03)	1.67 (.14)	2.88
TP1 Parental criminality PR	.04 (.01)	.23 (.05)	-6.59
TP1 Age mother at birth child PR	30.40 (.14)	28.03 (.58)	3.29
TP3 Aggression TR	.55 (.02)	.84 (.11)	-3.32
TP3 Indirect aggression TR	.69 (.02)	1.24 (.16)	-4.62
TP3 ADHD TR	1.05 (.03)	1.50 (.14)	-3.31
TP3 Oppositional defiant disorder TR	.50 (.02)	.90 (.14)	-3.70
TP3 Non-aggressive conduct disorder TR	.23 (.01)	.50 (.10)	-4.41
TP3 Prosocial behaviour TR	2.41 (.02)	2.23 (.11)	1.56
TP3 Anxiety and depression TR	.82 (.02)	1.30 (.11)	-4.74
TP3 Aggression TR	.48 (.02)	.94 (.10)	-5.33
TP4 ADHD TR	1.06 (.03)	1.72 (.14)	-4.89
TP4 Oppositional defiant disorder TR	.41 (.02)	.83 (.12)	-4.34
TP4 Non-aggressive conduct disorder TR	.21 (.01)	.52 (.09)	-5.56
TP4 Prosocial behaviour TR	2.28 (.02)	1.94 (.10)	3.04
TP4 Anxiety and depression TR	.89 (.02)	1.24 (.10)	-3.51
TP3 Aggression PR	.65 (.01)	.87 (.08)	-3.81
TP3 ADHD PR	1.30 (.02)	1.56 (.09)	-2.86
TP3 Oppositional defiant disorder PR	.98 (.02)	1.39 (.10)	-4.86
TP3 Non-aggressive conduct disorder PR	.26 (.01)	.43 (.05)	-3.93
TP3 Prosocial behaviour PR	2.67 (.01)	2.48 (.08)	2.75
TP3 Anxiety and depression PR	.86 (.01)	1.06 (.08)	-3.00
TP4 Aggression PR	.50 (.01)	.77 (.05)	-5.56
TP4 ADHD PR	1.26 (.02)	1.59 (.08)	-3.60
TP4 Oppositional defiant disorder PR	.95 (.02)	1.23 (.08)	-3.35
TP4 Non-aggressive conduct disorder PR	.26 (.01)	.54 (.06)	-6.39
TP4 Prosocial behaviour PR	2.73 (.01)	2.54 (.08)	2.65
TP4 Anxiety and depressions PR	.89 (.01)	1.14 (.08)	-3.62
TP3 Aggression CR	.12 (.00)	.22 (.03)	-4.61
TP3 Indirect aggression CR	.09 (.00)	.13 (.03)	-1.87
TP3 ADHD CR	.16 (.00)	.24 (.03)	-3.22
TP3 Oppositional defiant disorder CR	.18 (.01)	.27 (.04)	-2.39
TP3 Non-aggressive conduct disorder CR	.16 (.00)	.23 (.03)	-2.79
TP3 Prosocial behaviour CR	.91 (.00)	.87 (.02)	2.45
TP3 Anxiety and depression CR	.38 (.01)	.44 (.03)	-1.87

## Appendix 1 (cont.).

TP4 Aggression CR	.21 (.00)	.29 (.03)	-3.25
TP4 Indirect aggression CR	.11 (.00)	.22 (.04)	-4.59
TP4 Oppositional towards parents CR	1.42 (.01)	1.74 (.10)	-5.55
TP4 Aggressive conflict coping CR	1.46 (.01)	1.64 (.08)	-2.46
TP2 Trustworthiness PeR	1.70 (.01)	1.86 (.06)	-3.20
TP3 Self-control CR	2.86 (.01)	2.49 (.09)	5.85
TP4 Self-control CR	1.95 (.01)	2.11 (.09)	-2.55
TP4 Expected benefits of delinquency CR	1.73 (.01)	1.94 (.09)	-2.89
TP4 Risky leisure CR	1.14 (.02)	1.62 (.15)	-3.64
TP4 Deviance CR	2.54 (.06)	4.20 (.39)	-5.36
TP4 Police contact CR	.03 (.00)	.09 (.04)	-2.74
TP4 Adult media consumption CR	.89 (.03)	1.52 (.18)	-4.11
TP3 Parental involvement PR	3.07 (.01)	2.96 (.06)	2.12
TP3 Parental monitoring PR	3.63 (.01)	3.53 (.06)	2.05
TP3 Erratic punishment PR	1.18 (.02)	1.38 (.08)	-2.49
TP4 Involvement PR	3.02 (.01)	2.80 (.07)	3.83
TP4 Monitoring PR	3.53 (.01)	3.37 (.06)	2.87
TP4 Corporal punishment PR	.27 (.01)	.37 (.06)	-1.65
TP4 Parental involvement CR	3.34 (.01)	3.08 (.08)	4.11
TP4 Positive parenting CR	3.30 (.01)	3.16 (.09)	1.88
TP4 Parental monitoring CR	3.63 (.01)	3.48 (.09)	2.08
TP4 Disclosure to parents CR	3.43 (.01)	3.00 (.12)	5.55
TP4 Authoritative parenting CR	2.06 (.02)	2.29 (.11)	-2.59
TP4 Erratic parenting CR	1.65 (.02)	1.95 (.12)	-3.37
TP4 Corporal sanctions CR	1.21 (.01)	1.55 (.10)	-6.17
TP1 Parental conflict PR	.05 (.00)	.15 (.03)	-4.70
TP2 Parental depression PR	.78 (.01)	.86 (.06)	-1.65
TP1 Maternal depression PR	.05 (.00)	.14 (.03)	-4.56
TP3 Parental involvement TR	4.08 (.03)	3.44 (.16)	4.40
TP4 Parental involvement TR	4.08 (.02)	3.52 (.16)	4.19
TP3 Family climate PR	3.69 (.01)	3.70 (.06)	1.60
TP4 School achievement TR	3.30 (.03)	2.94 (.14)	2.20
TP3 School motivation TR	3.38 (.02)	3.13 (.15)	2.08
TP4 School motivation TR	3.55 (.03)	3.00 (.16)	3.74
TP2 Popularity PeR	5.00 (.08)	3.93 (.43)	2.37
TP4 Deviant friends CR	.05 (.00)	.09 (.02)	-2.84
TP2 Positive relationships with siblings PR	2.99 (.02)	2.76 (.09)	2.66
TP3 Negative peer relations TR	1.70 (.02)	2.00 (.09)	-2.98
TP4 Negative peer relations TR	1.78 (.02)	2.11 (.10)	-3.18
TP3 Dominance TR	1.55 (.02)	1.94 (.17)	-3.12
TP4 Dominance TR	1.48 (.02)	1.86 (.14)	-3.25
TP4 Peer victimisation CR	3.16 (.08)	4.88 (.53)	-3.97
TP4 Violent victimisation CR	.44 (.02)	.64 (.12)	-1.96

Note. TR = Teacher report, PR = Parent report, CR = Child report, PeR = Peer report, TP = Time-point.

**Appendix 2. Exploratory factor analysis of covariates.***Factor analysis of covariates.*

	Greatest  Beta	Factor
TP3 Aggression PR	0.66	1
TP3 ADHD PR	0.57	1
TP3 Oppositional defiant disorder PR	0.57	1
TP3 Non-aggressive conduct disorder PR	0.70	1
TP4 Aggression PR	0.74	1
TP4 ADHD PR	0.52	1
TP4 Oppositional defiant disorder PR	0.57	1
TP4 Non-aggressive conduct disorder PR	0.73	1
TP3 Parental monitoring PR	0.59	1
TP4 Monitoring PR	0.57	1
TP3 Aggression TR	0.79	2
TP4 ADHD TR	0.69	2
TP4 Oppositional defiant disorder TR	0.75	2
TP4 Non-aggressive conduct disorder TR	0.74	2
TP4 Prosocial behaviour TR	0.47	2
TP4 Anxiety and depression TR	0.57	2
TP4 Parental involvement TR	0.50	2
TP4 School motivation TR	0.60	2
TP4 Negative peer relations TR	0.58	2
TP4 Dominance TR	0.61	2
TP3 Aggression TR	0.87	3
TP3 Indirect aggression TR	0.80	3
TP3 ADHD TR	0.64	3
TP3 Oppositional defiant disorder TR	0.72	3
TP3 Non-aggressive conduct disorder TR	0.73	3
TP3 Anxiety and depression TR	0.48	3
TP3 Negative peer relations TR	0.48	3
TP3 Dominance TR	0.76	3
TP4 Aggression CR	0.75	4
TP4 Indirect aggression CR	0.62	4
TP4 Aggressive conflict coping CR	0.74	4
TP4 Self-control CR	0.65	4
TP4 Expected benefits of delinquency CR	0.65	4
TP4 Deviance CR	0.68	4
TP4 Disclosure to parents CR	0.38	4
TP4 Deviant friends CR	0.45	4
TP3 Aggression CR	0.67	5
TP3 ADHD CR	0.75	5
TP3 Oppositional defiant disorder CR	0.66	5
TP3 Anxiety and depression CR	0.66	5
TP3 Self-control CR	0.55	5

**Appendix 2 (cont.).**

TP1 Parental education PR	0.78	6
TP1 Socioeconomic status PR	0.78	6
TP1 Age mother at birth child PR	0.53	6
TP3 Prosocial behaviour PR	0.66	7
TP4 Prosocial behaviour PR	0.69	7
TP3 Parental involvement PR	0.70	7
TP4 Involvement PR	0.74	7
TP3 Parental involvement TR	0.45	8
TP4 School achievement TR	0.46	8
TP3 School motivation TR	0.64	8
TP2 Popularity PeR	0.41	8
Sex	0.80	9
TP3 Prosocial behaviour TR	0.39	9
TP3 Non-aggressive conduct disorder CR	0.63	9
TP4 Oppositional towards parents CR	0.50	10
TP4 Authoritative parenting CR	0.72	10
TP4 Erratic parenting CR	0.63	10
TP4 Corporal sanctions CR	0.59	10
TP3 Anxiety and depression PR	0.71	11
TP4 Anxiety and depressions PR	0.72	11
TP1 Financial problems PR	0.61	12
TP1 Parental criminality PR	0.59	12
TP1 Parental conflict PR	0.57	12
TP1 Maternal depression PR	0.57	12
TP2 Trustworthiness PeR	0.32	13
TP4 Peer victimisation CR	0.71	13
TP4 Violent victimisation CR	0.71	13
TP1 Single parent household PR	0.62	14
TP1 Number of household members PR	0.78	14
TP4 Risky leisure CR	0.61	15
TP4 Adult media consumption CR	0.49	15
TP4 Parental monitoring CR	0.64	15
TP4 Parental involvement CR	0.66	16
TP4 Positive parenting CR	0.72	16
TP3 Indirect aggression CR	0.56	17
TP3 Prosocial behaviour CR	0.64	17
TP3 Erratic punishment PR	0.53	18
TP2 Parental depression PR	0.66	18
TP3 Family climate PR	0.39	19
TP2 Positive relationships with siblings PR	0.70	19
TP4 Police contact CR	0.64	20
TP4 Corporal punishment PR	0.45	21

*Note.* TR = Teacher report, PR = Parent report, CR = Child report, PeR = Peer report, TP = Time-point. Estimates obtained using varimax rotation.

**Appendix 3. Balance statistics before and after GBM.***Standardised bias and t-tests.*

Factor	Before matching				After matching			
	Mean out-of-home care group	Mean non-out-of-home care group	Standardised bias	% significant t-tests	Mean out-of-home care group	Mean non-out-of-home care group	Standardised bias	% significant t-tests
Factor 1	0.37	-0.01	0.56	100%	0.00	-0.01	0.02	0%
Factor 2	0.52	-0.02	0.82	100%	0.08	-0.01	0.15	10%
Factor 3	0.38	-0.01	0.55	100%	0.14	-0.01	0.20	0%
Factor 4	0.38	-0.01	0.58	90%	0.02	-0.01	0.04	0%
Factor 5	0.38	-0.01	0.56	100%	0.13	-0.01	0.19	0%
Factor 6	-0.37	0.01	-0.48	100%	-0.08	0.01	-0.11	0%
Factor 7	-0.28	0.01	-0.38	80%	-0.09	0.01	-0.12	0%
Factor 8	-0.38	0.01	-0.60	100%	-0.07	0.01	-0.12	20%
Factor 9	-0.18	0.01	-0.24	20%	0.15	0.00	0.19	10%
Factor 10	0.47	-0.02	0.70	100%	-0.03	-0.01	-0.02	0%
Factor 11	0.40	-0.02	0.47	90%	0.13	-0.01	0.17	20%
Factor 12	0.82	-0.03	1.30	100%	0.13	-0.02	0.24	30%
Factor 13	0.37	-0.01	0.55	90%	-0.04	-0.01	-0.05	0%
Factor 14	0.49	-0.02	0.61	100%	0.07	-0.01	0.10	0%
Factor 15	0.27	-0.01	0.38	60%	-0.11	-0.01	-0.15	10%
Factor 16	-0.41	0.02	-0.52	90%	-0.02	0.01	-0.04	0%
Factor 17	0.19	-0.01	0.25	40%	0.06	0.00	0.07	0%
Factor 18	0.25	-0.01	0.34	50%	-0.10	-0.01	-0.12	0%
Factor 19	-0.15	0.01	-0.19	20%	0.00	0.00	0.00	10%
Factor 20	0.24	-0.01	0.24	10%	0.18	-0.01	0.15	0%
Factor 21	0.26	-0.01	0.27	50%	-0.05	-0.01	-0.04	10%

*Note.* Numbers pooled across imputations. Estimates obtained using Generalised Boosted Models with n.trees=10000, interaction.depth=4, and shrinkage=0.0005.

# Adult outcomes of youths who have spent time in a judicial treatment institution in the Netherlands

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## Abstract

Youths who have spent time in residential care may experience difficulties when making the transition to adulthood. This study examines adult outcomes of youths (N=251) who spent time in a Dutch judicial treatment institution. Moreover, the study investigates to what extent background characteristics and patterns in adult criminal behaviour are related to outcomes in adulthood. The study uses data from the 17up study, a longitudinal study following institutionalised youths into adulthood. Information on background characteristics is available from the youths' treatment files. Outcomes in a variety of life domains, including the domains of housing, employment, family formation and health, have been assessed at a follow-up interview with respondents when they were, on average, 34 years old. Official data on criminal behaviour is used to reconstruct respondents' criminal careers. The findings show that many young people who were placed in a judicial treatment institution during their youth experience difficulties in conventional life domains in adulthood, in particular in the areas of employment, mental health, and alcohol and drug abuse. Furthermore, results from a series of regression analyses and nonlinear canonical correlation analyses suggest that in general, those with chronic involvement in criminal behaviour are more likely to experience problems in multiple adult life domains. Most background characteristics are unrelated to adult outcomes. Therefore, the findings indicate that among youths with a history of institutionalisation, negative outcomes in adulthood are not so much predicted by childhood risk factors, but more so by criminal involvement in adulthood.

## Keywords

Adult outcomes; judicial treatment institution; residential care; offending trajectories

## Introduction

Youths who have spent time in residential care are at risk of experiencing difficulties when making the transition to adulthood, resulting in adverse outcomes in a variety of adult life domains. In the Netherlands, until recently, youths who displayed serious behavioural problems and/or delinquent behaviour could be placed in a specific type of residential care: a judicial treatment institution for juveniles. It is well documented that young people who have been placed in out-of-home care are at risk of experiencing negative outcomes in several domains, including in the areas of education, employment, wellbeing and mental health, and contact with the criminal justice system (e.g. Collins, 2001; Courtney & Dworsky, 2006). Looking in particular at outcomes of youths who have spent time in an institution, research suggests that institutionalised youths face difficulties in conventional life domains. For example, employment rates after institutionalisation are generally low and youths often have financial problems (e.g. Boendermaker, 1998; Harder, Knorth & Kalverboer, 2011; Van der Molen et al., 2013). A substantial proportion of previously institutionalised girls become mothers at a young age (Hamerlynck, 2008; Van der Molen et al., 2013). In addition, mental health problems are common, as is use of (inpatient) mental health treatment (e.g. Abram et al., 2015; Boendermaker, 1998; Ståhlberg et al., 2017; Van der Molen et al., 2013; Vinnerljung and Sallnäs, 2008). Furthermore, many previously institutionalised youths struggle with problematic alcohol and drug use (e.g. Harder et al., 2011; Welty et al., 2016). Finally, rates of criminal behaviour are high (e.g. Ståhlberg et al., 2017). For example, research by Wartna, el Harbachi and Van der Laan (2005) found that 32% of youths had been in contact with the criminal justice system one year after leaving an institution. This figure rose to 68% over a period of seven years.

Research indicates that outcomes for institutionalised youths are significantly worse compared to youths who were not

institutionalised. To illustrate, those who experienced juvenile incarceration are less likely to graduate from high school (Aizer & Doyle, 2015). Research by Davies and Tanner (2003) showed that boys and girls who spent time incarcerated had worse employment outcomes compared to young people who did not experience incarceration. Furthermore, Lanctôt, Cernkovich and Giordano (2007) demonstrated that, compared to youths who had not experienced institutionalisation, boys and girls who had been institutionalised experienced more difficulties in young adulthood, in terms of socioeconomic disadvantage, instability in the domains of work and relationships, and increased levels of depressive symptoms. In addition, a study by Vinnerljung and Sallnäs (2008) found that youths placed in an institution due to behaviour problems often experienced difficulties in young adulthood, including in the domains of crime, education and employment. Moreover, youths placed in an institution were more likely than youths placed in foster care to have low educational attainment, to receive substantial social assistance, and to experience hospitalisation for mental health problems in young adulthood. Finally, Gilman, Hill and Hawkins (2015) used a propensity score matching approach to compare youths who experienced incarceration during adolescence to youths who did not. The study demonstrated that those youths who experienced institutionalisation in adolescence were, compared to youths who were not institutionalised, more likely to have alcohol abuse problems, to receive public assistance, and to experience incarceration between ages 27 and 33, whilst they were not more likely to experience depression, anxiety or drug abuse.

However, most existing studies focused on small samples and/or have followed youths for a short period after leaving an institution (but see Gilman et al., 2015; Lanctôt et al., 2007). It is important to examine the long-term outcomes of youth who have spent time in an institution, as it might take them a while to establish themselves as adults. Moreover, most

available research is carried out in the USA. One of the exceptions is an earlier study from the Netherlands that examined adult life adjustment of previously institutionalised youths who were followed up to an average age of 34 (Verbruggen, Van der Geest & Blokland, 2016). Using the same sample as in the current study, the Verbruggen et al. (2016) research used a composite scale of adult life adjustment to determine how well previously institutionalised youths were adjusted to adult life domains. Findings indicated that institutionalised youths experienced problems in several conventional life domains. Moreover, when looking at the extent to which patterns in adult criminal behaviour were related to adult life adjustment, the results showed that those respondents with chronic involvement in offending had the lowest scores on the adult life adjustment scale.

The current study aims to build upon the study by Verbruggen et al. (2016), by firstly, providing a more detailed examination of adult outcomes of institutionalised youths by investigating life domains separately rather than looking at a composite measure of adult life adjustment, and secondly, by examining to which kind of factors the generally poorer adult outcomes of institutionalised youths are attributable. Although research generally points to negative outcomes among care leavers, there is debate about the precise reasons for these adverse outcomes. On the one hand, it may be argued that poor outcomes of institutionalised youths are due to pre-existing vulnerabilities. For example, children who are placed in an institution tend to come from families that experience a multitude of problems, and have often experienced childhood victimisation, including neglect, physical abuse and sexual abuse (Allroggen, Rau, Ohlert & Fegert, 2017; Greger, Myhre, Lydersen & Jozefiak, 2015; Van Vugt, Lanctôt, Paquette, Collin-Vézina & Lemieux, 2014). Furthermore, these youths often display serious behaviour problems and may suffer from mental health problems (e.g. Collins et al., 2010; Fazel, Doll & Långström, 2008; Tarren-Sweeney, 2008). These relatively

stable individual and background factors contributed to their placement in an institution in the first place, and are assumed to put them at risk of longer term negative outcomes as well (e.g. Chung, Little & Steinberg, 2005; Gottfredson & Hirschi, 1990).

On the other hand, those taking a life-course perspective state that events that happen at different points in the life course could influence the likelihood of successful adaptation to adult life domains. The concept of cumulative disadvantage in particular is useful in explaining the generally poor adult outcomes of institutionalised youths (Sampson & Laub, 1997). Although placement in an institution is aimed at offering treatment to youths who display serious behavioural problems, and could therefore have positive effects on youths' later societal adaptation, the experience of institutionalisation could also have unintended negative effects, as it weakens bonds to conventional society, especially when youths spend a long time in an institution. For example, when entering an institution, they may de-enrol from education and come primarily into contact with other youths with vulnerable backgrounds and problematic behaviour. When youths leave an institution, the combination of limited to non-existent aftercare and labelling effects due to the stigma attached to official intervention (e.g. Becker, 1963; Bernburg & Krohn, 2003; Osgood, Foster, Flanagan & Ruth, 2005) could lead to difficulties in areas such as housing, education and employment. The period after institutionalisation is therefore a critical period, in which youths are at risk of (continued) involvement in criminal behaviour and contact with the criminal justice system. Such (re-) involvement additionally decreases the likelihood of successful outcomes in conventional adult life domains as offending, and especially chronic offending and formal sanctions, are associated with reduced likelihood and quality of employment (Moffitt, Caspi, Harrington & Milne, 2002; Nilsson & Estrada, 2009), obstacles in family formation (Nilsson & Estrada, 2009), adverse health outcomes (Piquero, Daigle, Gibson, Piquero &

Tibbetts, 2007), alcohol abuse (Moffitt et al., 2002), drug use (Piquero et al., 2007), further criminal justice involvement (Bernburg & Krohn, 2003; Moffitt et al., 2002), and lower life success in general (Farrington et al., 2006; Piquero, Farrington, Nagin & Moffitt, 2010).

In addition to describing the long-term adult outcomes of youths who spent time in a judicial treatment institution, this study will also examine the role of individual and background factors and adult criminal behaviour in explaining outcomes of institutionalised youths. By doing so, the current study builds upon previous research in this area, which generally follows institutionalised youths over relatively short periods, and is predominantly carried out in the USA. Following the previous literature and the theoretical framework discussed above, the three research questions central to this study are:

1. What are the outcomes of youths who have spent time in a judicial treatment institution in the domains of accommodation, employment, relationships, parenthood, health, and criminal behaviour?
2. What is the relationship between background characteristics and adult outcomes?
3. What is the relationship between criminal behaviour and adult outcomes?

## Methods

### Sample

This research uses data from the 17up study, a longitudinal study following institutionalised youths well into adulthood.<sup>1</sup> The original sample of the 17up study consisted of 270 boys and 270 girls who were institutionalised in a Dutch judicial treatment institution for juveniles in the 1980–90s. The boys were discharged from the institution between 1989 and 1996, the girls between 1990 and 1999. Although at the time youths could be institutionalised in a treatment institution based on a criminal law measure or a civil law measure, all boys and girls in the sample were characterised by serious problem behaviour. All youths received treatment during their stay in the institution, which was aimed at reducing the young person's problematic and delinquent behaviour, as well as providing them

education (for more information about the 17up study and its sample, see Van der Geest, 2011, chapters 1 and 2; Verbruggen, 2014, chapter 1).

Between July 2010 and January 2012, we approached members of the original sample for a follow-up interview. A total of 41 individuals could not be approached, due to death (N=22), emigration (N=14), or because they were living in psychiatric or forensic institutions that refused to cooperate with the study (N=5). Of the 499 men and women we were able to approach, 251 agreed to an interview, resulting in a 50.3% response rate. Non-response analysis in which responders and non-responders were compared on a range of background and current characteristics revealed that the subsample is generally representative of the original sample (for more information, see Van der Geest, Bijleveld & Verbruggen, 2013; Verbruggen et al., 2016).

Most interviews were conducted at the respondent's home, but occasionally in other places such as cafes. Interviews were conducted by trained interviewers and lasted 1.5 hours on average. The average age of the respondents at the time of the interview was 36.8 for men (SD=2.4) and 32.9 for women (SD=2.5). On average, respondents were interviewed 17.7 years after they had left the institution (SD=2.8).

### Measures

#### *Background characteristics*

Background characteristics of the youths had previously been extracted from their treatment files, which were constructed during their stay in the institution. These treatment files comprise a variety of reports, for example from psychologists, psychiatrists, social workers and pedagogical staff working with the groups in the institution, and contain information about the young person's background, family of origin, problem behaviour and mental health problems. Using this information, the following variables were constructed. Gender (0=male, 1=female); problems in the family of origin (sum of whether there was alcohol abuse, drug abuse, a parent with psychopathology, family members with a criminal history or

unemployment in the family), childhood victimisation (sum of whether respondents experienced neglect, physical abuse or sexual abuse), psychopathology (for example, depression, conduct disorder, or ADHD (yes/no)), and aggression (yes/no). The files also provide information about the start and end date of the period of institutionalisation, length of institutionalisation, and whether a young person was institutionalised based on a civil law or criminal law measure. Finally, a variable representing whether respondents completed any education was created (yes/no), based on answers to closed-ended questions in the interviews that asked whether respondents completed any education during or after their time in the institution.

### **Criminal behaviour**

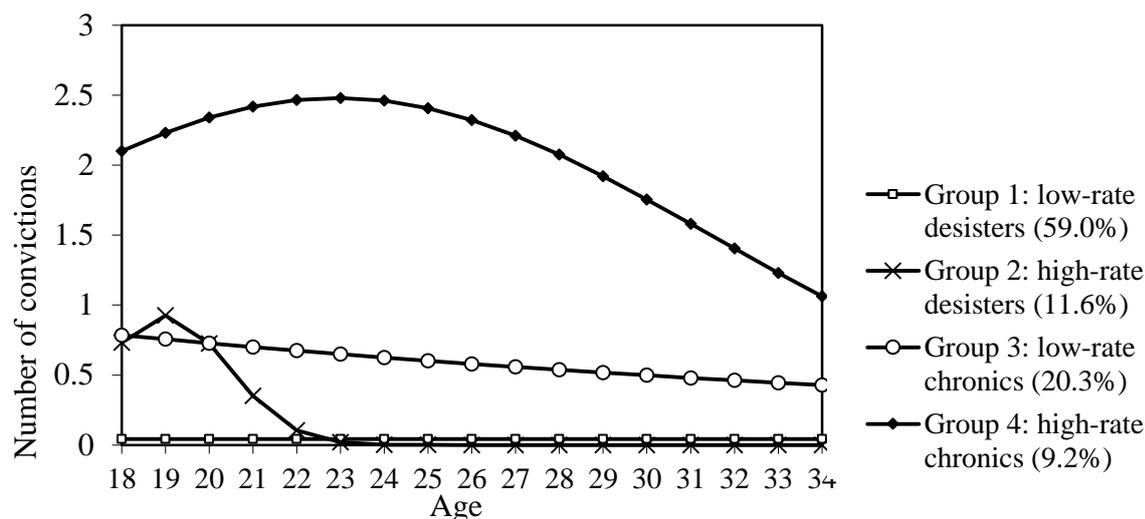
In earlier work on the 17up sample, group-based trajectory modelling had been used to estimate offending trajectories from ages 18 to 34 (Verbruggen et al., 2016), and these offending trajectories are used in the current study as well. As discussed in Verbruggen et al. (2016), officially registered data on convictions, retrieved from the judicial documentation abstracts of the Netherlands Ministry of Security and Justice, was used. Group-based trajectory modelling (Nagin, 1999; Nagin, 2005) is a technique that identifies clusters of individuals following developmental pathways that are relatively similar in both the level and shape of offending with age (Nagin, 1999). The procedure for estimating offending trajectories is described in more detail in Verbruggen et al. (2016). The analysis had revealed four distinct offender groups in the sample. The largest group in the sample (59% of the sample) can be classified as *low-rate desisters*. This group consists of individuals who have virtually no convictions in adulthood. The second group is a fairly small group of *high-rate desisters* (11.6% of the sample). This group mainly shows offending behaviour in early adulthood. On average, their conviction rate peaks at age 19, and then decreases quickly. By the age of 23 this group has desisted from offending

according to the official conviction data. Group 3 is a *low-rate chronic offender* group, consisting of about 20% of the total sample. These offenders are characterised by a chronic offending pattern between ages 18 and 34, although their conviction rate is declining with age. Finally, a small *high-rate chronic offender* group (9.2%) is composed of individuals who show a considerably higher conviction rate throughout adulthood than the other three groups. Their offending behaviour peaks around age 23 and slowly decreases thereafter. However, by the age of 34, their rate of offending is still quite a bit higher compared to the other groups (see figure 1). The officially registered conviction data were also used to construct a variable that indicates whether respondents were convicted between ages 12 and 17.

### **Adult outcomes**

During the interview, structured, semi-structured and open-ended questions were posed to assess outcomes in a variety of adult life domains in the year preceding the interview. We investigate outcomes in a variety of conventional life domains, namely accommodation, employment, intimate relationships, parenthood, (mental) health, depression, alcohol abuse, and drug abuse. Variables were coded in the following way.

A variable for *accommodation* was constructed, which indicated whether respondents lived in a house at the time of the interview, as opposed to living in an institution or detention centre, staying at relatives or friends, or being homeless. The *employment* variable measured whether respondents were formally employed (i.e. employment for which taxes are paid) at the time of the interview. Employed respondents completed an employment quality questionnaire, derived from the Rochester Youth Development Study. The scale consisted of nine items that are rated on a 5-point scale (1 = *totally disagree* through 5 = *totally agree*), and reliability of the scale in this study was good (Cronbach's alpha = 0.85).



**Figure 1. Conviction trajectories from ages 18 to 34**

Using this information, an average measure of *employment quality* was constructed. The *intimate relationships* variable was based on whether respondents reported that they were in a romantic relationship at the time of the interview. Those who were in a relationship filled in a questionnaire consisting of ten items rated on a 4-point scale (1 = *never* through 4 = *often*), derived from the Rochester Youth Development Study, based on which an average measure of *relationship quality* was created. Reliability of the scale in this study was good (Cronbach's alpha = 0.85). The variable *parenthood* indicated whether respondents have at least one child at the time of the interview. In addition, for those respondents who reported that they were parents, another variable was created to measure whether respondents were in *regular contact* (defined as daily or weekly contact) with their child(ren). There was also information about whether respondents financially contributed to raising their child(ren).

Questions derived from the Dutch Health Monitor (GGD, 2005) were used to ask respondents whether they had had contact with several healthcare professionals in the past 12 months. A *contact with mental health services* variable was constructed, representing whether respondents visited at least one mental health

professional (i.e. mental health service, psychologist, psychiatrist, or addiction care service). Similarly, a variable *contact with other health services* was created, indicating whether respondents visited a medical specialist, company doctor, or A & E.<sup>2</sup> Although contact with health services could be of a preventative nature, qualitative data from the semi-structured interviews suggest that the vast majority of respondents who have been in contact with health services suffer from a range of (serious) physical and mental health issues, and we therefore see contact with health services as an indicator of poor health. In addition, depression was measured using 19 items from the Center for Epidemiological Studies Scale for Depression (CES-D) (Radloff, 1977). Questions were answered on a 4-point scale (0=*rarely or never*, 1=*sometimes*, 2=*often*, 3=*most of the time or always*) and values were summed. A respondent was coded as meeting the criteria for depression when their score was equal to or higher than the cut-off point of 16. A mean score across items per participant was also calculated. Reliability of the scale in this study was excellent (Cronbach's alpha = 0.92).

The variables for *alcohol abuse* and *drug abuse* were constructed in a similar way and were based on items derived from the Composite International Diagnostic Interview

(CIDI). These items asked respondents whether they had used alcohol and (soft and hard) drugs in the past 12 months, and whether they had experienced difficulties in conventional life domains as a consequence of their alcohol or drug use. Following the DSM-IV-TR criteria for alcohol abuse and drug abuse, variables were created that indicated whether subjects met the criteria for alcohol abuse or drug abuse.<sup>3</sup>

### Analysis

Descriptive statistics were used to describe respondents' background characteristics and outcomes on a variety of life domains. Furthermore, regression analysis was used to examine the relationship between background characteristics, criminal behaviour and different adult outcomes. In total, 13 regression analyses were conducted. Binary logistic regression analysis was used for dichotomous outcome variables (accommodation, employment, intimate relationships, parenthood, regular contact with child(ren), financially contributing to child(ren), contact with mental health services, contact with other health services, depression, alcohol abuse, and drug abuse) and linear regression analysis was used for continuous outcome variables (employment quality and relationship quality). Background characteristics and criminal trajectory group membership were included in all the models.

Next, nonlinear canonical correlation analysis<sup>4</sup> was used to explore the association between patterns in adult criminal behaviour and various adult outcomes. This technique allows exploration of whether the crime trajectory groups can be characterised in terms of (combinations of) multiple adult outcomes, or profiles. Rather than predicting a single adult outcome, this exploratory technique allows positioning of respondents in a multi-dimensional solution in such a way that respondents are placed close to the adult outcomes they achieved. Because it is not possible to accommodate all combinations of adult outcomes perfectly for all respondents, the technique arrives at a compromise solution. This means, more technically, that in our study the nonlinear canonical correlation analysis

attempts to optimise the association between a first set of variables that contains trajectory group membership (i.e. whether a respondent is allocated to trajectory group 1, 2, 3 or 4), and a second set that contains various outcome variables: accommodation, being employed, being in an intimate relationship, having regular contact with child(ren), contributing financially to child(ren), contact with mental health services, contact with other health services, depression, alcohol abuse, and drug abuse. For this purpose, we estimated a two-dimensional solution, in which both respondents and rescaled categories are positioned. In the solution, respondents (who are assigned positions in the solution called 'object scores') and rescaled categories (who are assigned positions in the solution '[projected] category centroids') are positioned such that respondents can be characterised in terms of certain patterns of adult outcomes. Respondents with similar scores on the variables are placed close together. The technique therefore enabled us to inspect what (groups of) respondents can be characterised by what set or profile of adult outcomes. Adult outcome categories shared by many are placed centrally, because they are not characteristic for certain (subgroups) of respondents. Likewise, centrally placed respondents cannot be characterised in terms of certain (combinations of) adult outcome categories. Adult outcomes that are placed away from the centre indicate more typical subgroups characterised by particular outcomes. A fit measure is indicative of how successful the technique has been. Fit values under 0.5 are generally considered to be unsatisfactory. For more information, see Gifi (1990).

## Results

### Background characteristics

The youths in the sample were on average 15 years old (SD=1.6) when they were placed in the institution, and on average 16 years old (SD=1.4) when they left. Youths spent an average of 17 months (SD=11.8) in the institution. The majority of the boys and girls

were placed in the institution based on a civil law measure (93.6%) (see table 1).

The institutionalised youths had problematic backgrounds.<sup>5</sup> Two-thirds of the sample had experienced at least one problem in their family of origin (i.e. alcohol abuse, substance abuse, a parent with psychopathology, family members with a criminal history or unemployment). Furthermore, almost 85% of these young people had experienced at least one form of childhood victimisation (i.e. neglect, physical abuse or sexual abuse). Finally, psychological problems were common. Almost two in three boys and girls (67.3%) had been diagnosed with some form of psychopathology (for example, depression, conduct disorder, or ADHD).

Although one of the aims of the institution was to provide education to young people, not all completed an education whilst in the institution, probably due to a short length of stay. Although some managed to return to education and get at least one qualification after their stay in the institution, 90 respondents (35.9%) reported in the interview that they had no qualifications.

With regard to their criminal behaviour, two-thirds of the youths had been convicted before the age of 18. More boys than girls were convicted (81.4 and 52.6% respectively). A similar number of respondents were convicted at least once in adulthood.

### Adult outcomes

Descriptive statistics of outcomes in a variety of life domains can be found in table 2. The vast majority of respondents (86.1%) were living in regular accommodation (i.e. a house/flat) at the time of the interview. Among those not living in regular accommodation, 18 were incarcerated or institutionalised, 15 were staying with relatives or friends, and two were homeless.

Less than half of the sample (44.9%) was employed at the time of the interview. However, among those who were employed, the average level of self-reported employment quality was high ( $M=4.04$ ,  $SD=0.75$ , on a 5-point scale). This seems to indicate that, although employment participation in the sample is relatively low, those who do manage to make the transition to the labour market do not necessarily end up in low-quality jobs, but are generally satisfied with their jobs.

**Table 1. Background characteristics of youths who have spent time in a judicial treatment institution (N=251)**

	n	%	Mean	SD
Institutionalised on civil law measure	235	93.6		
Age at start institutionalisation			15.5	1.6
Age at end institutionalisation			16.9	1.4
Length of institutionalisation (in months)			17.1	11.8
Problems in the family of origin (any)	158	62.9		
# Problems in the family			1.18	1.20
Victimisation (any)	212	84.5		
# Victimisation			1.35	0.85
Psychopathology	169	67.3		
Not completed education	90	35.9		
Convicted before age 18	166	66.1		
Convicted age 18+	160	63.7		

Almost two-thirds of the respondents (62.9%) had a stable relationship at the time of the interview. Those who were in a relationship generally rated their relationship as being of good to high quality ( $M=3.37$ ,  $SD=0.46$ , on a 4-point scale). The majority of respondents (78.8% of women and 55.9% of men) had children. Women had their first child at a relatively young age ( $M=21.6$ ,  $SD=4.1$ ), whereas men were, on average, older when they became a parent ( $M=28.1$ ,  $SD=4.9$ ). Among parents, the majority of men and women had regular contact (i.e. daily or weekly) with their child(ren), and contributed financially to raising the child(ren).

Furthermore, respondents reported whether they had had contact with health professionals in the year prior to the interview. More than one in three respondents (36.5%) had gone to see a mental health professional (mental health service, psychologist, psychiatrist, or addiction care service), and the average number of mental health professionals visited in this group was 2.25 ( $SD=1.06$ ). Moreover, half of the respondents (49.0%) reported that they had visited at least one other healthcare professional (medical specialist, company doctor, or an A&E) in the past 12 months. Among those who visited at least one other healthcare professional, the average number of different professionals visited was 1.49 ( $SD=0.58$ ). In addition, almost one in four respondents met the criteria for depression as measured with the CES-D. Other psychological and psychiatric disorders commonly reported in the interviews were borderline personality disorder (13.2%), schizophrenia (6.4%), and post-traumatic stress disorder (5.2%).

Moreover, a substantial part of the respondents reported problematic substance use. One-third of the respondents (33.2%) met the criteria for alcohol abuse, and almost 30% of respondents met the criteria for drug abuse, mostly marijuana, but also (problematic use of) hard drugs. In the past year, 14% of respondents had been in touch with an addiction care service (table 2).

### **The relationship between background factors, offending patterns, and outcomes in adult life domains**

A series of regression analyses were conducted to investigate the relationship between background factors, offending trajectories, and a total of 13 different outcomes in adulthood (table 3). Note that table 3 contains the results of 11 regression analyses, as models in which none of the variables of interest were significantly related to the outcome variable are not displayed.

With regard to the life domain of accommodation, the results showed that the two chronic offender groups (3 and 4) were significantly less likely to live in a satisfactory accommodation situation at the time of the interview, meaning they were more likely to be either incarcerated, institutionalised, homeless, or staying with relatives or friends. Interestingly, childhood victimisation was also associated with a reduced likelihood of living in regular accommodation in adulthood.

Furthermore, the high-rate chronic offender group (4) was less likely to be employed at the time of the interview. Moreover, those who did not complete an education during or after institutionalisation were significantly less likely to be employed. Perhaps surprising is that those who were convicted before age 18 and those in the high-rate desister group (2) were more likely to be employed, although the effect for the high-rate desister group was marginally significant. When looking at the average level of employment quality among those who were employed, the findings indicated that the low-rate chronic offenders appeared to be employed in jobs of significantly lower quality, whereas none of the other variables were significantly related to the level of employment quality. Taken together, these findings indicate that chronic offenders were less likely to be employed, as well as more likely to be employed in low-quality jobs. In addition, not finishing school was associated with decreased job prospects.

**Table 2. Outcomes in adult life domains of youths who have spent time in a judicial treatment institution (N=251)**

Domain	N (total)*	n	%	Mean	SD	Min-Max
Accommodation (regular)	251	216	86.1			
Employed	234	105	44.9			
Employment quality	102			4.04	0.75	1-5
In intimate relationship	248	156	62.9			
Relationship quality	137			3.37	0.46	1-4
Parent	250	170	68.0			
Regular contact with child(ren)	163	137	84.0			
Contributing financially to child(ren)	166	136	81.9			
Contact with health professionals:						
Medical specialist	222	105	47.3			
Company doctor	209	29	13.9			
A & E	217	49	22.6			
Mental health service	216	53	24.5			
Psychologist	216	55	25.5			
Psychiatrist	217	44	20.3			
Addiction care service	214	30	14.0			
Contact with mental health services (at least 1 visit)	222	81	36.5			
Contact with mental health services (sum # professionals visited)	222			2.25	1.06	1-4
Contact with other health services (at least 1 visit)	223	123	49.0			
Contact with other health services (sum # professionals visited)	223			1.49	0.58	1-3
Depression	226	53	23.5			
Depression (average score)	226			0.52	0.52	0-3
Alcohol abuse	226	75	33.2			
Drug abuse	223	64	28.7			

\* Note: The N(total) is smaller than the total sample size of N=251 when respondents have not provided data on particular life domains, or when outcomes were not applicable (for example, questions about contact with children were not answered by respondents who did not have children).

Next, the regression models showed that offending patterns in adulthood were not significantly associated with the likelihood of being in a relationship or with the likelihood of having children. However, those respondents who were convicted before age 18 were less likely to be in a relationship at the time of the interview. Results for the regression analysis looking at relationship quality are not displayed in table 3, as none of the variables were significantly associated with the average level of relationship quality.

Women were more likely to have children compared to men. Interestingly, although offending patterns in adulthood were not significantly related to the likelihood of having children, they were associated with the likelihood of being involved in the lives of the child(ren). Among those who had children, both chronic offender groups (groups 3 and 4) were significantly less likely to have regular contact with their child(ren), as well as to be financially contributing to the upbringing of the child(ren). In addition, those who had been diagnosed with a mental health disorder in adolescence were less likely to be in regular contact with their children, and those who spent a longer time in the judicial treatment institution were less likely to financially contribute to their child(ren), although both these effects were marginally significant.

The findings of the regression analyses examining the relationship between background factors, offending patterns and different health-related outcomes in adulthood indicated that those engaging in adult criminal behaviour generally showed poorer outcomes in the domains of mental health and drug abuse. The high-rate chronic offenders had a significantly higher likelihood of being in contact with mental health services. In addition, those who did not complete an education and those who experienced more problems in their family of origin were more likely to visit a mental health professional. Furthermore, those in the two chronic offender groups were significantly more

likely to meet the criteria for drug abuse, as were those who displayed aggressive behaviour in adolescence. Moreover, the high-rate desister group was significantly less likely to meet the criteria for alcohol abuse compared to the low-rate desister group, and men were more likely than women to report alcohol abuse. Depression was predicted by psychopathology diagnosed during adolescence only, whilst other background factors and patterns in offending were not significantly related to the likelihood of meeting the criteria for clinical depression. Finally, the results for the regression analysis looking at contact with other health services are not displayed in table 3, as neither offending patterns in adulthood, nor background characteristics were significantly associated with this outcome variable.

### **The association between adult outcomes and trajectory group membership classification**

Next, we performed a nonlinear canonical correlation analysis to investigate the multivariate association between criminal career patterns and adult life outcomes. Including all trajectory groups in the first set in the analysis, and all adult life outcomes in the second set, the analysis converged to a first solution with high-rate chronics positioned at the high end of both the first and the second dimension. Although high-rate chronics were set relatively far apart from all other trajectory groups, category centroids were placed centrally and the offender groups – the high-rate chronic group in particular – could not be characterised in terms of outcome characteristics. It is likely that the small subsample size (9.2%) further limited the ability to identify a clear profile of adult outcomes associated with the high-rate chronic offending group. To explore subgroup characterisation in terms of adult outcomes, we therefore excluded high-rate chronics from the subsequent analysis.

Running the analysis for the remaining three subgroups, the solution contained categories that were placed more or less in line with the dimensions, such as substance abuse, which is characteristic of those with elevated scores on the first dimension, and employment, which is characteristic of those with higher scores on the second dimension. This solution had a fit of 1.687, which is quite satisfactory. The fit equals the sum of the eigenvalues: the eigenvalue of the first dimension was 0.891, and the second dimension had an eigenvalue of 0.796. Figure 2 shows the object scores by group. These scores reflect the positions in the solution where respondents were assigned on the basis of similarity of outcome characteristics.

To interpret the dimensions, we depict the category centroids in figure 3. For ease of examination, we leave out the category centroids of adult outcomes with only centrally placed categories, such as contact with health services, as these categories do not characterise a particular group. The remaining category centroids represent the mean position of respondents who shared this outcome characteristic. In portraying the three offender groups, we first conclude that the largest group of low-rate desisters (group 1) were positioned centrally. This group is generally characterised by positive outcomes such as living in regular accommodation, and not having alcohol and drug abuse problems. However, their profile is

not clearly marked, as, for example, the low-rate desisters were characterised by being in an intimate relationship as well as not being in an intimate relationship, and were also associated with unemployment. The low-rate chronic offenders were set apart on the first dimension and characterised by housing problems, alcohol abuse and drug abuse. They were also characterised by having poor contact with their child(ren) and not contributing financially to raising them. High-rate desisters are positioned high on the second dimension, which is associated with being employed, but also with having poor contact with their children and drug abuse. Possibly, holding a job may have contributed to their decline in offending.

Though this combined solution provides us a sketchy profile in terms of multiple adult outcomes of the three largest offender groups in our sample, it should be noted that the profiles were not marked: the category centroids in figure 3 have been placed more centrally than the object scores in figure 2. This indicates that differences between the groups were gradual and that respondents in the groups may also have shared characteristics. This again shows that while the offending patterns were associated with outcomes in various domains, characteristics such as contact with children are seldom predictive of group membership.

Table 3. The relationship between background factors, offending patterns, and outcomes in adult life domains

	Accommodation (N=248)		Employment (N=232)		Employment quality (N=102)		Intimate relationships (N=246)		Parenthood (N=248)		Contact with child(ren) (N=163)	
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Constant	3.91***	0.85	0.52	0.55	4.29***	0.26	1.52**	0.54	0.39	0.53	2.90**	0.96
Gender	0.15	0.56	-0.09	0.37	-0.05	0.17	-0.27	0.36	0.94*	0.37	0.35	0.62
Problems in the family of origin	0.10	0.19	-0.15	0.14	0.09	0.07	-0.04	0.12	-0.01	0.13	-0.07	0.20
Victimisation	-0.64*	0.28	-0.06	0.19	-0.04	0.10	0.07	0.18	0.04	0.18	-0.24	0.30
Psychopathology	-0.26	0.50	-0.50	0.33	-0.06	0.16	-0.48	0.32	-0.40	0.33	-1.05†	0.61
Aggression	0.60	0.48	-0.54	0.33	0.27	0.16	0.44	0.32	0.30	0.32	0.38	0.58
Length of stay in institution	-0.22	0.20	0.13	0.16	0.02	0.08	-0.20	0.16	-0.08	0.15	0.13	0.24
Not completed education	-0.20	0.47	-1.34***	0.34	0.07	0.20	0.24	0.31	0.35	0.33	0.19	0.54
Convicted before age 18	-0.52	0.60	0.81*	0.34	-0.26	0.18	-0.79*	0.34	-0.20	0.35	-0.002	0.61
Group 2: high-rate desisters	-0.02	0.85	0.88†	0.50	-0.40	0.27	0.74	0.52	0.42	0.50	-0.57	0.78
Group 3: low-rate chronics	-1.17*	0.56	-0.35	0.43	-0.91***	0.25	-0.55	0.39	0.34	0.42	-1.95**	0.66
Group 4: high-rate chronics	-2.63***	0.67	-1.70*	0.75	-0.21	0.45	-0.49	0.55	-0.06	0.54	-1.83*	0.91
R <sup>2</sup>	0.27		0.25		0.22		0.11		0.11		0.21	

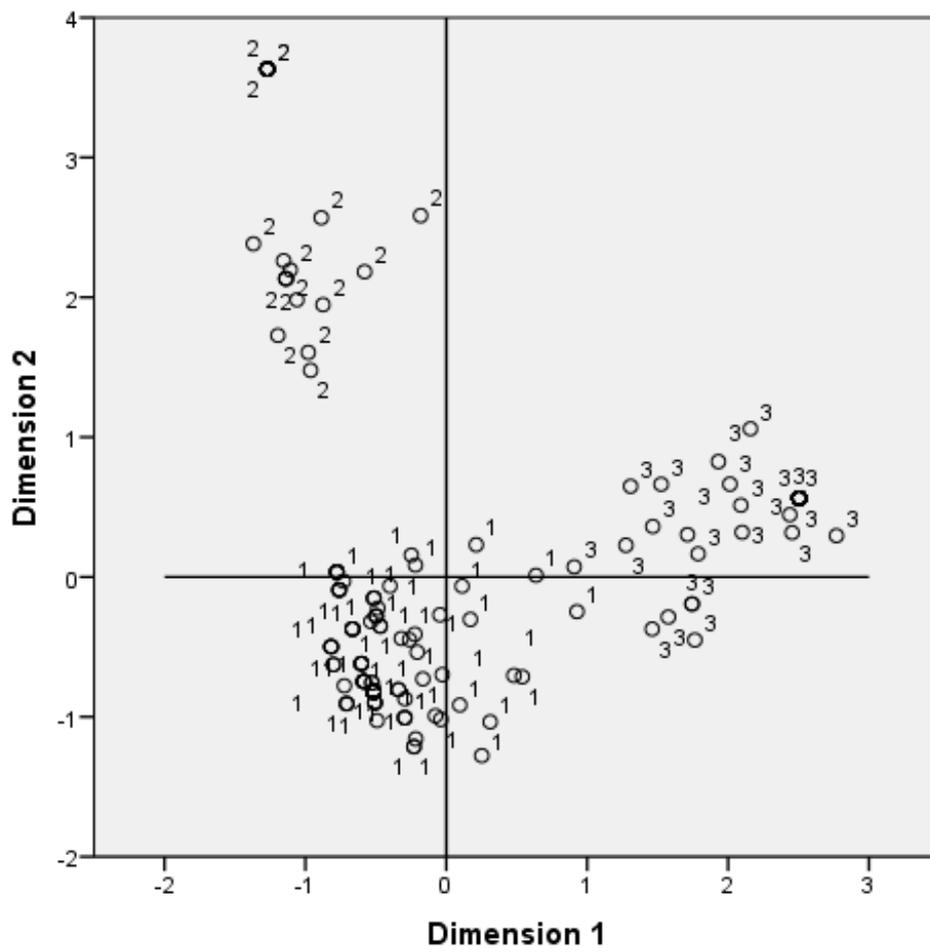
† p < 0.10, \*p<0.05; \*\*p<0.01; \*\*\*p<0.001

Note: Sample sizes for the different life domains vary due to non-response, or due to the fact that for some respondents certain outcomes are not applicable (i.e. employment quality for the unemployed, contact with children for those who are not parents).

Table 3. The relationship between background factors, offending patterns, and outcomes in adult life domains (continued)

	Financially contributing to child(ren) (N= 166)		Contact with mental health services (N=220)		Depression (N=225)		Alcohol abuse (N=224)		Drug abuse (N=222)	
	B	SE	B	SE	B	SE	B	SE	B	SE
Constant	3.48***	0.95	-2.24***	0.59	-2.88***	0.69	-0.26	0.57	-1.90**	0.62
Gender	-0.01	0.61	0.21	0.40	0.10	0.43	-0.92*	0.39	-0.33	0.41
Problems in the family of origin	-0.04	0.19	0.25†	0.14	0.21	0.15	-0.11	0.14	-0.02	0.14
Victimisation	0.08	0.29	-0.03	0.19	0.09	0.21	-0.26	0.20	-0.01	0.21
Psychopathology	-0.28	0.52	0.51	0.35	1.03*	0.42	0.13	0.34	-0.04	0.37
Aggression	-0.16	0.55	0.22	0.36	0.23	0.40	0.25	0.35	0.72†	0.39
Length of stay in institution	-0.42†	0.25	0.08	0.16	0.19	0.18	0.05	0.16	0.08	0.17
Not completed education	-0.46	0.50	0.89**	0.32	0.41	0.36	0.21	0.35	0.14	0.36
Convicted before age 18	-0.48	0.61	0.04	0.36	0.11	0.39	0.17	0.37	0.24	0.40
Group 2: high-rate desisters	0.12	0.87	0.69	0.49	-0.83	0.61	-2.08**	0.80	-0.22	0.58
Group 3: low-rate chronics	-1.36*	0.60	0.57	0.46	-0.34	0.49	0.57	0.43	1.36**	0.45
Group 4: high-rate chronics	-2.02*	0.82	1.28*	0.60	-0.78	0.75	-0.16	0.59	1.06†	0.59
R <sup>2</sup>	0.24		0.17		0.12		0.19		0.18	

† p &lt; 0.10, \*p&lt;0.05; \*\*p&lt;0.01; \*\*\*p&lt;0.001



Cases weighted by number of objects.

Figure 2. Object scores by group (1=low-rate desisters, 2=high-rate desisters, 3=low-rate chronics)

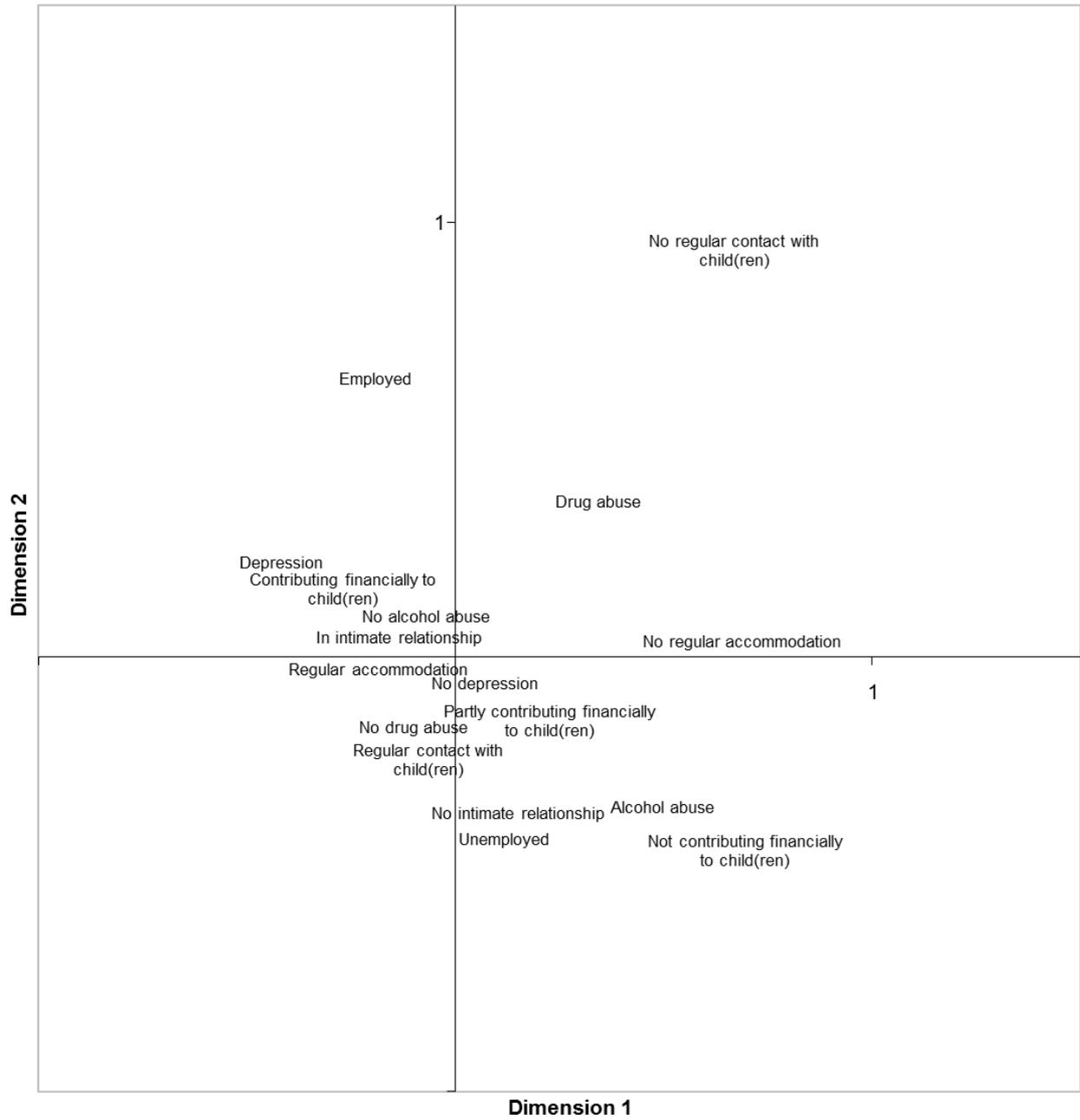


Figure 3. Projected category centroids

## Discussion

This study aimed to analyse the association between background characteristics, criminal careers and adult outcomes in a group of men and women who spent time in a judicial treatment institution during adolescence. We examined their outcomes in a variety of conventional adult life domains on average 17 years after they left the institution, using a unique longitudinal dataset from the Netherlands. Our descriptive analyses showed that on average these men and women experienced numerous problems in adulthood: many were unemployed, (mental) health problems were common, and rates of alcohol and drugs abuse were high. This indicates that men and women who spent time in an institution in adolescence due to their problematic behaviour, often go on to live problematic adult lives as well. The findings of this study add to existing research, which is often restricted to following youths for only a short period of time after leaving an institution (e.g. Harder et al., 2011; Ståhlberg et al., 2017), by showing that previously institutionalised youths are at risk of experiencing long-term negative outcomes.

A series of regression analyses were conducted to examine to what extent background factors and offending patterns in adulthood were related to adverse adult outcomes. Taken together, the findings from the regression analyses indicate that in general, those involved in more chronic offending (the low-rate chronic and high-rate chronic offender group) fared worse in adulthood. Both chronic offender groups were more likely to experience difficulties in the domains of accommodation, employment, contact with and financially contributing to their offspring, and drug abuse, and the high-rate offender group was also more likely to seek help for mental health problems.

Interestingly, few of the background factors were significantly related to outcomes in the different life domains. Only a few stand out. Those who experienced childhood victimisation were less likely to live in regular accommodation. Not completing one's education was a clear (and expected) contributor to failure to find employment (e.g. Bernburg & Krohn, 2003; Heckman, Stixrud & Urzua, 2006), and was also associated with an increased likelihood of seeking help from professionals for mental health problems. Being convicted prior to age 18 was related to a lower

chance of being in an intimate relationship, although adult criminal behaviour was not significantly associated with difficulties in this domain (see also Zoutewelle-Terovan, 2015). Finally, although psychopathology as recorded in the institution was related to depression in adulthood, it was not associated with mental health problems in general; this shows that other (and possibly later) factors may be at play too in the development of adult mental health problems. The lack of significant effects of most background factors may be due to the specific sample under study. All youths were placed in the judicial treatment institution due to their problematic behaviour and often disadvantaged backgrounds, and the differences in terms of their risk profile are only gradual and therefore not very predictive of outcomes in various domains later in life. Also, as respondents participated in the follow-up study on average 17 years after leaving the institution, it is perhaps not surprising that more proximal factors related to involvement in crime rather than distant childhood risk factors were associated with outcomes in adult life domains (see also Laub and Vaillant (2000), who found that proximal behaviours are more predictive of sustained unhealthy lifestyles/premature mortality).

The nonlinear canonical correlation analysis added to the findings from the regression analyses. The results showed that the most serious and chronic offending group did not have a clear profile in terms of the adult outcomes that we included in the analysis. However, our analysis showed that the low-rate chronic offender group was characterised by alcohol abuse, drug abuse and problems in the domain of accommodation. They also were not seeing their children or contributing financially to their upbringing. This group may be cut off from a conventional lifestyle and ties with their relatives through their addiction. Those who had offended at a high rate but subsequently desisted were relatively often employed, which is in line with research on the relationship between employment and crime (Sampson & Laub, 1993; Verbruggen, Apel, Van der Geest & Blokland, 2015). The largest group of low-rate desisters appeared to have the most positive outcomes in adulthood. However, the analysis also revealed that the differences between these groups are gradual rather than marked. This is not surprising as many faced difficulties in one or

more domains. Many had experienced problems finding housing and employment, and many, also those non-criminally involved, had at one point sought 'refuge' in alcohol and (soft) drugs after a childhood that for many felt 'destroyed' (Van der Geest et al., 2013). The results from the nonlinear canonical correlation analysis thus largely support the findings from the different regression analyses, which indicated that chronic offenders fared worse in several life domains than those who managed to desist from offending before or during young adulthood. However, the findings also showed that even low-rate desisters still experience difficulties in adult life domains, such as intimate relationships and employment, even though they are generally better adjusted in adulthood. It underscores the impression that the sample under study is a particularly vulnerable group.

All in all, our analyses showed that over and above their childhood problems, it was to a large extent involvement in criminal behaviour in adulthood that predicted negative outcomes among previously institutionalised youths. The findings are therefore in line with the life course perspective that states that events that happen at different points in the life course could influence the likelihood of positive outcomes in adulthood. Crime and ensuing convictions could lead to adverse outcomes via a process of cumulative disadvantage (Sampson & Laub, 1997), where initial crime and sanctions can lead to difficulties in conventional domains and therefore weakened social bonds due to labelling processes (e.g. Becker, 1963; Bernburg & Krohn, 2003; Lopes et al., 2012), which in turn makes further involvement in crime more likely. However, it is also possible that involvement in crime is a marker of underlying problems in people's lives. Based on the current study, the etiological link between childhood problems, adult criminality, and outcomes in a variety of life domains remains unclear. Though childhood problems have the potential to set in motion a criminal development that alters future outcomes, based on our findings it is unclear how these patterns evolve. However, persistent adult offending being a consistent predictor of negative outcomes in adult life, our findings assert that adult offending – as well as the consequences of offending, such as detention – are key to

understanding why some individuals entrench into marginal lives.

Taken together, the findings from this study indicate that youths who have spent time in a judicial treatment institution are at risk of experiencing long-term negative outcomes. Therefore, aftercare seems crucial. Support aimed at helping these youths complete education and avoid adult criminal behaviour could help them make successful transitions to conventional adult life domains, so that they can ultimately become healthy, self-sufficient members of society.

Finally, some questions remain unanswered due to limitations of the current study. First, the focus on the specific sample of institutionalised youths, and the lack of a non-institutionalised control group, make it difficult to draw conclusions about the extent to which institutionalisation itself may have contributed to difficulties in conventional life domains. Second, many of the associations we picked up are non-causal: criminal career paths are likely influenced by factors such as mental health and drug abuse, and vice versa. Also, paths are likely intricate with numerous factors accumulating over time towards certain outcomes. Our analyses are in that sense also coarse: we related the state on various domains at one point in time with criminal career development in the years preceding that measurement point. We did not look at the occurrence over the life course of various events, backlashes and advances.

Therefore, several avenues for future research can be outlined. On the one hand, more detailed, longitudinal data on conventional life domains of both institutionalised and non-institutionalised (at-risk) groups, and more advanced longitudinal analyses of life history data would help to shed light on the development in different life domains, and the interactions between events in these life domains, in vulnerable groups. On the other hand, a qualitative, prospective analysis of the lives of young people leaving residential care would be useful in documenting the sequence of positive and negative developments, chance and agency (Giordano, 2017), and the role of background characteristics in the shaping of the lives of these vulnerable men and women.

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## Endnotes

1. Formal consent for the study was obtained from the Netherlands Ministry of Security and Justice, and the Ethics Committee of the Faculty of Law of VU University approved the study and its procedures.
2. The variable 'contact with other health services' mainly represents contact with health services due to physical health problems. However, it is possible that respondents had contact with a company doctor or went to A & E for problems related to mental health.
3. One meets the criteria for alcohol abuse / substance abuse when he or she shows a maladaptive pattern of drinking/substance use, manifested by for example recurrent alcohol-related / substance-related legal problems, or recurrent use of alcohol / substance use resulting in a failure to fulfill major role obligations at work, school, or home (American Psychiatric Association, 2000: 199; 214).
4. We used OVERALS, which is an extension of nonlinear canonical correlation analysis that is implemented in SPSS (Van de Burg, de Leeuw and Verdegaal, 1988). This technique uses rescaling of the categories of any noninterval variable by using optimal scaling.
5. For detailed information on gender differences in background characteristics, see Verbruggen et al. (2016).

# Voicing young and older adult care-leavers in Belgium: How the experience of being in care shapes narratives of the self

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## Abstract

This article draws on a study of 38 male and female care-leavers in Belgium (age 21–66 years). Life history interviews were conducted to investigate how they experienced being in care, how they perceived the impact of this on their later life course, and how they reflected on shifts in their narratives as their lives progressed. The results shed light on the subjective impact of being in care on the lives of care-leavers. The interviews reveal three narratives of the self, shaped by the experience of being in care: the collective self, the problematic self and the resilient self. The collective self and the problematic self engender feelings of stigmatisation and a search for *the lost self* or new self throughout the subsequent life course. Because the impact of being in care on narratives of the self change over time, a long-term perspective is needed. Our research reveals the importance of a subjective view on adult outcomes. To enhance the wellbeing of care-leavers and to contribute to positive development of the self, policy, practice and research should pay more attention to internal and subjective processes of care-leavers in youth care. The results reveal similarities with processes described in the desistance literature, suggesting new research opportunities.

## Keywords

Narratives of the self; care-leavers; life history research

## Introduction

The last decade has seen a growing interest in the adult outcomes of care-leavers in the criminological literature and beyond (Carr & McAlister, 2016). This growing body of research explores how care-leavers fare after leaving the care setting. As focus is often on the phase of 'leaving care', most findings draw on data gathered from young adults. From the literature, it appears that care-leavers are at risk of an unsuccessful transition to adulthood. Measurement of classic markers of societal 'success' in populations of care-leavers has revealed that they often experience problems in several life domains. While these studies focus on so-called 'objective' factors, we take a subjective perspective. By exploring narratives of the self, gathered by life history interviews with young and older care-leavers, we aim at a qualitative understanding of the *subjective* and long-term impact of being in care on the later life course.

In this contribution we first provide an overview of the literature concerning care-leavers' adult outcomes and narratives of the self. In the following paragraphs we describe our research method and the research findings. Finally, the most important results are reviewed in the discussion and conclusion section.

## Literature review

### Adult outcomes of care-leavers: a story of problems?

Recently, the body of research scrutinising care-leavers' adult outcomes has increased substantially. For example, in 2011, a thematic issue of *Children and Youth Services Review* was published ('Young People's Transitions from Care to Adulthood'), and in 2014 *Australian Social Work* published a special issue titled 'Young People Transitioning from Out-of-home Care: An Issue of Social Justice'. More recently, an international edited volume, *Young People Transitioning from Out-of-Home Care: International Research, Policy and Practice*, was released (Mendes & Snow, 2016).

In this body of literature, care is often specified as out-of-home care, which includes any setting where children are not raised by their parents (e.g. foster care, kinship care, residential settings). Therefore, the concept of 'care-leaver' may cover different groups of people who spent (a part of) their childhood in one or more of these care

settings. Despite the different conceptualisations of 'care-leaver', these studies have repeatedly shown that care-leavers are likely to have an unsuccessful transition to adulthood as they experience problems in several life domains, often intertwined. Overall, they seem to run a higher risk of being socially excluded and of having a reduced quality of life (Van Audenhove & Vander Laenen, 2011). While ageing out of care, they often feel isolated due to the lack of a steady network, including a partner, family and friends. Also, they encounter problems in finding an affordable and stable place to live, which for some leads to homelessness. Research reveals that almost a third of the homeless population experienced one or more episodes of youth care (Stas, Serrien & Van Menxel, 2008; Van Menxel, Lescrauwaet & Parys, 2003). Care-leavers often have a low level of educational attainment or fail to achieve a degree after leaving care (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Dumaret, Donati, & Crost, 2011; Reilly, 2003; Zeira, Arzev, Benbenishty & Portnoy, 2014), resulting in problems in finding a good and well-paid job. Consequently, many care-leavers deal with financial problems and poverty, with about one in three care-leavers in debt (Barth, 1990; Courtney et al., 2001; van der Geest, Bijleveld, & Verbruggen, 2013).

Research has revealed more mental problems in populations of care-leavers in comparison with the general population. This may be explained by traumatic childhoods and the experience of being in youth care. Mental problems, such as depression, sleep disorder, borderline personality disorder, schizophrenia, autism and bipolar disorder, are found to be linked to trauma and youth care (Barth, 1990; McCord, 2002; van der Geest et al., 2013). Many care-leavers have used alcohol and/or drugs excessively starting from childhood or adolescence (Barth, 1990; Felitti, 2002; van der Geest et al., 2013; Vander Laenen, 2008), often as a result of trauma. People experiencing trauma may use alcohol and/or drugs to forget or process traumatic events (McClellan, Farabee & Crouch, 1997). This may be especially true for female victims of physical and sexual abuse (Maeve, 2000; McClellan et al., 1997). Also, mental problems such as depression may lead to self-medication in order to cope with these negative feelings (see e.g. Sheridan, 1996).

Besides mental problems, care-leavers seem to experience elevated levels of physical complications such as dental problems. It appears that, because of financial problems, regular medical check-ups are often skipped or postponed (Barth, 1990; Courtney et al., 2001; McCord, 1978). The prevalence of teenage pregnancy is also higher in comparison with the general population (Bloom, Owen, Rosenbaum, & Deschenes, 2003; Polit, Morton, & White, 1989).

Finally, care-leavers are often found to have relatively high offending rates in adulthood (see e.g. Gatti, Tremblay, & Vitaro, 2009; McCord, 2002; Verbruggen, Apel, van der Geest & Blokland, 2015). They are more at risk of committing offences as an adult than adults without a history of being in care (Zeira et al., 2014).

Although the above-mentioned studies clearly indicate that care-leavers do not tend to fare well as adults, and often fare less well than their counterparts who haven't been in care, we need to be critical since this body of research often focuses on the measurement of standard markers of 'success' or 'inclusion/integration' in society: housing, grades, (un)employment, criminal justice involvement, etc. By doing so, attention is directed to the *outer* life indicators of care-leavers; on so-called 'objectifiable' factors representing stability or change (e.g. losing a job, giving birth) in the lives of care-leavers. Besides, these studies mainly focus on young adults who find themselves in the middle of or just after the phase of 'leaving care'. This means that most youngsters involved in these studies are going through the phase of emerging adulthood, a transition period characterised by instability as such. Arnett (2007, 152) defines emerging adulthood as "the age of identity explorations, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities". Consequently, a 'story of problems' in which care-leavers "are often depict[ed] ... as a vulnerable group" (Höjer & Sjöblom, 2014, p. 73) is recycled again and again.

### Care-leavers' narratives of the self

In research on adult outcomes of care-leavers, far less attention is paid to *internal* factors, reflections on the care experience and its aftermath. For example, the lack of information about family and cultural heritage makes it difficult to answer the question "Who am I?" (Goddard, Murray, & Duncalf, 2013; Murray, 2015). Care-

leavers are supposed to enter adulthood suddenly, adjust very quickly to a new context and cope with their new adult role (Nuytiens & Geluyckens, 2015; Stein, Ward, & Courtney, 2011). Dima and Skehill (2011) refer to this as the expectation of 'instant adulthood'. However, care-leavers must also come to terms subjectively with their new situation (Dima & Skehill, 2011, p. 2537). Overall, limited research attention has been directed to the long-term development of the self and identity of care-leavers (Dima & Skehill, 2011, p. 2534). Research on how narratives of the self evolve in relation to the experience of being in care remains scarce. The present study contributes to the qualitative understanding of the *subjective* impact of being in care on narratives of the self and one's life. How a care-leaver experiences the past and his/her current life situation does not only depend on outer markers, but is also affected by how a person *experienced and interpreted* care. This subjective understanding of care is reflected in narratives during the subsequent life course.

In an attempt to fill this gap in the literature, this article focuses on how care-leavers narrate about the self. Drawing on life-history interviews with care-leavers of different ages we explore how their *narratives of the self* develop in relation to their experience of being in care. We bring to the fore central questions: how do care-leavers *themselves* perceive, understand and explain past experiences in care (over time)? In what ways do they understand how these experiences have affected who they have become? In doing so, we gain insight into how self-perception is shaped by the out-of-home care experience, and how this evolves over time.

This study is the first in Belgium to explore the experiences and perceptions of care-leavers themselves from a long-term perspective. Research on adult outcomes of care-leavers mainly focuses on short-term outcomes. Studies focus on youngsters who are still in the system (see e.g. Delens-Ravier, 2005), or in the phase of 'leaving care' (see e.g. Van Audenhove, 2015). Consequently this body of research involves juveniles or young adults. However, research on the actual impact of growing up in care requires a long-term perspective. Because care-leavers often go through a 'survival period' before moving to a more stable life situation, differences between adult care-leavers and other adults diminish as they age

(Duncalf, 2010; Frechon & Dumaret, 2008). For this reason we looked beyond emerging adulthood and included participants in a broad age range.

While this article is centred on care-leavers' narratives of the self, this was not the point of departure of the study. The life history interviews with care-leavers were conducted to shed light on the lives before, during and after being placed in care, and more specifically to investigate inductively how being in care has, according to care-leavers themselves, affected their later life course. The aim was not to depict reality or the truth ('fact-finding') but rather the *construction* of reality (see e.g. Flick, 2004) by the care-leavers. Thus, we sought to 'give voice' to adult care-leavers. We tried to capture the subjectivity of how care-leavers have experienced this period in their life, and how this experience has impacted their later life course. Therefore we focus on the 'experience as told' (Larkin, Watts, & Clifton, 2006). Participants reflected a lot about the question "Who am I?" Consequently, the topic of 'the self' emerged as an important theme in their narratives.

We conceptualise the self from a social constructionist perspective, which suggests that a person consists of multiple selves embedded in a sociocultural and historical context (Lincoln & Guba, 2003). The view of self as an individual and as a group member is shaped by societal discourses. By including participants from different age groups, we will be able to gain insight into whether and how the societal context impacts experiences of care and self-narratives. Interpersonal expectations also shape peoples' life stories (Pasupathi, 2001). People construct and reconstruct their selves in relation to other people and cannot be understood apart from one another (Abrams, 2010; Bruner, 2004; Pasupathi, 2001; Sermijn, Loots, & Devlieger, 2005). The way we look at ourselves and our experiences is likewise dependent on social roles and patterns. When these roles change throughout our lives, the story about ourselves may also change (Abrams, 2010; Apfelbaum, 2010). When care-leavers leave care and move from 'youngsters in care' to 'care-leavers', this transition is likely to impact their self-narratives.

While the self is shaped by the social context, it is not merely reflective of external influences. Although people are confronted with (institutionally based) power, the self may still be considered as an 'agent' or reflexive actor who, apart from influence

by the context, makes choices (Callero, 2003; Rowe, 2011). Our research results support this insight; in the self-narratives a *resilient* self (*being* agentic and resistant within a restrictive context of control) emerged. The multiple self has the ability to *choose* one, albeit temporary, coherent story, of which the content can be adapted any time (Bruner, 2004; Sermijn, 2008; Sermijn et al., 2005). The stories do not only describe experiences from the past, but also provide ways to give a temporary and coherent meaning to these experiences (Miyahara, 2010). Through self-presentation, the self participates in life and in doing so communicates and *performs* some information about itself to others (Baumeister, 1998). In that sense, the story we heard during the interviews is not 'the' story. What we heard was one 'entrée' to our participants' life stories.

## Methods

### Research questions

This research explored long-term adult outcomes of care-leavers in Flanders (the Dutch-speaking part of Belgium). Life history interviews with 38 care-leavers (21–66 years old) were conducted by the first shared author to investigate three questions:

- 1) How do care-leavers narrate the experience of being in care?
- 2) How do care-leavers perceive the impact of being in care on their lives?
- 3) How do they reflect on how this narrative – about being in care and its impact – shifted as their lives progressed?

### The sample

We defined care-leavers as people who had been in *out-of-home* care as a minor.

Our sample was a convenience sample of 14 men and 24 women and may not be representative for all care-leavers in Flanders/Belgium. Representativeness was, however, not the aim of our qualitative study. Participants were mainly recruited through advocacy groups (n=19). Social work and welfare institutions helped us to find nine other participants. The advocacy groups and social welfare institutions contacted our participants. We also reached six care-leavers through friends, family and colleagues. One participant was recruited by snowball sampling, and was first contacted by our initial participant. Social media was a less successful strategy in our search for participants (n=3).

Participants were born between 1949 and 1994, and aged between 21 and 66 years at the time of the interview, with an average of 37.7 years (median: 37.5 years). As table 1 shows, a substantial part of the sample was 21 and 30 years old (n=12) or between 31 and 40 (n=12) at the time of the interview. However, people in their forties (n=8) are also well represented. Only six participants were older than 50.

For each participant, we counted every stay in an institution. As we did not consult the official case files, the participants provided information about the number of institutions in which they were placed, the duration of their stays and the reason for placement.

As care-leavers often resided in more than one institution, the number of the stays is larger than the sample. Participants were mostly placed in institutions: orphanages (n=2), (children's) psychiatric centres (n=4), public youth care centres (n=11) or private youth care centres (n=48). While in public centres, both juvenile victims and offenders are detained, in private centres mainly juvenile victims are placed. While in practice, the line between juvenile victims and offenders appears to be quite blurred (Dumortier, Christiaens & Nuytiens, 2017), and the distinction is rather artificial, being in one or another type of centre might impact how the care-leavers experienced their stay, as there are important differences. For

example: public centres are perceived to have more restricted rules and may be completely closed regimes. We also counted several placements in foster care (n=9). Note that not everyone could remember the exact type of out-of-home care. In that case the authors used the information in the interviews to deduce which type of care they probably stayed in. While being in foster care always meant being in a foster *family* for our participants, we also consider this as *out-of-home* care, as it meant being removed from home.

Some participants stayed in care for a short period of time, while others stayed there for the remainder of their childhood. The average number of years in out-of-home care was eight years (median: 6 years). As shown in table 2, most of the care-leavers spent one to five years in out-of-home care. Everyone but two of this group entered care as a teenager and resided in care until his or her 18th or 21st birthday. The age of majority today is 18 in Belgium (before 1990 it was 21) and the youth care intervention normally ends at age 18. However, youngsters in care may (under certain conditions) request a prolongation of the intervention. Before 2014 the intervention could be prolonged until the age of 21 in Flanders. With the recent Flemish Decree on Integrated Youth Care (2013) the prolongation of the intervention was raised to 25.

**Table 1. Gender and age of participants.**

Gender	N
Male	14
Female	24
Age	N
21–25	8
26–30	4
31–35	5
36–40	7
41–45	4
46–50	4
51–55	3
56–60	2
61–65	0
66–70	1

**Table 2. Duration of stay in out-of-home care.**

Years in out-of-home care	N
1–5	17
6–10	9
11–15	5
16–21	7

**Table 3. Reasons for being sent to care**

Reason (according to the narratives)	Gender		Total
	M	F	
Problems at home	9	21	30
Delinquency	3	0	3
Both	2	3	5
<b>Total</b>	<b>14</b>	<b>24</b>	<b>38</b>

All participants said they were sent to out-of-home care as a result of an intervention of the Belgian youth protection system (see table 3). This could be the Youth Court and/or other youth care services. Most of them (n=30) mentioned they were placed in care due to problems at home: abuse (sexual, physical and/or emotional), neglect, drug/alcohol dependency of the parents, psychiatric problems of the parents or a turbulent divorce. Two women were placed out of home because they, aged between 12 and 14, had a relationship with (and in one case was pregnant by) an adult man. Three participants mentioned (adolescent or adult) delinquent behaviour in their narratives. The Youth Court sent them to an institution because of drug use and thefts/robberies. Two of these three mentioned serious problems such as abuse or violence at their home, and perceived these problems as the reason for staying out late and engaging in delinquent behaviour. The remaining five participants said they entered the youth protection system for both reasons (first due to problems at home and afterwards due to offending behaviour, or the other way around).

### Data collection

The interviews were conducted in two sweeps: December 2013 – July 2014 (15 participants) and January 2015 – January 2016 (23 participants). As participants could choose the location of the interview, this was mainly at their homes or at their local pub or a relief centre. Participants signed an

informed consent form to formalise anonymity, voluntariness and recordings. Three participants refused the recording of the interview.

Before the interview every participant received information (by phone and by email) about the research. All participants orally consented. While we always aimed at also receiving a *written* informed consent this was not always the case. Due to negative contacts with authorities, some care-leavers were reluctant to sign our document. Others read the information, but said they trusted the researcher and were not willing to sign the document, as they did not think this was necessary. A few already started the conversation before the researcher could introduce the written consent form. In these occasions we had the feeling that constraining participants to sign the document after all could jeopardise the 'rapport' between the researcher and the participant.

Interviews lasted overall between 30 minutes and 4 hours 30 minutes, with an average of 2 hours 10 minutes. For 12 participants a second (or even a third) interview was planned. This could be on the initiative of the interviewer (to avoid overburdening with lengthy interviews, or when the first interview did not cover every topic), or on the initiative of the participant (when he/she had to leave and wanted to continue his/her story).

As we conducted the interviews from an inductive perspective, we started the interview with an open question, such as: "I don't have fixed questions. You can tell your story how you want it.

Take your time. Everything you say is valuable. Afterwards I can ask more questions if I want. So, I know you have been in contact with the juvenile justice system as a child. Can you tell me more about that?"

To make sure that different life domains were covered we used a topic list. The analysis of the first sweep of interviews revealed that the narratives did not always provide a sufficient and thorough (in-depth) understanding of the long-term impact of being in out-of-home care. To stimulate a more structured and in-depth story we created 'life domain cards' based on the literature and on the previous interviews. These cards were shown to participants during the interviews. We also handed over empty cards so that participants could also suggest new topics. During the interview we tried to get a picture of life domains as described in the literature (e.g. housing, financing, parenting) in the different life periods (before, during and after out-of-home care). Throughout the research we added other topics to the list that emerged from the previous interviews, such as dreams, talents and personal development. Very soon it became clear that 'the self' and related topics (e.g. self-image, stigmatisation) were important issues in the life stories and these topics were also added. In most cases, however, participants spontaneously mentioned the topic.

### Data analysis

Because of the inductive perspective we did not select topics in advance for the analysis. Instead, we made use of the interpretative phenomenological analytic method (IPA) (e.g. Reid, Flowers, & Larkin, 2005). By reading and re-reading the transcripts of the interviews, we tried to understand what the care-leavers were telling us. Understanding meant both "identifying or empathising with as trying to make sense of" (Smith & Osborn, 2008, p. 54). We searched for recurring key themes in the narratives and afterwards connected our results to the literature. We also made use of *narrative* analysis, in which we gave attention to the pronouns and verbs care-leavers used to speak about their experiences and changes in the self. We paid attention to the spoken word, but also to other 'embodied' performances of care-leavers, such as the tone of the voice, the gaze, and non-verbal utterances (Dawani, 2016, p. 85).

In order to connect as much as possible with the interview data, we did not use computerised

software. We analysed the interviews manually, used coloured labels and made notes in the transcripts.

### Findings

From the stories of care-leavers, it appears that most linked being institutionalised with a changed (or impacted) self-perception. When youngsters narrate about their stay in one or more youth care facilities, they describe how their perception of the self was challenged. The answer to the question "Who am I?" was no longer obvious. Three narratives of the self emerged, which linked the self to having been in care:

1. a collective self or being part of a group and the feeling of obedience and loss of oneself as a consequence;
2. a problematic self or being a problem; and
3. a resilient self or being agentic and resistant in a restrictive context of control.

In the next section, we first describe these three narratives of the self. We then explore the implications of these narratives for the participants' lives (stigmatisation) and how they evolve over time (searching for the lost self).

### Three narratives of the self

#### *A collective self*

"We were placed by the Youth Court, so we were a child of the Court. We are children of the Court." This is what Yvonne, a care-leaver of 66 years, said at the beginning of her interview. She identified herself with "we", referring to the group of children who had been placed by the youth court. During the interview, Yvonne hardly spoke in the 'I' pronoun. And she was certainly not the only one.

The participants (except those who lived in a foster family) had the feeling they became part of a metaphorical *collective body* (see also De Wilde & Vanobbergen, 2012, p. 4). Most of the care-leavers lived in a group for a long time. They perceived their institutions as adapted to groups of people and less oriented towards individual needs. According to them, everything happened "together, in group" (Marie, aged 49). However, in a group where everyone is supposed to do and *be* the same, it is hard to distinguish yourself from others and therefore to preserve a unique sense of self: "Every person has their own character and personality. But I had the feeling that when you are put in an institution, you are all pushed in the same

direction" (Cindy, aged 21). After all, selfhood is "created by being interactive with other people. It is through interaction and differences you can distinguish yourself from others and this is what makes you 'you'" (Ben, aged 22). Furthermore, participants often had the feeling that they could not be themselves. Therefore care-leavers thought that institutional care-givers taught them indirectly to put on a mask, to become someone else. As Charlotte (aged 25) puts it: "I just lost myself a bit. They didn't concentrate or pay attention to who I was, as a person, as Charlotte."

Some physical characteristics of institutions increase that particular feeling. Everyone had to use the same products (e.g. shampoo, toothpaste) and personal belongings were not allowed or were restricted. Older participants recounted how they had to wear the same uniform and the same haircut. As part of the group, with the same outlook and the same expectations, they had the feeling that their individuality/selfhood was stripped off. The personal self was limited as in a process of mortification: "A series of abasements, degradations, humiliations and profanations of self. His self is systematically, if unintentionally, mortified" (Goffman, 1991, p. 24; see also Irwin & Owen, 2005). Older participants received a number, which was stitched into their belongings. Younger participants were not physically confronted with losing their name, but they expressed the feeling of being *a number* or *a robot*. Living in a group felt as if they became nobody. This feeling was related to the lack of engagement and involvement of institutional care-givers in their life. Cindy expected that they would "give enough attention just as if you would live with your parents. If they don't, you are just a number, like a room number" (Cindy, aged 21).

According to care-leavers, becoming a robot also implied a feeling of suppression and lack of choice and ownership and as a consequence, a lack of dignity (see also Delens-Ravier, 2005; Snacken, 2002). Rita, aged 33, narrated that "you had no choice from the moment you open your eyes in the morning up to the evening. Now you need to do this and now you need to do that." The participants vividly remember the implemented checklists that were based on behaviour modification techniques (reinforcement and punishment) and are a popular system in (Flemish) youth institutions. They were used to evaluate youngsters on several dimensions,

such as hygiene, wake up on time, go to school, general attitude, laundry day, etc., which contributed to the feeling of becoming a mechanical object instead of a human being. According to Ben, aged 22, these "checklists are so ridiculous. Then you certainly feel a robot. Every evening you get a check-up. They come to your room with a checklist: order: check; hygiene: check; check, check check, as if I am a car that needs to be checked. And with such action, then I need to feel myself a human being? [These checklists], it's such a pity."

Drawing on the narratives, it seems as if the self becomes almost completely suppressed and led by others. Care-leavers are often left with the feeling that they could not choose their own path in life, and had to be extremely obedient. To illustrate the lack of ownership, we extracted only the verbs and pronouns from a few sentences of the interview of Cindy (aged 21). The use of the pronouns, such as 'we' or 'one', combined with verbs, such as 'must', 'had to' or 'was not allowed', in the next sentences show literally the perceived control and suppression in institutions:

*It was compulsory*  
*I had to*  
*Compulsory*  
*One was not allowed to*  
*Is not allowed to*  
*Is not allowed*  
*One is not allowed to laugh*  
*Just be quiet*

This perception that they always needed to be obedient to institutional care-givers and were part of the group was accompanied by another perception of the self, a problematic self.

#### *A problematic self*

Some participants perceived their youth care period partly as a breeding ground for personal growth. They link being in care with chances, learning to keep going, to love oneself, to learn their talents, to be a *fighter* who will never give up, making them strong people. For these care-leavers, being in care did not leave only a negative 'imprint' on the self.

However, most care-leavers in our study looked back mainly with negative feelings. They narrated that when they came into contact with youth care, they had the feeling that they were 'bad children',

causing trouble. This feeling already started before the juvenile was placed into youth care. Ilona (aged 42), who was physically and sexually abused as a child, asks herself nowadays: "Was I really such a dreadful child? For me this is still a question, but for others, it was just a fact. A lot of people didn't know what happened at home. And my parents always smiled and kept up appearances. It was always me who was disturbing. And I, I was put in an institution, so I was [silence]. That was the way the story circulated. I was portrayed as the problem." Care-leavers who also offended as a juvenile, narrated that the focus was solely on their bad behaviour without looking at the underlying issues causing these problems. Delinquency was, according to them, just a way to compensate for the embodied insecurity and bad feelings about themselves or their environment.

Being sent into care may be experienced as the 'evidence' of being malicious, because *they* need to be re-educated and removed from society. Charlotte, aged 25, noted that "nobody ever said that it was your fault, but you do think it is. You start to think it through: an institution, what is that? That's a place where you go when something is wrong. You begin to think: it should be me. The one who is placed out of home should be the one who did wrong." The placement in an institution is perceived as the confirmation of their problematic self. As a result, they started to internalise this perception.

From the narratives of the care-leavers, it appears that the problem-focused approach in institutions reaffirms the problematic self. Care-leavers had the feeling they were under permanent observation. Johan, aged 53, noted that "everything was written down by institutional care-givers, you were constantly evaluated." Ben, aged 22, who already mentioned checklists as a way of becoming a robot, also said that "what is on those lists, DEFINES [children in care]. And they start — and to me it also happened after some time — to believe that there should always be a problem in [their] life. Be it just the 'problem' of entering the living room of your institution without slippers! What a shame! Now I'm not a good human anymore! [with sarcasm] But yes, we started to think: this is on the list, I am evaluated on this. What institutional care-givers say I do or do not, that will be the truth."

Also, care-leavers sometimes had the feeling that everything was put under a looking glass; even

when there was no problem, a problem was found. For example, one participant spoke about the difficulties she had with expressing sexual feelings when she was in puberty. At the time, she didn't know she was attracted to girls. She said: "I had difficulties with talking about sensitive and intimate feelings such as sexuality. Therefore, institutional care-givers started to think that I was sexually abused by my father. But I never was, fortunately! But due to their search for answers, I started to think myself I probably could be abused. It lasted until some years ago that I finally knew what was happening to me. I just fall in love with girls, nothing more, nothing less" (Rita, aged 33).

The use of case files seems to contribute to this problematisation of behaviour. Everything was reported and they had the feeling they were reduced to files. Three participants had looked into their youth case files as adults and were shocked about the negative picture that was painted about them. They confronted how most of the information was a one-sided story and how their opinion and views on the situation were left out. Positive characteristics of the juvenile concerned were barely mentioned in the case files, resulting in a mainly negative view of the self.

As mentioned by Unrau, Seita and Putney (2008), the devaluation of the self can result in a self-fulfilling prophecy. Kenny, aged 23, mentioned the remarks he got from care-givers in the institution, such as "you are again messing it up" and "if you continue like this, you will end up in prison." These remarks continued despite his effort to improve his behaviour. It finally resulted in "disobeying all the rules, just like they expected me to behave." Participants missed a positive approach in which hope, belief and chances were central. Celine, aged 25, disobeyed a lot of rules when she was staying in an institution. Because of being perceived as 'incorrigible', Celine said, "They give up on me when I was 17 years old. That certainly gave me such a desperate feeling. The feeling of: nobody really believes in me, nobody is interested in who I am, what my struggles are. I started to believe this myself."

In conclusion, the narratives reveal a self-perception of becoming devaluated by others (see also Kools, 1997, 1999). As a result, their selfhood was seriously undermined during and after the period of out-of-home care. According to the care-leavers of this study, a problem-directed focus

contributed to the internalisation of problems in their lives. They start to reduce themselves to a 'child of the institution', which we can define as a constructed *care-identity*. A more positive approach, directed to empowerment and talents, was exceptional.

Although the majority of the participants associated the period of out-of-home care with suppression and problematisation, and a perceived lack of agency, the narratives show that they did not passively undergo the institutional system. Instead, they also narrated about an agentic or resilient self.

#### *A resilient self*

In an attempt to preserve the self within the institution, different strategies to disobey the rules were used (see also Myers & Sangster, 2001; Nys, 2016). In this part, we will elaborate on this resistant or *resilient* self.

For our participants, resistance was often a reaction to the feeling of not being heard (*I'm not silent anymore*) and to practices perceived as unjust. On the one hand, this resulted in covert types of resistance. Some examples brought up by our participants are: throwing food into the toilet; asking another youngster to urinate for a drug test (in order to cover drug use); and inventing names such as "Godzilla" for 'mean' institutional care-givers. Another hidden form of resistance was "faking" (Johan, aged 54) or "obeying the rules" (Rita, aged 33), which has a lot of similarities with what Cox (2011) called "doing the program".

The behaviour youngsters displayed suggested that they conformed to the rules. However, they just did what they were supposed to do in order to make themselves comfortable and leave the institution as fast as possible. By listening to our care-leavers, we must understand their behaviour not (just) as conformity, but as *resilience* within an institutional setting, which does not generate so many other options to speak up. These acts can be understood as a form of *agency*. As an example, Johan obtained good grades and tried to behave well under the supervision of institutional care-givers. Not because he intrinsically wanted to do it, but he only tried to enhance his chances to end his stay in the institution as quickly as possible. In one way, it resulted in some positive personal changes such as finishing high school with good grades, which Johan initially did not aim to achieve. As Cox describes it: "If you do it long enough, it becomes

you" (Cox, 2011, p. 603). However, this obsession resulted also in the loss of himself, because he was often hiding his real feelings, answering institutional care-givers in terms of what they wanted to hear, giving socially desirable answers. Rita also said that she continued this fake behaviour as an adult. She said: "You keep doing those things: I continued pretending and that's something I am not done with yet."

Others also resisted by internalising behaviour, such as suicide attempts or very introverted behaviour. Charlotte, aged 25, said that she "put on a mask as if everything was fine." She suppressed her feelings of intense distress in order to survive the *rollercoaster*, a metaphor used frequently by care-leavers to describe the hectic period of out-of-home care. Others tried to preserve their self and resist their collective and problematic self by keeping other children in care at a distance. As an example, Miriam, aged 38, compared it to "locking" herself up in her room, "Figuratively, I mean. Because it was mine... In my room, I could be myself. I did not have to consider other youngsters or institutional care-givers. It was just me, myself and my radio." The radio and music were very important to preserve herself. She identified herself with songs. In her room she was allowed to play her music and also to wear clothes she wanted, just to be herself, without pretending or taking into account others' opinions. There, she felt safe.

As a consequence, this coping mechanism can result in remaining introverted. Rudi, aged 47, said: "As a child, I was very happy, always smiling, a bit the clown of the family. But when I was placed in the institution, I became very introvert. And I'm still an introvert person. I can even say I have become a misanthrope."

On the other hand adult care-leavers told us about more visible ways to preserve the self. Some used narcotics to keep themselves calm and to cope with situations before and during their stay in the institution. Others started to run away. According to Fernando, aged 25, "Running away does always have a reason. Nobody runs away because of, well, you run away because there is something. You do not feel well, you are not happy, something bothers you." As stated by Ilona, aged 42, running away became a way of "escaping the confrontation with the past. The moments I was in the institution, they expected me to process the traumas I have experienced. But I did not want to. Not yet." It was

only as an adult that she felt the necessity to cope with the past and move on. Furthermore, it was hard to tolerate some decisions, which were taken over their heads. This resulted sometimes in aggression towards material, other people or themselves as a way to canalise frustration and anger. As noticed by Wilson (2003, p. 421), it was often “reserved for moments of crisis, ... to employ when ‘keeping quiet’ failed to deliver the life that they wanted, or when a line was crossed”. Speaking up loudly, using verbal aggression, was a way to cope with their feelings of powerlessness. Being articulate became a weapon of resistance.

### **How these narratives impact on life and change over time**

“If you really are searching for those aspects in my life in which my trajectory in care is noticeable, then I think the answer is in my whole body, it’s the way I am. It’s in everything I do and do not.” (Rita, aged 33)

It is important to explore internal self-perception processes because changes on the outside (the social transition) may only provide a partial view of adult outcomes. How care-leavers feel on the inside is illustrated by some participants’ stories. For example, Vera, aged 32, narrated: “They kept saying to me: you’ve made it in life, I see. I SEE. And then I thought: maybe I feel terrible, but I look decent, I have a house, I’m married, I have children and a washing machine [Vera smiles].” According to Vera these markers of life, including the washing machine, were an indication of stability. In other words, Vera looked fine on the outside, but she did not feel fine as she was still struggling with her past.

In what follows we discuss how, according to the care-leavers, these narratives of the self impacted their lives, and how they evolved with age. The interviews reveal that younger care-leavers are still very moved by their care identity. Mostly, they still feel different from other people and construct their self-conceptions around having been in care. Older care-leavers were more confident and could also see what they did realise in life despite, or thanks to, their life in youth care. They start to renounce the previously constructed ‘care identity’, shifting their narratives of self in a positive way. At first, they encounter specific consequences in life due to their constructed perception of the self while in care: feelings of stigmatisation. Afterwards, turning points and related mental processes improved their

search for new or adapted narratives of the self not only affected by their experiences in care.

### *Stigmatisation*

In the participants’ stories a feeling of the loss of ‘normalisation’ emerges. Care-leavers felt as if they were ‘odd’ persons with weird habits. For example, a care-giver of the institution and not the parents came to school for parents’ evening. Some told us about how friends started to ignore them “as if you have become a ‘freak’. Or they become very nosy and start asking questions such as: ‘Why are you living in an institution?’ and afterwards you see them whispering and joking with each other” (Rita, aged 33). Also, youngsters in care do not always have the choice to choose a hobby outside the institution. They always have to ask permission to go to a sleepover or a birthday party of a friend, and spontaneous events aren’t always possible. As a consequence, they had the feeling they were different from their peers (see e.g. Michell & Scalzi, 2016). Being confronted with the differences confirmed their feeling of being abnormal and of being an ‘outsider’.

The loss of feeling ‘normal’ and the self-perception of being ‘odd’ may be mediated by stigma. Stigma impacts how people see themselves and how they think they will be perceived by others (Breen, 2014). Indeed, several participants expressed the feeling of being stigmatised and of being seen differently than before. According to some, society has always had a negative perception of juveniles in out-of-home care, as one participant narrated: “Something that has hurt me very often and made me angry, were the prejudices when I told people I had been in a youth institution for a while. The answer was often: ‘Oh, did you commit a crime?’ or ‘You must have been a rebellious child’. ... Although we were just kids in a difficult situation, with parents who had no clue how to solve their problems with alcohol, drugs, prostitution, disabilities, and etc. ... And when I tell people that I work with youngsters in residential youth care [now], I get similar responses: ‘Wow, you work with difficult, rebellious, delinquent youth’ or even worse ‘with pigs’ or ‘with weeds’” (Mira, aged 38). So, the image is predominantly fuelled by the so-called dangerous or criminal characteristics of minors in youth care.

During the period in youth care, this stigmatisation is mainly present at school or in leisure activities. As an adult, care-leavers are

confronted with the effect of these stigmas when they start to look for a job, specifically when they search for a job as an institutional care-giver. The same is encountered when searching for housing. Nevertheless, based on our participants' narratives it seems as if that stigmatising effect may diminish with age. According to Marie, aged 49, it is less conspicuous if your family is no longer part of your social network. After all, a lot of participants have lost their parents by middle age. Furthermore, Vera, aged 33, pointed out, "When you are older, you are less questioned about your childhood. The people you know are aware of your history, and new people don't ask questions about the past."

#### *Searching for the lost self*

"I am searching for the new me. Such as: who is Charlotte, apart from the institutions, apart from what happened to me. Who is she? And that's already a burden, a heavy cross to bear." (Charlotte, aged 25)

Listening to the stories of adult care-leavers, we notice how boundaries of the self, mentally and physically, were not always respected. Therefore, the self was not only marked by the institution, but also by traumas of experienced violence, maltreatment, sexual abuse, etc. About half of our participants reported psychological problems in adulthood (two men, 16 women). For some of them, these problems occurred only during a short period of time, as narrated by Cedric, aged 34: "When I left the institution, my mental state was not good. I was depressed. I didn't get up, I stayed at home, I was just staring to the walls and ceiling. I was excluded from friends. Due to my stay in a closed institution, my self-esteem had totally vanished." For a larger group of participants, long-term and intensive psychological support was needed to overcome traumas from the past.

Six participants recounted being in therapy in the past (six women), and six more reported that they still are in therapy today (one man, five women). For another six participants, psychological problems even led to a stay in a psychiatric institution at some point in adulthood (one man, five women). Remarkably, far more women than men report that they were/are in therapy. It is, however, not clear how this may be understood. Women may have more traumatic pasts and/or may react differently to traumatic events (see e.g. Dixon, Howie, & Starling, 2004), having a greater need for psychological help. Men may also

underreport traumatic events (Pieters, Italiano, Offermans, & Hellemans, 2010). Another remarkable finding is that for a lot of care-leavers, the start of processing traumatic events only starts later in adulthood. Studies scrutinising long-term outcomes of adult care-leavers have found that life conditions often improve with age (see e.g. Duncalf, 2010; Frechon & Dumaret, 2008). In our study we found that it is often at that moment, when life becomes more stable, people feel ready to look back and deal with their past: "When I was in care, institutional care-givers were there to support me, but I could not talk about my 'backpack'. This was only possible when I was an adult. For a long time I was in the 'never look back, just keep moving forward' drive. It was only some years ago I was able to gradually open this 'backpack'" (Vera, aged 33). This means that changes in the social situation, marking social transitions, engender changes in self-perception. Sometimes the skills taught by and tools introduced by institutional care-givers or other professionals are only used years after leaving care, when the care-leaver is ready: "After some years I realised what I was doing. You become more mature and at that very moment you start to use the tools they teach you in those days [in the institution]" (Glenn, aged 33).

For others, the processing of their problems comes quite unexpectedly. Some participants experienced a delayed processing instigated by sudden physical or psychological problems, such as hyperventilation and panic attacks at a later age. Based on our findings, psychological difficulties started to manifest/ disclose themselves between the ages of 20 and 40. Mireille, aged 48, shared that "along the years, something starts to develop inside you. You automatically develop a pattern, but you are not aware of that pattern. Until you grow older. Finally, it hits you, like a boomerang." Sometimes, it was only by consulting a professional that the link with their past was discovered, initiating its processing. For example Roos, aged 41, encountered problems of hyperventilation and muscular pains at age 37, leading her doctor to conclude that her physical problems were rooted in her traumatic past. Roos started seeing a therapist to process her past.

The narratives reveal that the process of a changed self-perception may be triggered by specific life events, such as having a job; a good neighbour or boss who takes care of them; a

disease such as cancer; or death, overdose or detention of a good friend. In that sense, several participants consider these events as turning points. Turning points are seen as “perceptual roadmarks along the life course. They represent individuals’ subjective assessments of continuities and discontinuities over their lives, especially the impact of earlier life events on subsequent ones. In some cases, turning points are perceived as critical changes, in other cases as new beginnings” (Hareven & Masaoka, 1988, p. 272). Turning points are often seen as single events triggering a change, rather than altered circumstances over a longer period in time (Enz & Talarico, 2016).

In this contribution, we focus on two turning points that were described by almost every care-leaver we interviewed.

An often-voiced event, perceived as a turning point, is starting to work as an institutional caregiver in youth care. Scrutinising adult job outcomes, it appears that 23 of our 38 participants are currently working or pursuing training. The remaining 15 persons do not work anymore as they are retired (n=3), declared unfit for work due to physical and/or psychological problems (n=5), unemployed (n=3) or in prison (n=1). Another three (men) are currently involved in the illegal drug trade. Three women used to work in illegal practices (prostitution/drugs) but had quit at the time of the interview.

Of the 23 people working or following an education, eight work in construction or factories. Remarkably, the other 15 are working in the social sector or are pursuing training in this field. Many participants said they decided to pursue a social education in order to work with youngsters in care. It appears that the care-leavers in our study often started or continued their education later in life, once it became more stable. Working as an ‘experience expert’ seems important in prompting inner change. With this job, care-leavers express their desire to serve as a role model for juveniles in care, showing that care-leavers can make it in life. Considering themselves a role model also impacts their self concepts, as they “internalise a new set of conduct norms” (Keller, 1993, p. 77). Their *peers* serve as a mirror, helping them to gain more insight into their own problems and functioning, ultimately changing their own behaviour (Parkin & McKeganey, 2000) and invoking *self-rehabilitation* (Keller, 1993, p. 79). In that sense, the difficult

circumstances they encountered can result in “a springboard for progression” (Pinkerton & Rooney, 2014, p. 8).

The feeling of being able to make a change, to mean something for others, not only gives a new meaning to their lives, but it also creates space for a new (conventional) role, shedding a positive light on the self. Through these roles their own past can be ‘repaired’. It is as if ‘redemption’ comes by helping others, especially others growing up in similar circumstances as their own: “If you can pass on some skills to people who are at the start of their adult life, if you can give them a boost to help them to have a better future [silence], to me, that is very important, that you can protect them for what I went through when I was of the same age. If they will learn from my mistakes, I am happy.” (Geert, aged 43)

A second important turning point expressed by our participants is parenthood. In our sample, 14 women are mothers, and eight men are fathers. Mainly female participants described becoming a parent as a positive turning point. Women also talk more about their children in the interviews.

However, for women, giving birth may at first evoke negative feelings as it confronts them with their own traumatic past. For example Els, aged 40, had a difficult moment when she was pregnant with her first child. She was aware of her precarious life situation and was afraid that having a baby was not the best scenario: “How do you raise a child when you never saw your parents doing this? I struggled with it for nine months. I didn’t want to be pregnant, in fact.” Only in a second phase the pregnancy turned out to be a positive, life-changing event: “The day that I gave birth to my daughter and when they laid her on my chest, the first thing I said was: this is my daughter and nobody will ever touch her.” Els is a victim of sexual abuse. She promised her daughter she would protect her from similar victimisation. Becoming a parent meant something to live for: a new and positive role, impacting positively on self-esteem.

On the one hand, women talk about how having their first child made a change in their lives. It marked a fresh start, a new beginning and a way to give another meaning to their lives. For some, parenthood appeared to be the only source of meaning in life. On the other hand, becoming a parent is a way to heal wounds or to put a hold on intergenerational transmission (Buchbinder, 2004;

Pryce & Samuels, 2010; Van Audenhove & Vander Laenen, 2011). With parenthood, care-leavers may want to 'repair the past' (see also Berckmans, 2015; Buchbinder, 2004). By raising their own children differently than their parents, they hope to repair, correct or rectify the past. The literature refers to this as "*reparation*", "*corrective experience*" or "*righting the wrongs*" (Hardesty & Black, 1999; Shamaï & Kochal, 2008). Trying to give their children a better childhood than their own, parenthood may be considered as a "*motive for change*" (Shamaï & Kochal, 2008, p. 332). Anna, aged 58, for example, recounts: "When I gave birth to my son, I didn't want to be a prostitute anymore or carry drugs from place A to place B. I was so afraid I would lose my son if I would continue to do these things. And my own past in institutions [silence], I just didn't want to lose him [silence]. I said: no, I want a normal life for my son."

The dynamics invoked by parenthood show remarkable resemblance with desistance studies. Desistance research has shown that parenthood may impact positively on desistance and reintegration (see e.g. Baumeister, 1991; Laub & Sampson, 2001) and that parenthood is especially crucial in the lives of female (ex-)offenders. (Re)claiming motherhood as a conventional identity and the feeling of being useful and valuable may facilitate desistance and reintegration (Ferraro & Moe, 2003; Giordano, Cernkovich, & Rudolph, 2002; Rodermond, Kruttschnitt, Slotboom, & Bijleveld, 2016; Sharpe, 2015).

Additionally we noticed that giving birth may also instigate reflection about the past, and more specifically about the question: "Who am I?" Questions about the past are sometimes pushed away or ignored for years. However, giving birth and watching a child grow up confronts care-leavers with questions about their own childhood (how did I look, how old was I when I started walking, etc.). It's at that very moment that several care-leavers take steps to look into their youth care file. Being informed of their family history helps them to figure out their lost self, as mentioned by Eva, aged 43: "These are (little detail) parts of my identity, which I don't know and which are, according to me, very important" (see also Kools, 1997; Molley, 2002). Some questions are important for their children (e.g. genetic information) and some feel the need to receive answers to other questions. For example, Mireille, aged 48, started asking herself: "How is it

possible that a mother [her mother] lets her children be taken away and does not fight for them?" A lot of care-leavers in our sample, especially the older ones, have no pictures or other tangible memories left from their time in care: "Other people have a lot of pictures of themselves as a child. I don't have it. Sometimes, I miss this. I miss information, about how I was as a child or as an adolescent, such kind of things" (Fien, aged 33). This adds to the feeling of being just a number. Younger participants more often have photo books with memories, and that seems to contribute to the construction of the self.

Another resemblance with desistance studies is the emergence of a 'generative script' (see e.g. Maruna, 1997). While they aged out of care, the majority of care-leavers developed a storyline in which the negative events and demons of the past fade away and become re-scripted by more positive images (McAdams, 2013; Silva, 2012). As Silva (2012, p. 514) notes, they "grounded their adult identities in their personal quests to transform their wounded selves". By reconstructing and retelling this narrative of self, they confirm the change within their lives. Their behaviour and actions can be seen as a 'window' to change.

## Discussion and conclusion

In order to explore how care-leavers experienced growing up in out-of-home youth care, and how they perceived the impact of this on their later lives, we conducted life history interviews with 38 adult care-leavers in Flanders (21–66 years). Since this small number of participants was mainly recruited through advocacy groups (n=20), we should bear in mind that our recruitment strategy might have affected our results. Also, we are aware that we may have missed groups of care-leavers who are harder to reach. It appears that both those who are the most advantageously situated and have succeeded in disassociating themselves from their institutional past, and those who are in the least advantageous situations (e.g. those who ended up living on the streets) are harder to reach and underrepresented in research (Issenhuth, Vivier & Frechon, 2010, p. 188).

Nevertheless, our research has delivered important insights about the *subjective* impact of being in care on the subsequent life course.

First, the narratives clearly show an initial decrease or even loss of selfhood. A stay in one or more care facilities seems to have contributed to a

feeling of being just a number within the group of institutionalised youngsters with a focus on problematic behaviour. In the literature, researchers referred to this identification as a “care-identity” (Dima & Skehill, 2011, p. 2537). Since this care-identity is described in a similar way across the age groups, important historical pedagogical changes in youth care practices have apparently not yet led to notable changes in this anonymous and problematic care-identity. Certain mechanisms seem to be intrinsic to the system of out-of-home care and deprivation of liberty. While participants’ stories are situated in different places and years, many stories were quite alike. One important difference, however, is that older care-leavers literally *were* a number (e.g. their number was stitched in their belongings). The narratives show that a negative discourse about care-leavers still prevails, leading to stereotypical views of the self as ‘deficient’: as people who cause trouble and are nobodies (see also Michell & Scalzi, 2016). While a loss of agency is also indicated, several care-leavers did develop resistance strategies in an attempt to preserve the personal self and reject the collective and problematic self of the care identity.

Our research shows that being in out-of-home care clearly invokes feelings of stigmatisation. For most care-leavers, stigmatisation and identification with the group of institutionalised youth leaves a negative imprint on the self. Although the label of ‘care-leaver’ seems to be a more neutral label than, for example, ‘ex-offender’, care-leavers stress that society often thinks of people in care as juvenile offenders or bad children. Drawing on the narratives, we find evidence that the care identity and its negative imprint often diminish over time. As care-leavers age, new and more conventional self-presentations are developed. The care-leaver is not just a care-leaver anymore, but also a mother, a father, a youth care worker and so on. Hence, the changing perspectives on themselves may be engendered by processes typical of the life course of *all* people, and not just of care-leavers. These triggers, however, produce a specific motivation, in particular acting as a change-maker in order to help the next generation and at the same time trying to defeat the demons of their own past (see also Buchbinder, 2004; Silva, 2012).

Second, our research has clearly demonstrated the importance of exploring subjective processes when investigating the impact of being in care on

the life course. In order to initiate or complete the quest for a lost (or new) self as an adult, the processing of traumatic events seems to be crucial. Also, it clearly appears that parenthood and a job in the social care sector are perceived as important turning points for a changed perception of self. Remarkably, this transformation is often prompted some years after exit from care, stressing the importance of a longitudinal perspective. More research is needed to understand how these turning points influence self-reconstruction. Refining our understanding of the change of self-perception throughout the period of being in care and beyond is important to come to a more complete picture of adult outcomes of care-leavers. Most studies on adult care-leavers focus on a quantitative assessment of that which is ‘objectifiable’, such as criminal justice contacts, housing situation, health care involvement or (un)employment. Based on these factors, adult social inclusion/integration is assessed. However, as we argued, these factors mainly provide an ‘outside look’ at the adult outcome of being in care. Less attention is paid to the self of care-leavers and its transitions through time. When assessing adult outcomes, we need to include the ‘inside’ view. Concepts of ‘(un)successful transitions’ or ‘success stories’ should also be shaped by how people are doing *according to themselves* (Nuytiens & Geluyckens, 2015). Hence, if we want to acquire a qualitative insight into and understanding of how youth protection interventions impact the lives of youngsters and their families, we need research that voices precisely their experiences (de Graaf, Christiaens, & Dumortier, 2016).

In doing so, a qualitative perspective seems recommended to fully grasp the ‘impact’ of being in care on lives. This kind of research, like ours, challenges the negative picture painted in the literature on adult outcomes of care-leavers. It shows that the absence of meeting the traditional markers of success in adulthood (e.g. graduating, having a good job) contributes to a reflexive restructuring of the self and the construction of an alternative narrative (see also Giddens, 1991; Silva, 2012). From our data, a more positive picture emerges of self-change and ‘redemption’ in the long run.

Third, the narratives of the self, and the ways these narratives are perceived by care-leavers over time, show a strong resemblance with processes

described in contemporary desistance literature. This again shows how youth protection practices are still judicial practices in which social assistance and punishment, and their unintentional consequences, are intertwined. For example, the need to develop an alternative, conventional identity is described as key to the desistance process (see e.g. Maruna, 2001). In that sense, the process of moving away from the care identity can be seen as a way of *moral rehabilitation* as McNeill (2012) mentioned in his four *forms of offender rehabilitation*. In the process of rehabilitation, offenders enlarge their former narrow self (they identified themselves with the *offender narrative*) to a multiple self, in which other conventional selves (e.g. parent, social worker) are present. This helps, as Maruna puts it, to “develop a coherent, pro-social identity for themselves” (Maruna, 2001, p. 7). Drawing on this literature, we may expect that the care identity will not disappear completely, but that it will co-exist with new and conventional self-narratives, pushing the care identity more to the background.

Also in line with desistance studies, our results show that some social events were considered as important turning points instigating internal changes, such as shifting self-perception and self-worth. The narratives show that while both the processing of traumatic events and the occurrence of life events (e.g. parenthood, a job in youth care) are said to be catalysts (or even basic conditions) in processes of internal change, participants also have to feel ‘ready’ to make a change. This refers to the importance, according to desistance studies, of life events as turning points combined with intrinsic motivation (Laub & Sampson, 2003; Maruna, 2001). But then again, both our study and the desistance literature questions the qualitative and long-term ‘impact’ of youth justice interventions on the involved youngsters as they become adults.

Finally, our study shows that care-leavers’ self-reconstruction is a long-term process. This has implications for policy and practice as well as for future research.

At first, caregivers (institutional care-givers, foster parents, etc.) need to encourage a positive self-perception. Instead of only *managing* problematic behaviour, professional care needs to be hopeful. Caregivers should recognise and stimulate the talents, strengths and competencies of young people and their capacity for resilience in

order to minimise the construction of a negative self-perception. When a youth’s self-esteem is so vulnerable, due to several negative circumstances, he/she needs someone who cherishes hope and faith that everything will be fine. This can result in new hope for and a new self-perception of the youngster or care-leaver.

Moreover, given the stigmatisation often confronting care-leavers, it is necessary to raise awareness of the impact of a history of being in care on the lives of care-leavers. At the same time, it is important to stress that these youngsters (adults) are not solely defined by this experience (see also Wilson & Golding, 2016).

Secondly, several studies have revealed that aftercare in emerging adulthood is often lacking or limited (see e.g. Mendes, Pinkerton, & Munro, 2014; Nuytiens & Geluyckens, 2015; van der Geest et al., 2013). Acknowledgement of the changed self-perception, induced by care, and its long-term consequences, may inspire aftercare policies to provide care-leavers with the support and care facilities they need to maximise their wellbeing. However, today, psychological aftercare services for care-leavers are very uncommon and/or not easily accessible (see e.g. Höjer & Sjöblom, 2014).

Thirdly, a long-term perspective should be included in future research. Scientific literature mentions that the life phase of *emerging adulthood* (18–25 years) is characterised by identity exploration and a focus on the self (Arnett, 2004). Most studies of adult outcomes of care-leavers focus on youngsters who find themselves in the phase of emerging adulthood (see however Duncalf, 2010; van der Geest et al., 2013). Although this research was an exploratory study, we can conclude that it is essential to look *beyond* emerging adulthood in future research on adult care-leavers to understand the unintentional consequences of care. Our study shows that, for many, questions about “Who am I?” and the shaping of identity and the self continue well beyond the age of 25. While the exact course of the process of this change in self-perception and its timing may be different for every care-leaver, we found that moving away from the care identity and embracing other conventional identities takes more than a couple of years. A long-term perspective is crucial because the achievement of a more positive self-perception often occurs at a later age. This means that long-term perspectives and

interventions may result in different and more positive results.

The narratives demonstrate the importance of advocacy groups and of becoming an 'experience expert' social worker committed to reforming youth

care practices and serving as a role model for the next generation. This 'role-model quest', and accompanying self-redemption, deserve further exploration.

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# Changing fortunes? Aspiration and realisation for looked after young people's post-compulsory educational pathways in England

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## Abstract

The post-compulsory educational pathways of young people who have spent some or all of their childhoods in local authority care varied. They are seven times less likely to attend university than their age contemporaries not in care. Even those with some qualifications at age 16 face difficulties in progression. Based on the English data from a European study of young people with a public care background, this paper sets out six pathways and investigates whether and how young people's aspirations and goals for the short term were realised. The paper argues that among this group of young people who were in local authority care the dominant positioning is of self-responsibility for achieving plans, in line with individualist thinking. But such positioning is an overly optimistic picture; many barriers to the realisation of plans were also evident.

## Keywords

Care leavers; aspirations; educational pathways

## Introduction

Continuing in post-compulsory education is an effective protective factor for care leavers entering adult life, but, even for those with apparent 'educational promise' it is not always realised. Since 2000, the Department for Education (England) has introduced successive policy measures to address acute educational disadvantage for young people in and leaving public care including making the promotion of educational attainment of children in its care a statutory duty of local authorities (Children Act 2004), making the admission of children in care to schools for which they are suitable a priority (Children Act 2008), giving a senior official responsibility for looked after children's attainment in each local area via a 'Virtual School' and enabling young people to 'stay put' in successful foster placements post 18

(Children and Families Act 2014). In 2016, the government Care Leavers Strategy reiterated that reaching one's full potential was a key policy ambition for care leavers 'whether that is going to college or university, taking up an apprenticeship or getting a skilled job' (DfE, 2016: p30).

But the disparity between the educational attainments of children aged 16 who have been in local authority care for at least 12 months and those who have not been in care remains stark. In 2016, 17.5% of children in care achieved an officially described 'good' level of educational qualifications (five GCSEs graded A\*–C) at age 16, compared to 58.8% of children who had not been in care (DfE, 2017). Furthermore, 7% of young people who had left care and were in touch with their local authorities and aged 19–21 years were in higher

education, defined as studies beyond upper secondary (A level in England) (DfE, 2017), compared with about 48% of all young people (DfE, 2016). These figures indicate that the upper secondary education phase is particularly problematic, yet, as Geiger and Beltran (2017) point out, most young people in care aspire to attend college, and 19-year-old ex-fostered Californians are optimistic about their futures (Courtney et al., 2016).

Educational participation and success are structured by parental background (Desforges & Abouchar, 2003), closely associated with social class (Halsey, Heath & Ridge, 1980). As children who are looked after largely come from the most disadvantaged socio-economic backgrounds (Bebbington & Miles, 1989) low levels of educational qualifications might be expected. Children who are 'in need' of additional support but are not looked after in care in England do worse, educationally, at age 16, than those in care (Sebba et al., 2015). Children from low socio-economic status family backgrounds are much less likely to attend universities, particularly high-status universities, but differences in academic achievement do not explain all the variance, suggesting other factors are at play (Jerrim, und).

The ways in which young people position themselves in relation to their futures, their sense of their own possibilities and their capacities to lead changes in their lives is significant in explaining choice-making in relation to education. Furlong (2009) argues that the link between social class and education is highly influenced by individualist rather than class-based orientations. Young people seek individual solutions that are still clearly class related but "this does not signal the death of class or invalidate approaches that utilise information on structural location as a way of understanding outcomes, nor does it suggest that young people lack an awareness of the link between resources and life chances" (Furlong, 2009: 349). The individualisation thesis (Beck & Beck-Gernsheim, 2002) argues that instead of fulfilling preordained social categories or following traditions associated with church, family or state, young people are increasingly shaping, and held to be responsible for shaping, their own biographies, with adherence (or not) to multiple reference groups, with multiple options. The 'freedom' that comes with self-responsibility is accompanied by 'risks' such as a

lack of certainty about one's choices and who reliable others might be. Care leavers and their educational pathways might be seen as an acute case of individualisation. More or less cast adrift by the welfare system at age 18 or 19, just at the point when their age contemporaries are entering higher education, and in the context of insecure employment-based alternatives, how do they consider their options and what decisions do they take? Explanations for care leavers' access to and success in post-compulsory education are clearly structured by their origins, not just in relation to family of origin (Berridge, 2017) but also in relation to gender, race and ethnicity, as well as former 'in care' status (Geiger & Beltran, 2017). Care leavers often have delays in acquiring qualifications, multiple responsibilities and demands on them as well as a high degree of personal motivation (Jackson & Cameron, 2014). They exercise agency and show resilience (Berridge, 2017; Harvey, Campbell, Andrewartha, Wilson & Goodwin-Burns, 2017).

### Study aims and method

This paper offers a critique of the individualisation thesis from the perspective of care leavers in England. Realising ambition for care leavers is a complex process involving individual determination as well as familial and structural barriers and facilitators. The aim is to track the changing fortunes of a group of young people leaving care who had been selected for having educational promise at age 16. The data are drawn from the EU-funded 'Young People from a Public Care Background: pathways to further and higher education in Europe' (known as YIPPEE) that took place from 2008 to 2010 in Denmark, Hungary, England, Spain and Sweden. This paper reports on data from England but the thematic findings are similar in the partner countries. The first of its kind in Europe, the study was a mixed methods design including national and local analyses of policy and practice and secondary analysis of large scale data sets as well as biographical narrative interviews with a total of 170 young people aged 18–24 years and with adults selected by the young people as having made a difference to their educational lives. Interviews with young people took place at two time points, approximately one year apart in order to track the realisation of their educational trajectories and the barriers and facilitators that frame those trajectories, inspired by the qualitative

longitudinal biographical approach of Henderson, Holland, McGrellis, Sharpe & Thomson (2007). Using a biographical approach that included constructing a timeline, we gathered data on present and past lives in relation to birth and alternative families, care placements, school, out-of-school activities, personal relationships and friendships, employment, voluntary work, health, housing and criminal activity. The interviews started with an invitation to talk about 'current concerns' and ended with a section on 'hopes and dreams', when participants were asked about their aspirations for their future lives in one and five years' time.

Recruitment in England was difficult and protracted as is common with this group of young people (Berridge, 2017; Wigfall & Cameron, 2006). We asked leaving care teams in five local areas with contrasting socio-economic characteristics to nominate young people as potential participants. Eligibility criteria for educational promise were set at having at least one GCSE pass that would enable the young person to progress in further education but even with this low bar nominations from leaving care teams were few. Ethical procedures in place at the coordinating institution, the UCL Institute of Education, were followed, using 'opt in' informed consent explicitly allowing for withdrawal of participation at any time. Young people were offered a financial 'thank you' voucher of £20 for their time and expertise. Only 32 of the target 35 could be recruited in the timeframe (17 female, 15 male). At follow up one year later (T2), 23 of the original sample could be traced. The second interview, held by phone, was shorter, and focused on the present, the last year, and the future. In this interview, young people were asked to evaluate the realisation of plans and about their own role in, and control over, what had happened. Another 'thank you' voucher was sent. Participants chose their own pseudonyms, used here.

With information at two time points and, with young people's detailed accounts, this is a pragmatic longitudinal study. The case for a longer term, prospective study of English care leavers is still there; secondary analysis of cohort studies give us important but retrospective data (Cameron et al., submitted) while we do not have an equivalent to CalYouth, a large scale study with repeat follow ups (Courtney et al., 2016).

For the current paper, data from the young people will be examined at T1 and T2. The main analytic focus is whether, and the extent to which, aspirations voiced at T1 were realised at T2. Earlier analyses presented project data in terms of six pathways through post-compulsory education based on T1 data (Hauari with Cameron, 2014). Each pathway clustered a wide range of contextual, individual and structural barriers and facilitators (Ball, Maguire & Macrae, 2000), including the extent to which study participants saw possibilities for themselves, termed 'horizons for action'. Young people's horizons could be 'limited' such as ambitions being confined to the immediate vicinity such as the local shop or college, or 'extended', which was when young people imagined themselves in the abstract such as travelling overseas or going to university far away from their home town (Ball et al., 2000). We adopted Ball et al.'s categories and introduced two new ones: 'alternative traditional' and 'building a life' to suit the particular experiences of unaccompanied asylum seekers in our sample.

The present paper will build on the pathway analysis and show what happened to the young people between T1 and T2 from the perspective of individualisation and self-talk about futures. At T1, 25/32 participants were in education, of which 12 were in higher education. Nine of this group also had some employment and two of the remaining seven were in full-time work. Ten were unaccompanied asylum seekers and sought asylum on arrival in the UK. Twenty-six were living on their own or with a partner and just three were living with a foster family. Thirteen had contact with their birth family and two reported support from an adviser. Six reported health problems. Support with education was rare from birth families and many had suffered a parental bereavement. Seventeen young people cited at least one care placement that had been unsupportive. Where foster care worked well, it was an extremely important facilitator of educational aspirations (Cameron, Jackson, Hauari & Hollingworth, 2012).

## Pathways through post-compulsory education

The main pathway dimensions were: educational activity; practical and emotional support; immigration status; employment; health and/or caring responsibilities; informal learning; and horizons for action. We named the six pathways:

- i) *Traditional A levellers*: ten young people (seven women, three men) who had taken A levels and were either at university or had a firm offer of a university place (all but three had incurred some delays along the way). Aiming at graduate-level jobs, most had some experience of informal learning through voluntary work and/or employment while a student.
- ii) *Alternative traditional*: six young people (four women, two men) who had arrived in England as unaccompanied asylum seekers and joined schools too late for the full two-year GCSE course but had navigated their way through a range of qualifications and were en route to or in higher education. Aspirations blocked by not holding the right to work or live in the UK indefinitely as adults.
- iii) *Ordinary young lives*: two young women who were academically able but whose commitment to home communities, families and non-academic interests made higher education less important.
- iv) *Futures on hold*: six young people (four women, two men) for whom poor health, bereavement, or caring responsibilities had had a lasting impact on their educational plans. Constant shifts between crisis and stability in their home lives.
- v) *Home-based locals*: four young men who were not in employment or education, and whose horizons for action were highly localised. Strong attachment to their mothers, despite difficult relationships, few or no peer relationships or informal learning interests.
- vi) *Building a life*: four young men who had arrived as unaccompanied asylum seekers, held few educational qualifications and whose ambition was limited by a lack of competence in English, and by their immigration status, but who held a quiet determination to establish themselves.

Despite the diversity of pathways, only two, 'Traditional A levellers', and 'Ordinary young lives' were secure in their orientation to their own futures: for the rest, structural factors such as access to citizenship or the right to work, or employment, or familial or individual factors such as health and caring commitments, acted as

barriers to their ambitions. Second, although the sample was more or less equally composed of men and women, men were much more commonly found in the four less secure pathways (12/15 men were represented across 'Alternative traditional', 'Futures on hold', 'Home-based locals' and 'Building a life'). Young people who arrived in the UK as unaccompanied asylum seekers, particularly males, are over-represented in this sample, and the insecurity of immigration status was a dominant theme of their accounts. Third, nearly all the young people engaged with the idea of learning as a route to securing their own futures (less so among 'Home-based locals'). As most participants were in education at the time of interview this may not be surprising. But until recently, care leavers were assumed to be academically unambitious (Jackson & Sachdev, 2001). Having set out the heterogeneity of this group of care leavers, the next sections discuss the young people's aspirations at T1 and achievements at T2.

### Self-talk about futures at T1

Study participants had modest and practical future aspirations in line with Brannen and Nilsen (2002). Asked about hopes and dreams for the next year, education was identified as key to the realisation of their hopes for other areas of their life such as employment, financial security and accommodation:

"If I don't go for further studies there's no way I will be able to support myself and my son. So having education is so important."  
[Sheila, age 23, female, Black Ugandan, Alternative traditional]

Those in education wanted to continue and complete their courses. Eight young people hoped to have started a degree course and a further four planned a further education course within a year of interview. Their past achievements and current progress suggested this was a realistic goal. Other goals held at T1 interviews were to find employment, either temporary or part time, to fit in with study or home commitments, or full time; more suitable accommodation; three wanted to continue to be in fulfilling personal relationships; four wanted to travel, as part of, or as a planned break from, studies; and six wanted to learn to drive.

In five years' time, 23 participants aspired to have a full-time job that was stable; a so-called 'good' job that they would find fulfilling. Ongoing

learning was a major route towards achieving this goal. Thirteen study participants cited education and achieving further qualifications as part of their five-year ambition. In five years' time, ten young people wanted to be living in their 'own' house, in a 'nice', 'safe' area, supported by a mortgage. Several young people talked about their frustrations of living with birth family or in shared accommodation and of how much they wanted to achieve independence not just in terms of their own space but also not having to rely on financial support from the local authority for housing. Having children, lasting personal relationships and fulfilling leisure pursuits were not generally seen as realistic in the next five years. They wanted what they referred to as what 'ordinary' people have, a good career or stable employment, financial security, their own accommodation. Five young people specifically stated that they did not want to have children at all in the future.

Overall, self-talk about futures at T1 focused on completion of education and securing employment, despite the delays, competing commitments and structural barriers they faced (Hauari with Cameron, 2014).

### Self-talk about achievements and aspirations at T2

At T2, ten young people were enrolled on or just finishing a BA degree course (seven 'Traditional A levellers' and three 'Alternative traditional'), one was doing an NVQ Level 3 award ('Ordinary young lives'), and another on a Level 2 BTEC Diploma course ('Building a life') (both of the last two were being carried out alongside employment). Eight had a main activity of employment, such as in a restaurant, a garage, as an assistant gardener, stacking pallets on nightshifts, a shop assistant, preschool assistant, childminder and in a school (drawn from across all pathways). Four were unemployed: of these, one woman was a hospital inpatient, one was a full-time mother, and two were looking for work (male) ('Futures on hold', 'Home-based locals' and 'Building a life'). Four of those on BA programmes or about to finish them had part-time work alongside their studies and four were doing voluntary work. However, focusing on main activity neglects the complexity of the young people's lives and the absence, for virtually all, of a linear trajectory through education to employment and financial independence. Table 1 presents six

pen portraits drawn from T2 data, one from each of the pathways, so as to exemplify the combinations of issues the young people were facing.

### Fulfilling aspirations?

The extent to which study participants fulfilled their one-year plans between T1 and T2 was very mixed. Their accounts are divided into three: those who had fully, partially, and not achieved their goals.

#### Fully achieved short-term goals

Of those who had specific short-term hopes and dreams at T1 and participated at T2, seven had fully achieved their one-year aspirations. All seven of these young people had short-term aspirations centred on higher education; four had just completed their university degree course and three were in their first year at university. One of those who had completed their undergraduate degree had also achieved her ambition of being accepted onto a masters degree course. These young people might be considered as members of Stein's (2005) 'moving on' group.

#### Partially achieved short-term goals

Eight young people had partially achieved their short-term goals between T1 and T2. Gillian had successfully completed her FE college course but had not started at university as she had intended at T1. She stated that she had not received the support she needed from the leaving care team or her family to enable her to maintain two places to live; her flat in her home city and student accommodation away at university, so she had decided against university. Instead, Gillian was working part time in a pub having not been able to find full-time employment. Holly had completed her degree course but had not been able to find employment; she had taken up a voluntary position with a national youth charity, which she hoped might lead to a paid position in the future.

Marco, who had come to the UK as an unaccompanied asylum seeker, had been granted permanent leave to remain in the UK and had successfully completed his FE course but had not been able to find any paid employment. Bara had also been granted permanent leave to remain in the UK but had not completed his education course, having withdrawn in order to find a job once he received the legal papers that permitted him to take up employment. Masud and Pamy were

continuing to do well in their studies but their immigration statuses were still not resolved; this was of particular concern for Pamy as completion of her degree course was dependent on her undertaking a year's work placement, which her current legal status did not permit.

Katie had achieved her short-term goal of completing her A levels but had not secured the grades she needed to study the course of her choice at university. In view of this, she had adjusted her plans and was about to begin a vocational course that she hoped would still lead to career in law. Catriona had also partially achieved her short-term hopes and aspirations, she had full-time employment as she had hoped but in a slightly different field than she had intended at T1, although she was very happy in her role in a pre-school rather than as a teaching assistant and was taking an NVQ course alongside her employment:

"I was aiming for teaching assistant but got this job, so it's pre-school assistant, it's really quite similar just a bit younger children. But it's working well and I get on with all the staff and I'm doing my NVQ." [Catriona, age 20, female, White]

Some of this group were 'moving on' in themselves, having adjusted their visions, but others were held back by structural factors such as immigration rules.

### Not achieved short-term goals

Eight young people had not achieved their short-term aspirations by the T2 interview. Louise had become very ill during the year between T1 and T2 and had to be hospitalised. This meant she had had to drop out of the access course she was taking, meaning her plans to go to university had been seriously delayed:

"I was doing really well until I got ill. ... my grades were good and yeah I was really enjoying it, my attendance was really good as well, like I didn't miss a day and ... I ... got accepted for uni as well. Which was ... really nice, because I would have obviously finished the access course and then I would have gone to uni ... but obviously I've got to repeat the year." [Louise, age 20, female, White]

Two young people had not started at university as they had hoped at T1; Lucy had not been able to secure a place and so had deferred starting university for a year having been accepted on a degree course at a less prestigious institution.

Connor had to postpone attending university due to a complete breakdown in his relationship with his foster carers, which culminated in his foster mother destroying his laptop containing all the work he needed to support his application to university:

"There was a point that I suggested moving out...she didn't like it so she smashed my computer up, my laptop which had all my university work on it, which messed my chances up of going uni. That's why I'm having to take a year out now to get money and then next year go to university. [Connor, age 19, male, Black British]

London had not managed to complete her final year at university due to a combination of loss of motivation and an overwhelming amount of coursework – the result of a restructuring of her degree course that meant an increase in the number of modules that needed to be completed in the final year. She was hoping to be able to re-sit some of her modules during the next academic term but had yet to secure permission to do so. Patrick, who was unemployed at T1, had sought but been unable to find any form of employment over the course of the study period and was still unemployed at T2. Most of this group were in the group Stein (2005) called 'surviving' with episodes of unemployment and precarity in health and relationships. There were no examples of Stein's third group (strugglers), perhaps because of the sampling strategy, which focused on those with educational promise.

### Sense of control over events and decisions in the past year

To a large extent the young people felt they had control over the events in their lives and articulated their sense of control through asserting that 'it's all down to me'. This often reflected their past childhoods of being alone and responsible for themselves and often younger siblings or parents. They had often, in contrast to their age peers not in care, had sole responsibility for their finances and were living in 'independent accommodation' once they had left care where they were responsible for bills, visitors, tenancy agreements and so on. They were good examples of living what Mike Stein called "accelerated and compressed transitions" to adulthood (Stein, 2005) and of "self-reliance" (Cameron, 2013). Table 2 sets out the young

people's responses to a question about the realisation of their plans.

Eleven of the young people thought that realising plans was, without reservation, their own responsibility. Twelve were either unsure, thought it was down to them but could see real barriers to achieving their plans or believed realising plans were out of their control, including all those in the 'building a life' pathway and one, Pamy, whose legal

status meant she could not get a placement to finish her degree programme. It is noteworthy that all the young people in the 'futures on hold' pathway believed they were themselves responsible for progress, including Louise, whose health issues were serious. Similarly, elevated risk of external locus of control among fostered young people is noted by Wijedasa (2017).

**Table 1. Current activity and support available: six pen portraits at T2**

Pathway representative	Education/employment/voluntary work	Emotional and practical support
Traditional A levellers Gabrielle	Studying for a BA Social Work; employed three days a week in a shop; does some mentoring for social services when asked; volunteers in a home for the blind. "They want to train me to work with them".	Problems obtaining resources from local authority. Got £500 for desktop computer after long argument.
Alternative traditional Finan	In the middle of revision period for exams. Not sure he will pass. Has to miss classes to do cash-in-hand work. "I live day by day", "I cannot set my mind to do my revisions or finish my coursework". Voluntary work with cancer charity.	Uncertain legal status, waiting long time, could not get student loan or work without papers. Supported by friends and charities. The leaving care service terminated support because did not have correct papers, even though he was in higher education. Friends helped with tuition fee. "It's not really too bad, but you don't feel really comfortable living with friends."
Ordinary young lives Catriona	Working as preschool assistant and loves it. Always been involved with children. Doing NVQ Level 3 which is "quite boring and way easier" than A Levels. Did outward bound course and got nominated for a special needs award. Saved up for half the cost. Finished Duke of Edinburgh awards. Attends gym and dance classes.	Same accommodation (as T1) but planning to move as "desperate". Got in a "mess" with finances and getting a housing support worker to help. Contact with family difficult. Leaving care team "talk rubbish".
Futures on hold Alex	Working full time in council nursery as assistant gardener. Secure, good job but poor pay. Left degree course in computing to go into gardening and says it was the right decision.	Breaking up with wife as "fed up with her rules". We "reinforce each other's negative sides". It was my decision and I should have stood up for myself more. Contact with family quite often but not foster carers.
Home-based locals Patrick	Is searching for a job after having moved into a bungalow. No one is hiring in his area. No hobbies.	Has regular family contact. Some contact with ex-foster carer, and with leaving care worker.
Building a life Mervyn	Starting new job with a food company three days a week. Studying for Level 2 BTEC diploma in web design three days a week. Voluntary work with disabled person, of which he said: "I do it because I think I will need it when I'm older". "I'm so busy at the moment I wanted to just concentrate on my study."	Legal status uncertain; case with Home Office for some time. Had support letters from council and did presentation for refugees. No help from leaving care service: "my social services were a bit racist"; "I had to leave house because council would not pay rent. I was earning more than [the limit]." "They used to pay me £21 for the bus money and they cut it while I'm still in college." "There was an argument between local authorities about who was responsible for helping me. I was homeless for three months/couch surfing with friends."

**Table 2. T2: Young people's realisation of plans and sense of control**

Pathway	Id	How much is realising your plans down to you and how much is outside your control?
Traditional A leveller	Barnaby	Much more in control than previously. Making positive choices. Has finished university and is confident about plans to make a living.
	Holly	"It's quite in my control but not at the same time. I'm just not sure".
	London	"Maybe it's all my fault [not completing university this year] and that's fine as well, I don't really know, not graduating this year was a plan, I don't look at it as [if] I'm never going to graduate. I had no problems doing GCSE maths over and over again to get the desired result that I believe I should achieve. I don't want to look at it as a mistake ... it's just a deviation off the set plan".
	Frazzle	"I am firmly set on what I want to do [complete university course]. It's down to me, nobody can make me do a degree, I want to help people to resolve issues. Took me years to get over my issues... mum dying to realise there's more to life than doing nothing".
	Tom	"I think I'm doing well. I am fed up with tutor at uni. Uni is my focus at the moment. You don't know where to go for help, where to go and ask for help. It's very difficult to rent [equipment for course], they cost a lot of money. And having no support, you can't actually afford to rent it."
	Lucy	"Had to fight hard to get into university. Filled in form on my own. Rely on myself completely. Just want to focus on completing university. Will sort out finance. It's all down to me."
	Honey	"Yes, it's very much down to me, needed good grades, studied hard, got into [univ] to do biomedical sciences. Application for right to remain pending for two years; can't do anything about that, can't travel. Confident that status will be made permanent but just need to wait."
	Gabrielle	"It's down to me, that's how it has always been, and who I am today. Being put in care and taken from my siblings at such a young age, I was forced, I had to fend for myself, sort out my own problems, that's just how it is. Once you get your own place its yahoo, but there is no one, literally no one there. You are on your own."
Alternative traditional	Sheila	"Things going well, nothing has not worked out. All help was stopped when leaving care manager changed and things were tight financially but I managed."
	Bebeto	"I think it mostly relies on me. But maybe family and friends support morally, not financially, but most of it relies on me [searching] for the right course. I'm not enjoying Business Studies at all, I'll have to find another way. I would like to move. I don't want to live in a flat anymore."
	Finan	"To get the best grades in my degree is one of my priorities. Short-term plan is to pass exams, get work experience in financial sector. If I get papers, I will get a student loan to help me financially, get work experience and get a job. Any evening job or anything. No more studying, I want to work. It's not just the [immigration] papers, I really have to work hard on my education and work experience. And I have to have contacts from that as well, you know, where I could work."
	Pamy	"Outside my control. I didn't get a placement because of my status, my current situation. Main goal is education ... to be successful in my degree."

Table 2 (cont.).

Ordinary young lives	Jane	Gave up plans to be a midwife as did not fit with childcare arrangements. Unsettling time following separation from boyfriend led to postponing university. Gave up plans to move cities because of practical constraints – access to housing and childcare and leaving care support only available in home town.
	Catriona	“I can do my best. It’s up to others to decide if I can be accepted”.
Futures on hold	Louise	“It’s a bit of both really. I mean obviously psychiatric illness is out of my control, but I can learn to deal with it and I can learn to live with it. The only thing holding me back at the moment is the illnesses. “
	Donna	“I’m still in touch with [leaving care worker] but I don’t need to discuss my plans [to return to college, get a job, arrange childcare] with anybody.”
	Conor	“Very determined [to achieve future goals].”
	Alex	Planned to leave computer course and did so. Got job as apprentice gardener and now trainee. “It was my decision to break up with [wife]. I just accepted it for a long time. I should have stood up for myself more. A lot of it [achieving future plans] is up to me because I’m willing to put in the effort.”
Home-based local	Patrick	“Plans [housing, contact with family, employment] have worked out alright”.
Building a life	Mervyn	“I don’t know. I’m not really chasing it [Home Office application], but my solicitor sometimes phones me. I had support from councils, they wrote support letters. I did presentations for refugees. They say you gave so much to this country, so I don’t know why that they do that to me... I went to MP. I’m still waiting.”
	Bara	“I’m just waiting....still waiting just Home Office give me permission or refuse me. Life will be alright. Now it’s very different from two years ago. I didn’t know so much. Slowly, slowly, it will be alright.”
	Marco	“It’s [completing course] not down to me: I can’t do the technical English classes only general vocabulary; there are no technical language classes at all.” Feels a bit trapped.
	Masud	“Just now no passport, not a lot of choices. Will see about higher education after [completing] Level 3 course.”

### **'It's down to me' – what does it mean?**

That so many of the young people thought of themselves as responsible for achieving their own aspirations might be seen to fit the individualisation thesis with its articulation of a new freedom, to constantly negotiate forms of identity and self-concept without the constraints of being viewed through the lenses of the past. In this understanding, the individual is the basic unit of social reproduction (Beck & Willms, 2004), and the individual has to make choices about their lives, a narrative that makes sense to them.

According to Beck, normative barriers that structured choice-making in the past have begun to dissolve, or have dissolved, as have expected roles and distinctions along gender, ethnic and class lines. Beck refers to a 'fluid structure' of late modern society, where individual agency is perhaps the most significant organising factor. Beck argues that individualisation does not mean freedom to choose or complete isolation in choice-making, although these are possibilities. More often, individualisation means that the responsibility of choice-making rests with the individual, who must negotiate, inform themselves, and take decisions that contribute to the construction of their own life. Beck argues that key domains for individualisation are the family, and the fragmentation and diversity of family forms is some evidence for this, and education, spurred on by the mass expansion of higher education, with ideals of pursuing one's own goals (Beck & Willms, 2004).

But individualisation also brings insecurities and constraints of its own, particularly for those with few negotiating skills or material resources. There are risks. One risk is that making choices happens with few certainties such as previous experience in the family, or cultural traditions, on which to base decision-making, so generating insecurities in the individual (Bryderup, 2010). This 'risky freedom' (Beck and Beck-Gernsheim, 2002), where young people hold intense responsibility for their own lives, is often reinforced by social policies that focus on individual plans and outcomes rather than state or social responsibility for their wellbeing. England's 'targeted approach' (Hauari with Cameron, 2014) is a good example of this individualist strategy, as is the process of preparing for leaving care through a succession of individually oriented planning meetings from the age of 15 years. For the young people in the YIPPEE study, choice-making was, in

part, inspired by personal determination, but also channelled by the expectations of professionals around them, as well as financial resources to allow them to take up places at universities. It is unlikely so many would have been talking in terms of higher education ambitions prior to the introduction of policies and practices to support this, including bursaries designed to enable take up of places.

Individualisation is taking place in an advanced neo-liberal society in which young people are increasingly positioned as entrepreneurial subjects (Smith, 2011) whose agency is linked to instrumental knowledge and expertise (Dahlberg & Moss, 2005). No longer passive recipients, young people are participants in constructing and constituting their achievements and wellbeing, in ways that are amenable to measurement, such as progress in education or examination certificates (Smith, 2011). Kryger (2004: p154–5) argues that this represents a shift whereby 'children [like adults] are not only obliged to shape their own learning, but also to take responsibility for this shaping'. In this view, young people are seen as 'autonomous choosers' (Marshall, 1996), and lack of engagement through 'choice' or material disadvantage or structural barriers in 'choosing' is rendered problematic or even a personal or familial failing (Smith, 2011).

These shifting expectations of what it is to be a learner, or a young person, suggest that the discourse of 'it's down to me' would be very familiar to young people leaving care from everyday talk among peer groups, reinforced by the messages of professionals in education and in leaving care services, and, often, lack of support for realising educational plans from foster carers and/or parents.

However, the experience of individualisation is not necessarily equal, across social class, cultural identity or country borders and the individualisation thesis is somewhat optimistic (Vandenbroeck, 2007). That just 7% of young people from a public care background attend higher education, about a seventh of the proportion of young people overall (DfE 2017b), reinforces the long-standing association between social class, parental support and educational attainment in the UK (Halsey, et al., 1980; Desforges & Abouchaar, 2003). The experiences of the educationally 'promising' young people in the YIPPEE study was that over one year, only a minority had fully achieved their short-term

goals, suggesting that while they have an 'education ethic' (Cameron, 2013), the practical barriers of following it through remain powerful despite policy intentions. For some, these barriers are absolute, such as long delays in waiting for Home Office decisions on their right to remain in the UK, for others it was practical constraints such as accessing childcare or housing, or resolving health problems. The thesis of individualisation, although a prominent discourse in the ethos of self-responsibility and self-reliance that pervaded accounts of how to achieve ambitions, does not account for the practical barriers, and lack of, or certainly mixed, progress that many young people experienced between T1 and T2. It is rarely enough to believe oneself to be responsible and envision oneself as self-reliant in order to achieve goals. In some cases, ascribing self-reliance may in fact be to reject practical and emotional support and in consequence to delay the achievement of goals. Donna, for example, said "I don't need to discuss my plans with anybody". This highly agentic view of herself and the complex practical arrangements she needed to secure further study may reflect a habitual necessity through childhood and a lack of responsiveness from professionals and family members as well as a growing societal discourse of responsibility for choice-making.

## Conclusion

YIPPEE study participants were not representative of all care leavers. At age 16, they had acquired some educational qualifications and

had shown the potential for further study, while around 30% of care leavers do not acquire any qualifications (DFE, 2010). However, such potential was not always followed through either in post-compulsory educational pathways nor in the realisation of short-term goals. Only those with traditional A levels or who were pursuing non-academic interests in their home communities had a sense that their goals might reasonably be realised. Even among these young people, who were largely of the view that securing their futures was down to them, there were those who perceived barriers to attaining their goals.

The perception that 'it's down to me' for young people from public care backgrounds is not just a reflection of individualised discourses of ambition, supported by individualised care planning, and normative societal expectations of driving one's own narrative through education and eventual employment, important as these are. It is also a reflection of competing, and powerful, policy and practice influences, as well as family backgrounds. For those who had arrived as unaccompanied asylum seekers, realising plans was often seen as out of their own control, putting them in an official limbo, wherein it was difficult to complete their educational programmes, or obtain work, forcing some to rely on friends and the informal economy for survival. For other young people, the narrative of 'it's down to me' was still strong but emotional and practical obstacles, such as relationship break up, or overload of module assignments, meant a reshaping of their plans and aspirations.

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# Tracking the Gendered Life Courses of Care Leavers in 19th-Century Britain

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## Abstract

The adult outcomes of children raised in care are a matter of much concern in Britain today. Care leavers account for a quarter of the adult prison population, a tenth of the young homeless population, and over two thirds of sex workers (Centre for Social Justice, 2015: 4). This article argues that, by contrast, the first generation of boys and girls passing through the early care system were more likely to have experienced a modest improvement in their life chances. It explores three key questions. First, what mechanisms shaped adult outcomes of care in the past? Second, did these vary by gender? Third, what might life course approaches to these issues gain from engaging both with historical- and gender-inflected analysis? The article draws on our wider analysis of the life courses and life chances of 400 adults who passed through the early youth justice and care systems as children in the northwest of England from the 1860s to the 1920s. These systems were closely interlinked. Within that, the article focuses on the experiences of a subgroup sent to a more care-oriented institution. It compares their collective outcomes with those of the wider group and within-group by gender. It offers a selection of case studies of women's lives before and after care to highlight the value of, and challenges involved in, undertaking gender analysis in life course research of this kind.

## Key words

Adult outcomes of care; life course; gender; child removal

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## Introduction and context

Over the course of the 19th and early 20th centuries, over half a million children passed through institutional care in Britain. To date, no study has attempted to assess the adult outcomes for those involved. Until recently, such an approach was practically impossible, given the difficulties of

tracing the trajectories of individuals born in that period, and especially given that the vast majority were drawn from socially marginal but also mobile households. In recent decades, however, the large-scale digitisation of historical sources has opened up new research methodologies that can generate

new kinds of data to answer new kinds of research questions. Crime historians have been at the forefront of both digitisation and life course approaches in Britain (for overview, see Hitchcock, 2013; Godfrey, 2016). Historical research into the development, delivery and impacts of the care system has also been extremely insightful (Hendrick, 1994; Murdoch, 2006) but has not, thus far, made extensive use of these new approaches.

This article draws on a wider project investigating the impact of Britain's early state-sponsored youth justice and care systems across the life course. These two systems were closely interlinked in the 19th and early 20th centuries, indeed they were imagined by many reformers at the time to be part of a necessarily unified response to the interconnected challenges of child poverty, child neglect and child crime. One concrete manifestation of these interconnections came in the form of two new training institutions set up for children in the 1850s: industrial and reformatory schools. Our wider study focuses on the experiences of 400 children passing through three of these institutions and one allied independent institution in the northwest of England from the 1850s to the 1920s (Godfrey, Cox, Shore & Alker, 2017). This article focuses on the 171 children within our sample who were sent to Stockport Industrial School, a residential training home set up to care for vulnerable children considered at risk of falling into a life of crime<sup>1</sup>. Overviews of these institutions, together with a summary of our method of researching them and their impacts, are set out in more detail below.

Industrial and reformatory schools were just two among a large variety of institutions involved as 'providers' of care to children. The largest provider was the local state through its local iteration of the national poor law system. From the 1830s on, local poor law officials were encouraged by central government – but also by their own rate-payers – to move away from 'outdoor relief' in favour of 'indoor relief' in an effort to curb spiralling relief costs and to break perceived patterns of dependency. In practice, this meant that thereafter, they opted, where possible, to assist pauper families by admitting them to their local workhouse rather than giving them cash or in-kind support and allowing them to remain in their own homes (Crompton, 1997; Crowther, 1983; Humphries, 2013; Murdoch 2006; Sheldon, 2013). Families

admitted to the workhouse were routinely separated, with the children sent to separate wards or, as the century progressed, to separate institutions or poor law 'cottage homes'. Some have argued that this orchestrated and widespread 'child removal' was used as a deliberate tactic of governance to 'incentivise' the destitute to change their habits (Doolittle, 2014; Ward, 1990, 2016). Certainly, this practice did a great deal to cement child removal as a troubling policy norm in the early British welfare state. In turn, this is likely to have helped to lay the normative foundations of child removal across British colonies and provided a core model for the later removal of large numbers of indigenous children by settler populations in Australia and Canada (Cuthbert, Spark & Murphy, 2010; Jacobs, 2009; Swain & Hillel, 2010). There has been no large-scale study yet completed of the adult outcomes of Britain's workhouse children – one of the largest groups to experience institutional care.

More studies have, however, been undertaken around the experiences of another large group of historical 'care leavers': those sent, again on a massive scale, to homes, orphanages and institutions provided by the voluntary sector across this period. Most of that provision was made by faith-based charities, many of who came to view child removal as one of their core activities. From the 1870s on, the scale of this work expanded further as large charities moved to operate on a more corporate footing and on a more national scale. The Church of England's Incorporated Society for Providing Homes for Waifs and Strays, for example, was set up in the 1880s and would go on to house thousands of children in an (inter)national network of institutions and fostering schemes spanning Britain, Australia and Canada. Still operating today as the Children's Society, and still a major care and child service provider, this organisation's archives and personal case files have been used extensively by historians (Cox, 2003; Murdoch, 2006; Sheldon, 2013; Ward, 1990; Soares, 2016). Current studies that cross-reference this archive with others are beginning to address the issue of the adult impacts of care (Skinner, 2016).

Industrial and reformatory schools were set up by statute in the 1850s and modelled on existing child institutions run within the poor law and the voluntary sector as well as on previous juvenile prison experiments. All were certified, inspected

and part-funded by the state. However, the majority were managed, staffed and mostly funded by the faith-based voluntary sector. Industrial schools admitted those under the age of 14 found guilty of committing an offence or judged to be in need of protection. Reformatories admitted offenders up to the age of 16. They offered basic education and training in a trade and most offered post-custodial supervised employment on release. The two institutions were amalgamated to form 'approved schools' in 1933. Thereafter, and notably with the expansion of the welfare state after 1945, they were much more firmly associated with the justice system rather than the care system which, in turn, then expanded its own institutional provision. Other historical accounts of industrial and reformatory schools have examined their early influences and formation (Stack, 1994; Shore, 1999; Gear, 1999), later reform (Carlebach, 1970; Bailey, 1987) and experiences of staff and young inmates (Cox, 2003; Sheldon, 2013). None, to date, have used life course methods or conducted a systematic assessment of adult outcomes.

### Historical life course methodology and sample

This article analyses the adult outcomes of 171 children sent to Stockport Industrial School (SIS) in the northwest of England. These individuals were randomly selected from entries within SIS admissions registers across the two time spans used across our wider study: (i) 1855–1870, (ii) 1890–1927. We chose 1855 as a start date to capture some of those sent to a state-certified reformatory during their first year of operation. We chose 1927 as an end date to capture some of those sent to a state-certified reformatory or industrial school in the year that the Home Office recommended that these two institutions should be amalgamated – thus effectively ending this first phase of their history. Our core sample is therefore drawn from across the first generations of children to pass through these new youth justice and care institutions.

The sample is predominantly male: 151 boys and 20 girls. This is broadly reflective of gender ratios within admissions to all industrial and reformatory schools across the period concerned and, indeed, of all court proceedings involving juveniles across the same period, where gender is documented (Cox, 2003). By contrast, women made up a larger

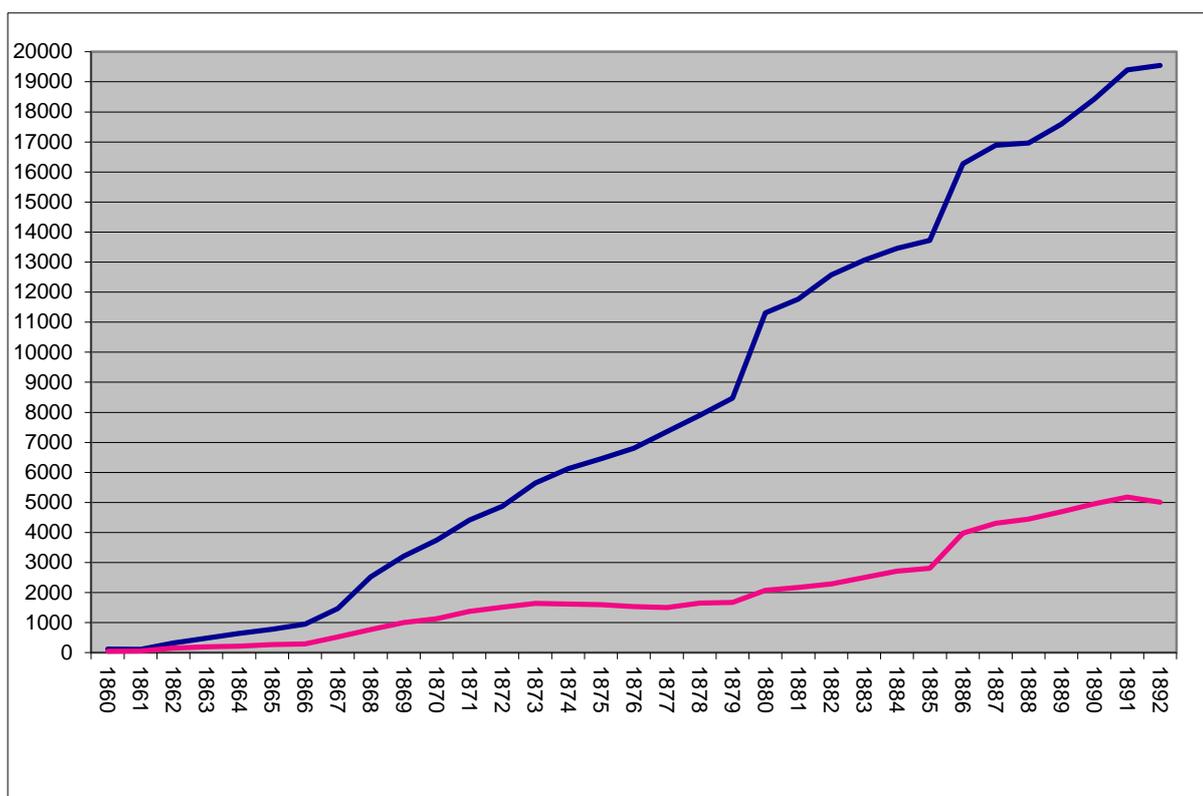
proportion of adults appearing in court and of those sent to prison. One recent historical study of adult criminal life courses in the same region covered by our analysis was based on a sample made up of 82% men and 18% women (Godfrey et al., 2007).

Girls routinely accounted for between 5% and 10% of both court proceedings and these institutional admissions, as the figures below illustrate.

Aside from the fact that they were sent in low numbers into this form of institutional care, there are further challenges in studying the adult outcomes of these girls. The similarity of names and ages amongst any female cohort in prison, the workhouse, or a reform institution, means that identifying unique girls and women is difficult. If they married, and adopted their partner's surname, this task is made even harder. The females within our sample were unmarried but became harder to trace into adulthood as they formed relationships with men and, in many cases, went on to marry. Only now is recent historical work beginning to address the gender gap within wider historical life course studies (Williams, 2014; Williams & Godfrey, 2015). However, our sample of SIS children remains predominantly male, with females making up approximately 6% of the sample.

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SIS was certified as an industrial school in 1866, initially for the reception of around 30 children (Tenth Inspectors Report, 1867: 71). By 1872, it housed 107 children (Webster, 1973: 283). Prior to its certification by the Home Office, it had been a ragged school, founded in 1854 and run by the

**Figure 1. Industrial school population by gender (boys, top line; girls, bottom line), 1860–1892<sup>2</sup>**

Stockport Sunday School Union, which remained influential in the management of the School. SIS was unusual in that it was one of the few industrial schools to admit both boys and girls, although it housed them in separate wings and put them through distinct training regimes: hatting, printing, cobbling and tailoring for boys and domestic service training for girls. In 1877, a separate girls' school was opened nearby (Webster, 1973: 308). Our sample also includes a small number of girls sent there. SIS was a facility serving the population of the fast-growing town of Stockport, ten kilometres southeast of Manchester. Of our 171 children, the majority were locally born and had been sent to the institution via local magistrates' courts. The school later admitted a significant number of London-born children sent by the London School Board (and then its successor, the Education Committee of London County Council), which regularly outsourced its care and youth justice cases in this way. Stockport was a textile town with several large cotton mills and many businesses linked to the textile and garment industries as well as to the distribution and transport industries. Between 1860 and 1920, its population grew rapidly and, like many areas in this

region, this included a substantial Irish Catholic minority. Our sample is, however, primarily drawn from white, working-class Protestant families – and, more particularly, from non-conformist Protestant communities, namely those with links to Methodism. Children from Catholic or Jewish families appearing before Stockport's magistrates would have been sent to alternative faith-based institutions in Manchester or elsewhere.

Children were typically sent to SIS (and other industrial schools) until they were 16 years old, regardless of the reason for, or their age at, admission. This meant that they spent long periods in care. Those over the age of 14 could be released 'on licence' from the institution itself and found work with a local employer. SIS staff would maintain regular contact during this time with the young person concerned and their employer. This contact took the form of personal letters and visits and, significantly, was frequently maintained by mutual agreement for many years after the end of the licence period and formal exit from care.

Our study maps adult outcomes of care at the individual level through the creation of personal life grids populated with details including: residential

address, employment, household composition, marital status, parental status and military service; any alleged offences, convictions and further engagement with police or welfare authorities; and any personal materials surviving in other sources. These details have been assembled through the systematic and cross-referenced search of available digitised and institutional records. Adult outcomes of care have then been analysed at the cohort level using multivariate analysis to identify key variables driving 'positive' and 'negative' adult outcomes (for full discussion, see Godfrey et al., 2017). These variables were derived from research designs developed within cognate studies in life course criminology, life course crime history and desistance studies (Sampson & Laub, 2003, 2006; Bijleveld and Wijkman, 2009; Godfrey, Cox & Farrall, 2007, 2010).

Our unique evidence base allowed us to identify patterns of (re)offending on release and subsequent experiences of the criminal justice system and other interventions. We use these findings to explore the possibilities of applying adapted predictive risk methods within historical life course research and to identify factors beyond institutional corrections that shaped the broader life-chances of our group. For children who were sent to SIS, the majority (89%) never re-offended after release; a minority (10%) did re-offend, but only one person committed more than five offences.

In addition to re-offending rates, we also examined the experiences that children from SIS had whilst on work-placement and on licence; whether the children went on to marry and/or to have children as adults; whether they secured employment; whether they moved around the country or stayed in one place for most of their lives. The factors we identified as significant chime with those derived from other studies of contemporary care outcomes. In particular, these variables allow us to ask questions that are very pertinent to current debates within care provision, notably whether institutional care offers 'protective' or 'harmful' effects and whether it contributes to or reduces 'cumulative disadvantage'. Researchers are divided on this question. Some argue that 'good care' promotes resilience and thereby helps 'looked after children' to 'overcome the odds' created by their difficult early lives (see, for example, Stein, 2005). Others

counter that even 'good care' tends to damage future life chances (see, for example, Centre for Social Justice, 2015). The concept of 'cumulative disadvantage', used by Sampson and Laub (1993, 1997) to describe the accumulation of deficits that further decrease the probability of positive life chances for those already on the wrong side of the strain society, is very useful in assessing adult outcomes of historical care (Godfrey et al., 2017, chapter 1). The remainder of this article compares the collective outcomes of our SIS subgroup (n=171) with those of our full sample (n= 400). It also undertakes an exploratory 'within-subgroup' comparison by gender in order to investigate and ameliorate the relative neglect of gender differences in within life course studies of this kind.

### Findings: adult outcomes of care in 19th- and early 20th-century Stockport

Of the 171 children in our sample passing through SIS from the 1850s to the 1920s, the vast majority went on to lead what can be described as 'regular' working-class lives: they found work, they married, they lived in households, they earned enough to share rented accommodation in local neighbourhoods, they avoided significant later involvement with the police or welfare authorities. In stark contrast to care leavers today, few experienced long-term unemployment, homelessness or significant later involvement with criminal justice or welfare systems. For these children, their involvement in what Foucault famously termed the 'great confinement' (1967) was followed by what we might term the 'great re-integration'.

Our evidence suggests that very few of the children in our sample facing early childhood risk went on to become 'life course persistent offenders'. This important finding is in line with the conclusions reached by Sampson and Laub over several significant studies (1993, 2003, 2006). Our own study has been conducted with a different population over a different time period but reaches the same broad conclusion as Sampson and Laub. Only 18 of the 171 SIS individuals went on to offend after their release – in all cases committing only minor offences. As stated earlier, remarkably, only one young man went on to become a persistent offender (see table 1).

It is important to note here that only 25% of these children had offended at all prior to their

admission to the institution and that their offences were trivial involving minor theft, public order and regulatory offences, notably around street play. The remaining 75% had been sent to SIS for truancy (19%), vagrancy (30%), having inadequate parents (12%), being out of control (10%) or having bad associations (3%). Together with the *Indefatigable* training ship, which also admitted boys in need rather than young offenders, SIS – not surprisingly – produced the best post-release offending rates within our group of four institutions. Only one of the 50 *Indefatigable* boys in our sample is known to have offended post-release. Of the two reformatories in our study, Bradwall produced much more positive adult outcomes of care than the *Akbar* training ship.

One third of the 142 Bradwall boys in our sample were involved in post-release offending (compared with just over one tenth of Stockport children). Again, most of these offences were minor and only four individuals went on to commit more than five offences over their life course. The *Akbar* produced the highest post-release offending rates involving nearly half (47%) of the 36 boys in the sample although only three (8%) committed more than five recorded crimes over their life course. It is significant that the *Akbar* was viewed locally as a reformatory for more ‘hardened’ young offenders believed able to bear the notoriously harsh naval discipline that was common to many of Britain’s juvenile training ships. In terms of wider life chances within these adult outcomes, combined analysis of data taken from our full sample’s license records and census entries shows that most entered three broad types of employment: ‘industrial’, ‘agricultural’, ‘seafaring’. Within these, boys took jobs as, for example, porters, agricultural labourers, wireless operators, hatters, printers, shoemakers, railway workers, soldiers and sailors, or were self-employed across a variety of trades. Girls typically worked in textile mills and related trades, in domestic service or retail. These jobs were part of the occupational fabric of everyday working-class life in 19th- and 20th-century Britain and their availability played a crucial part in shaping

‘successful’ adult care outcomes. For example, Amanda B was born in Manchester in 1866 and then moved with her family to Stockport. She was admitted to SIS in 1874 at the age of eight for ‘being beyond control’. Her father had recently died and her mother had apparently been admitted to Macclesfield lunatic asylum (although we found no record of her there), leaving Amanda and her five siblings in the care of her grandmother, then in her early 70s. She had been brought to court by her teenage siblings. Amanda was described as having been ‘very troublesome’ in the past and as ‘having taken to pilfering and staying away from home’. On admission to SIS, she was noted to be ‘healthy, clean and well-clothed’. She was discharged from SIS in 1882 at the age of 15 or 16 and did not appear thereafter in local criminal registers or newspaper crime reports across the period covered by our study. The 1901 census lists her, at the age of 34, as a single woman working as a ‘general domestic servant’. She was living in Stockport with a widowed grocer, and his two sons. Ten years on, 44-year-old Amanda was listed as a grocer in her own right in a different premises and living in a multi-generational household comprising her sister (50), brother-in-law (54), niece (21), nephew (23), and great-niece (2). All the adults, aside from Amanda, were working in the hat trade. She died in Stockport at the age of 74 in 1941, having progressed from domestic servant to a small-trader. We suggest this stabilised her prospects and those of her extended family.

Unlike Amanda, most women did not manage to escape a low position in the labour force. At the turn of the 20th century, over half of all British workers worked in partly skilled or unskilled jobs and less than a third worked in skilled occupations (Crafts and Mills, 1994: 176). Military service also played a significant part in the post-release lives of many of the boys sent industrial and reformatory schools as a whole. Thirty (17%) of our SIS sample entered the army or navy, most of them during the First World War (Alker & Godfrey, 2014).

**Table 1: Reconviction figures by institution**

Institution	Non-offenders		Occasional		Persistent		Total:	
	No.	%	No	%	No	%	No	%
Akbar	19	53	14	39	3	8	36	100
Bradwall	95	67	43	30	4	3	142	100
Indefatigable	49	98	1	2	0	0	50	100
Stockport	154	89	17	10	1	1	172	100
Totals	317	79	75	19	8	2	400	100

Overall, then, children sent to SIS between the 1850s and the 1920s did not experience cumulative disadvantage – as defined by Sampson and Laub – as a result of their period in care. If SIS ‘worked’ as an institution, it worked because of three particular mechanisms operating in a particular social and economic context (Pawson & Tilley, 1994, 1997; Godfrey et al., 2017). First, most care leavers were placed in what would today be termed ‘through the gate’ jobs – meaning that they passed straight from the institution into supervised employment within a buoyant local labour market. Second, that supervision involved an important affective dimension. SIS – like almost all others institutions of this type during this period – operated an after-care system in which staff maintained contact with young people after they left. In many cases, this contact could last for decades, with both parties exchanging regular letters, sometimes across continents. Some Stockport leavers returned to visit the institution as adults. In our wider study, we argue that these ongoing relationships are likely to have contributed to these broadly positive outcomes. While they can never be measured in the same way as a documented marriage, they nevertheless seem to have played a key part for many. Third, those leaving SIS were able to find affordable housing relatively close to their workplaces and often within, or close to, familiar communities. Their communities were often poor with few amenities and their rented houses often over-crowded with few facilities. However, they provided a social and economic network and, just as important, an affective relational network that together, promoted social inclusion rather than exclusion.

We are also very mindful, however, of more negative factors that cannot be easily measured – or even documented or articulated. Child removal may have offered some clear protective effects, as indicated above. However, it is also likely to have generated harmful effects that were not limited to measurable cumulative disadvantage. A further mechanism central to the ‘success’ of SIS – in terms of preventing offending and giving young people time to acquire marketable skills – was the long ‘sentence’ served by the children sent there. This meant that they were effectively cut off from their families for up to several years – with untold effects. It is very possible that those care leavers who went on to lead ‘regular’ working-class lives also went on to carry significant personal trauma as well as to have transmitted this in some respect to their own children.

For example, Margaret L’s case could be presented as an example of the intergenerational transmission of delinquency or, alternatively, an example of how women like her managed marginality and negotiated stigma. Margaret was born in Stockport in 1860 to a single mother described as a ‘greengrocer’ in 1861 and later as a ‘hawker of fruit’. A decade on, she had moved with her mother and two year-old brother to a lodging house. Her father is said to have died in 1870 although it is not clear who he was or where he lived. In April 1872, at the age of 12, Margaret was convicted of theft at Stockport magistrates’ court, seemingly part of a pattern of behaviour. The court noted that she was ‘in the habit of stealing from her mother and her schoolmates’, and they sent her to the reformatory for five years. As she was under the age of 14, Margaret served her sentence in

Stockport Industrial School. By 1881, now 20, Margaret was employed as a live-in domestic servant to a tailor, his wife and young family in Blackburn, a town 30 miles away. By 1891, aged 30, she had moved back to Stockport, and was working as a charwoman and living with her own two children, Sarah (aged 15) and Herbert (aged 6) in a two-room house.

If these ages are correct, this suggests that Margaret had given birth to Sarah when she herself was 15 or 16 and that she had found a way to maintain her young daughter whilst working in domestic service. Margaret is listed as married in 1891 and 1901 but we have found no evidence of her marriage and no indications where her purported husband lived. In 1901, she was still living with her daughter, then aged 25 and also an unmarried charwoman, and her son, then aged 17 and working as a casual labourer and messenger. Her son, Herbert, had just been released from his own four-year sentence in SIS where he had been sent having 'been found begging'. During his court proceedings, his mother was described as 'a charwoman fond of drink and a loose character' – a common euphemism for a professional or amateur sex worker. His father was named as Walter L, a local man, who worked as a caster (likely within a local metal works), and was described as 'a decent man' who had 'lived separate' from Margaret for 'several years'. Their shared surname may indicate an incestuous or at least a close familial connection between his parents. Herbert was discharged from SIS in 1899 at the age of 16. Unusually, he was 'returned to mother' as he was 'too small to place in a situation'. This may possibly indicate that Herbert had grown up with some kind of physical disability or congenital condition. However, he was still able to work, and doubtless, had to in order to survive. The 1901 census lists him, as outlined above, living with his mother and his sister and working as a casual labourer and messenger. The following year, Margaret died at the age of 48.

The practice of child removal was established as a new norm in 19th-century social policy but this did not mean that its effects were normalised among those directly experiencing it. Child separation could be an emotionally brutal business, the 'success' of which was exacted at a high emotional price, even where it was carried out humanely and with the best of intentions. Stockport Industrial School was not among the many

institutions formally investigated for child cruelty in the period covered by our study. This does not mean, however, that the children in its care did not experience that care as abusive (Bingham, Delap, Jackson & Settle, 2016).

## Gender and historical life course methodology

Our exploratory 'within-subgroup' comparison by gender is undertaken here as a constructive effort to address the neglect of gender issues within the broader field of life course criminology (one of our main points of references in our larger study). Justice systems around the world deal primarily with men. Longitudinal and life course studies deal primarily with large data sets. As a minority within justice systems, women are rarely present in large enough numbers to be included in their analysis. Our own broader study is no exception: 96% of our sample is male. However, the result of this is that life course studies have had little to say about gender differences and how these might play out within pathways into and out of crime or cumulative disadvantage. Life course desistance studies have argued, for example, that marriage, employment and social networks 'work' for men (Sampson & Laub, 1993, 1997; Maruna, 2001; Godfrey et al., 2007, 2010; Farrall & Calverley, 2006). But do they 'work' for women in the same way?

Alice C was born in 1865. At the age of eight, she was sent by local magistrates to Stockport Industrial School for theft. Her previous character was noted in court to be 'very bad' and her mother, Martha C, a Stockport factory worker, was described as 'well known to the police'. Alice was discharged from SIS in 1882 at the age of 16. We have no details of her address or occupation at this point. However, the 1891 census shows 26 year old Alice living back with her parents, her two teenage sisters, and her own eight-month-old daughter. Sharing the house with them was a lodger, presumably to help out with the rent. The whole household was employed in the local cotton mill. Later that year, Alice married the lodger, who may or may not have been the father of her baby. Ten years on, they were still married, living nearby with three more children. Alice, now 36, is not listed as being in paid work and is, we imagine, occupied as the mother of young children. Her husband had moved from the cotton mill to a printing firm where he was employed as a carter (or

delivery driver). Alice died in Stockport in 1920 at the age of 55. In Alice's case, the marriage is likely to have helped her to secure economic security after a precarious start in life. However, her experience needs to be considered alongside that of Amanda B (outlined above), who achieved that security as a single, but working, woman. Their experiences clearly speak to the need for more historical life course work of this kind.

Bersani, Laub and Nieuwbeerta (2009:3) note that evidence from the past two decades of life course criminological research "consistently demonstrates that salient life events—in particular, marriage—are associated with a reduction of offending across the life course" but that this evidence is largely drawn from "male samples in the United States". As a result, they argue that "questions regarding the universal effect of these relationships remain" and that "[s]pecifically, research is needed to assess whether the desistance effect of life events like marriage varies by gender and/or socio-historical context in countries other than the U.S.". Their article addresses these gaps by exploring the relationship between marriage and criminal offending using data from the Criminal Career and Life Course Study, a dataset covering a significant portion of the life courses of c.5,000 men and women convicted in the Netherlands in 1977. They found "consistent support for the idea that marriage reduces offending across gender and socio-historical context" (ibid).

Studies like these are extending welcome new ground in life course studies (Uggen & Kruttschnitt, 1998; Giordano, Cernkovich & Rudolph, 2002; Giordano, Deines & Cernkovich 2006; Barr, 2016) but they also raise further questions about the definition and measurement of universal effects. Marriage, parenting, work and relationships are cultural practices and their meanings change over time and space. Most leading life course criminological studies analyse large cohorts of men born in the global north in the second half of the 20th century (for two classic US and British examples, see Glueck & Glueck, 1968; Farrington, Piquero & Jennings, 2013). Their experience of these practices is likely to be quite different in many respects from that of those born a century or more earlier or those born in other parts of the world. It is also likely to be quite different from that of their wives, mothers and grandmothers. Elements of

these differences are highlighted in a further Dutch study of the effects of family formation on criminal careers for 540 high-risk men and women that identifies important gender differences: marriage and parenthood (particularly of a first child) promoted desistance for men, yet "female offending patterns were not significantly influenced by marital status or motherhood" (Zoutewelle-Terovan, van der Geest, Liefbroer & Bijleveld, 2014:1209). We seek to apply insights from new studies like this within our exploratory analysis of gender differences in adult outcomes of the early British youth justice and care systems.

That said, undertaking this analysis is challenging within historical life course studies. As outlined above, the numbers of women involved are small and many of them change their names on marriage. This difficulty is further compounded by the fact that British censuses were only conducted every ten years and because undertaking digital research of British public birth, marriage and death data incurs significant financial costs as it is reliant on private commercialised online archive platforms (such as [www.findmypast.co.uk](http://www.findmypast.co.uk) and [www.ancestry.co.uk](http://www.ancestry.co.uk)).

Overall, how did the girls sent to SIS fare as adult women? They were sent in much smaller numbers yet their life courses are just as deserving of our attention – both in their own right and because they offer insights into how we might adapt desistance frameworks to analyse the adult outcomes of thousands more girls (and boys) placed institutional care in this period, not because they were offenders but because they were destitute or judged to be in need of protection. Of the 20 girls within our SIS sample, the majority went on, like the boys in our sample, to live regular working-class lives. For women in this period, this typically involved working in an unskilled job until they married and then, if they went on to have children, combining unpaid care work with informal casual work, such as charring, cleaning, child-minding or taking in laundry or piecework (Holloway, 2007; Todd, 2005). For working-class women, marriage and motherhood was as much a form of work as a set of affective relationships. Their route out of cumulative disadvantage was typically a more relational, rather than a more individual, one. It was based on their *dependence on* others and *interdependence with* others, rather than their *independence from* others (Mackenzie & Stoljar, 2000). This is not to suggest that women actively

chose this relational route in the way that a man in this period might more actively choose one pathway over another: on the contrary, working-class women had far fewer options over, and exercised far less autonomy within, their life course than working-class men. The range of full-time jobs open to them, for example, was much narrower and they were often expected to give up those jobs when they married. Their ability to live independently was greatly curtailed in a period when significant gender pay gaps were customary across all employment sectors and when they faced challenges renting or buying their own property.

In a rare life course study of more-recent care outcomes in Britain, Horrocks (2002) compares maturational accounts and socio-historical accounts of journeys in and out of care. She notes that the former tend to prioritise the concept of 'independence' as a desired outcome but argues that this "carries with it a host of expectations: autonomy, self-reliance and obligation" (2002: 325). Horrocks is concerned with the use of age rather than gender as a variable in these kinds studies and with the fact that children from different socio-cultural backgrounds will have grown up with different definitions of 'independence' – and also notes that, as stressed by socio-historical accounts of care journeys, perceptions of independence change over time. However, her argument can be extended to the analysis of gender differences within adult care outcomes. It could be argued that we all live what can be described as 'relational life courses' but that women in the past tended to experience this more intensely than men because they had fewer chances to opt out and/or because they derived more emotional and material benefit from their relationships.

The life courses of the three women detailed here present very different pathways to adult outcomes, all of which contain positive elements. At one level, their shared beginnings produced divergent lives (to paraphrase Sampson & Laub, 1993, 2003, 2006). At another, however, the degree of divergence between them is slight: all of the women found local work and local housing, all maintained family lives and relationships and none seem to have had any further personal involvement in the criminal justice system. Amanda B remained single, went on to run a business and to share a household with her sister and brother-in-law. Margaret L also remained single but raised two

children and maintained a precarious but networked existence for her family through charring and other forms of casual work. That work may have involved casual sex work but, if so, did not bring her into contact with the criminal justice system, although may have contributed to her son's admission to SIS. Alice C followed a more conventional route – first returning to live with her extended family whilst working at a local mill, then marrying and raising a family of her own supported by her husband's salary.

Their life courses highlight many unanswered questions around the gendered dynamics of desistance and re-integration. They show that life course approaches to adult outcomes of care and correction stand to gain a great deal by further engaging with socio-historical and gender analysis. In particular, they suggest that more research is needed into the effects of marriage, work, parenthood and relationships for women in the past and that male offenders' experiences of these cultural practices in particular places and at particular points in time should not stand as a universal, gender-neutral, ahistorical norm.

## Conclusion

This article offers one of the first historical accounts of adult outcomes of the early British care system. Based on a wider study of the life courses of a large group of children (mostly boys) passing through new state-sponsored institutions set up in the 1850s, it finds that – unlike care leavers today – the majority did not experience documented cumulative disadvantage in later life. Focusing within this on 171 children sent to an industrial school in the northwest of England, it suggests that their positive adult outcomes can be explained by post-release work placements within a buoyant local labour market, the lasting impact of affective relationships established through post-release supervisory arrangements and the wider relationships and networks that facilitated their local re-integration (see Godfrey et al., 2017 for full account). However, it argues that these positive adult outcomes came at a price: child removal could be brutal and typically involved long periods of separation of children from families. It may never be possible to document or measure the harmful and traumatic effects of care delivered in this troubling form. The article also offers an exploratory analysis of the gendered dynamics of

desistance and re-integration within this group of care leavers. It suggests that key experiences across the life course, namely work, marriage, relationships and independence, carry particular meanings for men and women at particular points

in time. It concludes that life course studies would benefit from further work of this kind that could offer more nuanced understandings of the different pathways taken by, and open to, socially marginal men and women.

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## Endnotes

1. The other three institutions in our study are as follows: Bradwall reformatory school located near Sandbach in Cheshire; and the *Akbar* and *Indefatigable* training ships, both moored on the River Mersey near Liverpool. The *Akbar* accepted reformatory cases from the 1850s and later operated as a land-based school nearby under the new name Heswall Nautical School. The *Indefatigable* was established as an independent training ship in the 1860s for destitute and orphan boys and was funded by voluntary subscription. Unlike the other three institutions in our study, the *Indefatigable* was never certified by the state as an industrial or reformatory school.
2. Figures taken from annually published criminal statistics, 1856–1914.

## BOOK REVIEW

### **Pathways to Adulthood: Educational opportunities, motivation and attainment in times of social change**

Ingrid Schoon and Rainer K. Silbereisen (Eds), 2017

UCL Institute of Education Press, ISBN: 978-1-78277-208-8

**Nikki Shure** UCL Institute of Education, UK and the Institute of Labour Economics (IZA), Germany

This edited volume presents an interdisciplinary collection of papers on the transition to adulthood, resulting from the PATHWAYS to Adulthood Postdoctoral Fellowship Programme, funded by the Jacobs Foundation. The book has three sections exploring how the transition to adulthood and specifically educational opportunities and attainment are affected by (1) socioeconomic inequality; (2) motivation; and (3) social change.

The section on socioeconomic inequality has four chapters, which present cross-national evidence and commentary on the prevalence and potential causes of socioeconomic inequality and limited solutions to equalising educational opportunities. Jerrim and Anders review cross-national results from a variety of international assessments (e.g. PISA and PIAAC) and national longitudinal data for Australia, Canada, UK and USA to examine when socioeconomic status (SES) inequalities emerge and how they change as young people transition into adulthood. They find that SES inequality is lowest in Canada and highest in the USA through most of the youth life course and advocate for prolonged interventions across an individual's life in order to equalise opportunity. Bringing together the range of data from kindergarten to adulthood enables the reader to get a complete picture of SES inequality in education in these four countries.

Chmielweski provides convincing evidence on the prevalence of socioeconomic inequality in tracked school systems versus systems that differentiate on a course-by-course basis. She finds that SES segregation is lower in the latter and that tracking particularly affects self-concept and aspirations for university study. Low SES pupils in course-by-course systems have higher self-concept,

but lower university aspirations. This lends support for the big-fish-little-pond effect (Marsh and Parker, 1984) when it comes to self-efficacy and ties in well to the section on motivation.

Pensiero's chapter most directly addresses the question of how to equalise opportunity by presenting a framework for a mixed model of instruction, which combines common and personalised approaches, as opposed to either a comprehensive or tracked system. He presents evidence from out-of-school time, e.g. after-school study clubs, and gifted and talented programmes in the UK, arguing that the former have decreased the SES achievement gap and the latter have not increased it.

The first section concludes with a methodologically innovative chapter by Parker et al. using machine learning to analyse longitudinal data from Australia and identify the most salient predictors of university entry. The authors make a strong case for using new data techniques for 'Big Data' to analyse existing longitudinal data sets, especially when it comes to prediction, and highlight how this methodology can contribute to theory.

The second section on motivation is again composed of four chapters with a clear focus on the importance of exploring individual differences in motivation and engagement. In its first chapter, Moeller et al. focus on how best to capture engagement. They provide concrete suggestions for how to measure engagement in situation- and context-specific settings (e.g. flow theory and experience sampling method) since this type of engagement can be more malleable, and focus on subgroup analysis, e.g. based on engagement profile such as 'engaged-exhausted students',

because of the heterogeneity that exists between individuals or profiles. Cambria and Dicke follow on quite nicely from this chapter with their 'model of behavioural engagement' based on a 2x2 framework of engagement/disengagement and passive/active valence. They present the results of piloting their instrument and find that it compares well to the established scales of behavioural, cognitive and emotional engagement in Fredricks et al. (2011), but offers an extension by going further into the behavioural aspects.

Tuominen et al. further make the case for exploring motivation by presenting person-oriented findings that reveal heterogeneity beneath the surface. They show that in an expectancy value theory (EVT) framework, the task value is not uniform across individuals, and make a similar case for the cost component (albeit this case is made less clearly). They conclude by advocating joining EVT and achievement goal theory (AGT), although how best to do this is left vague.

In the final chapter on motivation, Dicke provides an excellent overview of relevance interventions targeting declining motivation during schooling. She presents results for relevance interventions that focus on utility value presentation, utility value generation or combine them both. Again, there is a focus on subgroup analysis by SES and she points out that the efficacy of relevance interventions has been found to differ by the SES of individuals, which provides an interesting link back to the first section of the book.

The third section addresses social change and has five chapters setting the current context for transition to adulthood, albeit with a less clear focus on educational opportunities and attainment. Lyons-Amos provides an interesting analysis of the role of the Great Recession on fertility in the UK, finding that disadvantaged women, though normally averaging higher fertility rates than their advantaged counterparts, were more likely to delay first births in response to the economic crisis. Tomasik and Silbereisen present a model of how individuals develop in the face of social change (the Jena model) and test this model using data from Germany and Poland. These two countries are selected because of the massive social change that occurred following the end of Communism. They find that young people still in training or education are less fazed by social change (in fact they are

more likely to view it as a positive challenge) than those who have already entered the labour market.

Lechner and Silbereisen explore the role of religiosity in dealing with life uncertainties, proposing that individuals turn to religion in times of greater uncertainty or social change, that religiosity make individuals feel more certain and that it can protect them from the negative consequences of anxiety caused by uncertainty. Obschonka and Silbereisen examine entrepreneurship from a developmental perspective bringing together the biological, psychosocial and contextual factors that shape its development; while an interesting chapter, it is unclear how this fits into the book's theme of the transition to adulthood even if entrepreneurs make up a larger proportion of workers than in the past.

The final chapter of the book, by Pavlova and Silbereisen, focuses on trends in youth civic engagement over time. They examine three major social changes (changing work life, changing community life, and global migration) and how each of these has impacted young people's civic engagement, making a case for policymakers to acknowledge and promote new forms of online civic engagement.

Each section of this book provides an overview of existing evidence on its topic, some novel new methods or instruments and suggestions for how to equalise opportunity or make the transition to adulthood smoother. Special attention is paid to subgroup analysis, albeit with different subgroups across the chapters, allowing the reader to delve deeper into the underlying heterogeneity in the transition to adulthood.

One weakness of the book is the focus on a limited set of countries. While the transition to adulthood in low and middle income countries is characterised by very different challenges and perhaps warrants its own volume, several key European countries are overlooked. Given that the book proposes to examine transition in periods of social change, e.g. the Great Recession, it seems odd that there are no chapters focusing on Portugal, Italy, Greece or Spain, where youth unemployment rates were, and remain, the highest in Europe. While lack of longitudinal data surely plays a role in this, international assessment data is available for these countries. Another weakness is the at times unclear connection between the third section of the book and the overall theme of

educational opportunities and attainment during the transition to adulthood. Some of the chapters in this section do not directly address youth nor have any tangible connection to educational opportunities or attainment.

Nevertheless, *Pathways to Adulthood* makes a valuable contribution to the literature, especially in the chapters that present innovative use of

methodologies and new instruments and data (e.g. Parker et al. and Cambria and Dicke). The contributions of early career researchers to this volume showcase the promise of a new generation of academics working in this area and the effectiveness of the co-ordination provided by the editors and the Jacobs Foundation funding.

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## News: Paper on school to work transitions wins LIVES Award

The 2nd LIVES Award for Early Scholars was won by Dr. Christian Brzinsky-Fay from WZB Berlin and presented at the opening of the SLLS annual conference in Stirling in October 2017.

[Dr Brzinsky-Fay's prize-winning paper](#), published in *Research in Social Stratification and Mobility*, showed that vocational education and training (VET) systems facilitated occupational attainments across cohorts under different labour market conditions. However, he also identified that gender inequalities appeared.

Using sequence analysis with data from the German National Education Panel Study's adult survey (NEPS) covering five cohorts of German residents born between 1948 and 1977, Dr Brzinsky-Fay demonstrated that the proportion of young people experiencing smooth transition patterns increased over the cohorts, largely due to the rising attendance of secondary school before apprenticeship. Although they were the largest and met the poorest labour market conditions at the end of compulsory schooling, the 1965 and 1970 cohorts showed the lowest rate of non-linear school to work transitions.

Dr Brzinsky-Fay's paper considered not only the first entry into the job market, but the situation of all individuals at age 30. He thus showed that men nowadays succeed in compensating the usually longer duration of their education and display important rates of upward mobility, contrary to highly educated women. Upward mobility between first occupation and age 30 is much flatter for women across all cohorts.

The Award, which includes €2,000, aims to stimulate advances in the areas of vulnerability and life course studies. For more about the competition, visit: <https://www.lives-nccr.ch/en/award>

Dr Brzinsky-Fay is associate editor, social and economic sciences for the Longitudinal and Life Course Studies: International Journal.

Brzinsky-Fay, C. & Solga, H. (2016). Compressed, Postponed, or Disadvantaged? School-to-Work Transition Patterns and Early Occupational Attainment in West Germany. *Research in Social Stratification and Mobility*, Vol. 46, Part A, pp. 21–36. <https://doi.org/10.1016/j.rssm.2016.01.004>

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Foreword: Heather Joshi, Executive Editor

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