
Issue Editor's Notes

TECHNOLOGICAL AND MEDICAL advances have done little to decrease the number of children at risk in the developing world. Instead, with the increased sophistication of reporting systems, there seem to be increasing numbers of children and adolescents whose development is seen as compromised, whether because of overt abuse, neglect, or an insidious pattern of parenting failures. Ultimately a significant proportion of these young people require removal from their homes.

Throughout recorded history, there has been a need to provide substitute care for children of all ages. The delivery of this care has changed radically over time, largely due to advances in our understanding of child development and the impact of parent-child attachment. At the beginning of the twentieth century, orphanages and large group settings were the placement of choice for even the youngest children. Over time, there has been a dramatic shift to smaller, more intimate settings, with a strong preference for substitute families wherever possible. At the same time, there is almost universal recognition that different children, depending on their history and the degree to which they have missed out on positive experiences, require different levels of structure and treatment. For this reason, being “in care” can refer to range of options along a continuum, ranging from the most normative and individualized at one end (adoptive family) to foster care, group home care, or residential placement at the other extreme. Children can have long-term placement in any of these options or move along the continuum through the course of a placement career. They can also be moved out of the system because they have attained the age of

majority and can face the transition to independent living from the full range of placement resources.

Entering care

Parallel to the evolution of knowledge in child development and the creation of a range of care options, the universal rights of children for protection and care were embraced. The result has been that most countries now have legislation that necessitates intervention in families where children are in jeopardy. This means that the provision of substitute care has been judicialized and that access to care, in most places where it exists, has been integrated into child welfare systems that include youth protection agencies, assessment services, and youth courts. Access to care is also linked in many places to juvenile justice legislation, where a period in placement may be viewed as a sentence. Criminal behavior on the part of children and adolescents can also expose their need for protection and substitute care. While the development of laws that protect children reflects efforts to improve lives, in practice they have resulted in a maze of bureaucratic structures that make entry into care a confusing and difficult process. This only serves to complicate an action, which by its very nature imposes a deeply wounding experience on a young person: removal from his or her family. In many instances, whether the child returns home or not, it takes a lifetime to work through the impact of entering care and the experience of placement.

Whether a child's removal from home takes place after long months of meetings and discussions or occurs abruptly in the context of a crisis, entering care is always a wrenching experience. It occurs in the context of failed relationships with significant others and imposes an overwhelming loss on a child, no matter at what stage it occurs. It is among the greatest personal tragedies that any child can face, even if it is invoked as a measure to relieve suffering and protect the child's future. Placement stimulates an emotional crisis, which can be characterized by rage, a deep sense of personal failure, helplessness, and sadness. Most young people who are

placed have little voice in the matter; they are presented with ambiguous reasons for their removal from home and have little or no preparation. They face an unexplained and unpredictable future in unfamiliar surroundings, with only strangers to turn to for support. Individual differences among children entering care (age, attachment status, cognitive capacity, potential for emotional regulation) result in differential capacity to survive what can be understood only as massive trauma. And yet placement is still a necessary alternative for increasing numbers of children for whom remaining in their family of origin will result in repeated exposure to continuing abuse and neglect.

Being in care

A young person's ability to cope with the upheaval of placement and benefit from the care experience depends on many complex factors. Two central prognostic indicators are the availability of an appropriate placement resource and the child's capacity to work through his or her losses. It turns out that these two factors are in fact interrelated. In the presence of developmentally appropriate relationships and helpful treatment experiences, children can mourn, which allows them to move forward in their development. This is especially possible when care can be provided in a family setting, where appropriate parenting is available and the child can eventually make new attachments.

Although there are sometimes systemic barriers to placement in a family, there are often major problems among children coming into care that make placement in a family nearly impossible. Some youth coming into care are already so compromised that their chronic behavioral difficulties would exceed the coping ability of any family. In addition, children for whom the experience of removal from home is too overwhelming are often caught up in traumatic reenactments with adults that compel them to relive the original rejection or abandonment. In these situations, potential adoptive or foster home parents may lack the training or support needed to

respond to the extreme challenges these young people present. Children in this latter situation are often placed directly in group care with the hope that they can make use of a less personalized setting in the transition back into a family. It is the most deeply damaged young people who spend their entire care career with no family.

Being in care is a highly individual experience. The circumstances of entry into care condition the experience of care because it may determine the placement setting, which is powerful in influencing the child's response and capacity to work through the transition. In addition, the range of placement options varies widely both within and between regions of the world. These discrepancies reflect differences in legal systems, the financing of services for children, and local values in relation to family preservation and youth protection. In real terms, this means that a child's placement history can be influenced by many factors above and beyond his or her individual needs.

The complexities of being in care present serious challenges to researchers. Nonetheless, outcome studies have proliferated, generally painting a mixed picture of the developmental status of youth who have been in care. It is generally accepted that children who have been in care can grow into healthy and successful adults; however, it has also been demonstrated that a significant proportion of care leavers will exit almost as emotionally and developmentally challenged as they entered. In these cases, the care experience may have at best forestalled and protected them from further injury in a compromised environment. At worst, it may have compounded preexisting difficulties to the point where the young person has become increasingly despairing and angry and faces the transition to adulthood without a sense of security, an education, or a meaningful support system.

Leaving care

There are as many possible trajectories out of care as there are pathways into it. Under optimal conditions, a placement is short and accompanied by intensive intervention that results in success-

ful reinsertion into the natural family. Such cases require that parents and children are amenable to some form of treatment, that such treatment is available, and that the original conditions that led to placement are somewhat reversible. In the vast majority of cases, such an optimistic outcome is not realistic. The child may be ready to return to the family, but the family may be unable to receive the child. If there is extended family, this is the next best alternative. A third possibility is that the young person remains in care for so long, and with so little family support of any kind, that he or she must leave care to live independently. This discharge plan is usually the result of the young person's advancing age and the unfortunate reality that he or she may no longer be eligible to remain in the care system. Not only are these young people aging out regardless of their maturity level or readiness, they are compelled to function independently at a much earlier age than their peers who are not in care. Ironically, they have been much more compromised and yet have to grow up faster. Even among the population of youth leaving care, the group exiting for independent living has had the least support and may have the greatest challenges yet to face. The need to make the transition to independence magnifies gaps in a young person's background, as it calls for skill sets that are particularly unlikely to develop in long-term placement: autonomous behavior, self-care skills, and the capacity for self-soothing. At the best of times, launching into adulthood is an ambivalent process, which can stimulate self-doubt and a longing to be cared for. The ideal process among young adults leaving their family home is gradual and progressive and allows repeated attempts at leaving, returning, and leaving again. Not only are young people in care making the transition to independence without the benefit of positive attachments, they have no safety net or opportunity for repeated attempts at leaving. Compounding this is the reality that a transition out of care to a home of one's own confirms once again that a young person has lost his or her family.

To compound matters, leaving care restimulates unresolved issues related to placement. A young person leaving care to live independently must face that he or she has to become self-reliant

and that the family of origin has never come through for him or her. This has been referred to in the literature as the need to remourn. This painful process can lead to regressive behavior just at the time when demands are being made on a young person to grow up. As they confront their losses once again, they may become enraged and noncompliant, or depressed and apathetic, resisting structure in a way that was characteristic of their functioning when they first came into care. Sometimes these youth cannot engage constructively in preparatory programs because they are so caught up in their feelings that they resist the transition out of care. Agencies and foster homes are not always able to tolerate this regression, and sometimes the result, ironically, is an abrupt discharge from care. It is for this reason that working with youth in transition to independent living is particularly challenging, and the creation of appropriate services is increasingly a concern for all who work with youth in care.

Conclusion

Placement in care is a response to the extreme circumstances of children and youth whose parents are unable to provide for their needs. It represents the best-intentioned efforts of child welfare and juvenile justice authorities to remove children from the most damaging home environments. It is the young people who are most deprived to begin with who actually remain in care long enough to age out, and they have no alternative but to attempt to move out on their own. It is not a matter of choice for them, and their readiness ultimately is not a determining factor. It is age alone that determines that these young people are no longer eligible for services. In this way, the transition from care to independent living can in fact be seen as an eviction.

The people and programs that work to facilitate the transition from care to independent living have a demanding mandate in relation to the continuum of services for youth. Not only are they charged with launching these young people into adult life against

all odds, they are confronted with the unresolved wounds of each care leaver's accumulated experiences of loss, which culminates with the withdrawal of care at age of majority. In the course of confronting these losses, new behavioral and emotional expressions emerge that complicate the transition and try the resources of all involved. However, at the same time, intervening with these youth as they move out of care is a critical mandate. It offers a unique opportunity to launch a significant population of young people into independence while helping them to work through issues that represent significant obstacles to healthy functioning in adulthood. In many cases, it is possibly the only opportunity to help these young people move forward with optimism as they approach adulthood. It represents the last chance for agencies and service providers to fulfill their responsibilities to the children and young adults who have grown up in care.

This volume presents an overview of the issues that service providers, agency managers, and policymakers face in relation to the work with youth who are in transition to independent living from care. We begin with an excellent summary of the current state of knowledge about outcomes from Anne Tweddle. In Chapter Two, Carrie Reid then provides an outline of best practices from the United States, Canada, and Australia. Mark Kroner in Chapter Three offers an instructive overview of challenges and strategies in planning for appropriate housing for youth leaving care. In Chapter Four, Francis G. Hare presents the experiences of young people who make the transition to adult living without the benefit of citizenship or legal status. Chapters Five, Six, and Seven, by, respectively, Martin Goyette; Niall McElwee, Michael O'Connor, and Susan McKenna; and Jeremy Millar, present approaches to working with youth in transition from Quebec, Ireland, and Scotland. In the last chapter, Kathi M. Crowe highlights how youth engagement and empowerment can result in more meaningful practices and policies.

The chapters in this volume offer critical ingredients for transitional programs that can inspire hope for vulnerable young people and the professionals who work with them, thereby facilitating a

transition rather than an eviction. The afterword by Jeffrey Arnett reviews these contributions and provides a critical link to developmental psychology, reaffirming that all of our efforts to support youth and young adults in care should be guided by an understanding of normative development.

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