Characteristics and Sociolabour Insertion of Young People after Residential Care

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Abstract

This study aims to determine the situation of young people after residential care. The directors of 36 finalist residences that care for young people who will come of age in the same center were interviewed. Residence directors gave information about 143 young people who left the center between 2 and 5 years earlier when they came of age, and who had not been diagnosed with mental deficiency. Most of the young people entered the residence after they were 12 years old due to family negligence. The young people scored highest for autonomy and lowest for emotional regulation. Competences were found to be related to the cause of protection. Half of the sample were emotionally unstable and had not graduated from high school. After leaving the foster residence, a third of the young people went to live with their family, and another third went to live in assisted flats. Girls tend to live with their partners more than boys; and boys tend to live with their family more than girls. 65.7% of the young people received work training but only 59.9% worked, most of them in jobs that don't need qualifications. 30.4% of girls became mothers at a young age. The implications of the data are discussed in the article.

Key Words: Residential care, Child welfare, Child protection

Introduction

The effects of institutionalization on children in orphanages started to been studied in the 40-50s with work by Spitz (1945a, 1945b), Goldfarb (1943, 1944, 1945, 1947,1955) and Bowlby (1953). Most of these studies focused on the cognitive effects of deprivation. They reported serious prejudices in intellectual development. A large number of works – not exempt from critiques and deficits in their designs – warn of the prejudices of institutionalization for cognitive, physical and socioemocional development. Nevertheless, Maclean (2003) pointed out that the effects of institutionalization do not lead alone to pathologic conditions, there are other important aspects in the environment after the residential care, that are also important. Rutter (1972) has already indicated in his review of the subject, the problem has to be approached to improve resources and attention for protected children.

As a result of different reports [Children in Public Care (Utting, 1991); Accommodating Children (Welsh Office, 1992); Another Kind of Home (Skinner, 1992), The Quality of Care (Howe, 1992); Choosing with Care (Warner, 1992)] residential care changed towards small size residence models with short stay times and older foster ages, specialized professional teams and socio-educational attention programs beyond the basic assistance work as well as opening more to the community where they are located.

Nevertheless, residential care continues to be the first model used to care for unprotected children in many countries. And in fact, comparative studies do not identify better results in the models of protection (Weyts, 2004). Therefore, more research is necessary to improve the conditions and programs that are successful in caring for unprotected children. Success is understood as socially positive insertion (work, housing, psychological health, interpersonal relations, etc.) after fostering.

Bullock, Little and Milham (1993) reviewed the studies on residential care. They report that the best quality of attention was observed when residences focused more on the children than on the center, when centers promoted a good relationship between children and staff; nevertheless, the deficits in socioemocional development, the instability of the staff and the marginal role of the families constituted a permanent problem. These studies also focused on the increase in the age of attention. The teen population raises new needs, such as the need to prepare for an autonomous life, as well as find a good model of foster care in families.

Panchon, Fernández del Valle, Vizcarro, Antón, and Martín (1999) studied the situation of minors between 16 and 18 in Spanish residences. In this study they found that 69% of young people had an educational level that did not correspond to their age, and a low level of motivation. These investigators also reported that only 56% of the residences planned to supervise the young people once they left the center.

Fernandez del Valle, Álvarez and Fernanz (1999) studied the situation of 188 young people after being fostered in residences in Asturias (Spain). They reported that the mean duration of a stay in a residence was 6.5 years and a fourth of the sample had remained more than 10 years in residences. Less than half of the sample (40.5%) was working and only 8% was studying. The study reports that 19% have had problems with the law or related to social transgressions; 2.7% had been or were in prison (in the general population the rate is 0.1%); 37% of the sample had not managed to find an economically acceptable situation and sociolaboral stability: 10% of the boys and 26.6% of the girls were in marginal situations (problems with the law, drugs, prostitution, etc.); 26.6% of the boys and 23.6% of the girls were depending on the social services to live; and in many cases they did not have housing. These researchers concluded that more than 60% of the young people had achieved positive insertion. They also found that the group that had major social conflicts did not correspond with the group that had been in a residence for the most time, and so they concluded that the factors responsible for these problems are outside the residence.

Aims and Design

This study aims to determine the situation of young people after residential care and analyze variables that can affect their sociolaboral insertion.

Residences in Catalonia (Spain) that care for protected young people in the final periods are the key informers. To evaluate sociolabour insertion it is necessary that the young people have

had time to get used to their new situation. Therefore, directors were asked about young people that had left the foster residence between two and five years ago.

The staff of 36 finalist residences that care for young people that came of age in the same center were interviewed. Residences reported on 353 young people that left their centers between 2 and 5 years earlier. Intensive education centers (in which young people have major behavioral problems and frequently have delinquent behavior) have been excluded from this study as well as specialized centers that care for young people with major psychological disorders or deficiencies. The reasons for excluding these centers are that the treatment and destination after coming of age are clearly different. We have included in the analysis only those cases in which the young person left the center at the age of 18 and did not have a diagnosed mental deficiency. The study sample was therefore reduced to 143 cases. The director of the center or older educators who knew the cases in detail were interviewed. The interviews were sent to centers before visiting them so that the required information could be collected.

Centers were asked about the age, the origin and reason for the protection measure. In addition, they were asked to evaluate (between 0 and 5) the young peoples' skills that are related to sociolaboral insertion (autonomy, education, interpersonal relation skills, acceptance of social rules, perseverance in work, emotional regulation and negotiation skills) and to indicate everything that they consider to be relevant, as well as if the person in question had some psychologically relevant problem. They were also asked about the destination of the young people after they left the center and evaluate the degree of adjustment to this destination. Finally they were asked for the current situation of the person: work, family situation, housing and problems.

The data was analyzed using a commercial statistical package (SPSS/PC). Descriptive test, t-test, and chi-square test were performed.

Analysis and Interpretation of the results

Age and gender

The sample was constituted by 47% boys and 53% girls. The age of entry in foster residences was between 2 and 17. Significant differences between boys and girls in the age of internment were not observed. 6.5% of the young people entered from 2 to 6 years old. 13.6% entered from 7 and 11 years old. A fourth (24.4%) entered in the first teen period (12-14 years) and more than half of the sample (53.9%) entered in the middle adolescence (15-17 years).

This advanced age of entry in the protected measures could be related to the fact that the children who join the centers in infancy have more possibilities of being fostered or adopted by a family. Many families see fostering as a form of adoption. Foster families are less keen to foster a teenager (Kaniuk, Steele & Hodges, 2004). Another possible explanation of this older age of entry is that as young men enter adolescence, the incapacity of the biological family to contain the teenager would be more evident.

Both possibilities relate to the complex psychological profile of adolescence. The socio-emocional difficulties of adolescence can increase due to the lack of attention and unstable emotional links with progenitors. Entry in the residence is a fact that evidences the difficulties of the young person's family environment and can generate more emotional tensions in the adolescent in a period that is usually conflictive. What is most worrying about this panorama is

that protection concludes when the person reaches 18 years of age, when the young person is still in adolescence and probably has neither assimilated nor integrated his emotional experiences, which probably limits his/her socioemotional maturation.

Origin

When at the target residence, 52.9% of the young people came from another center, 35.7% from the biological family, 8.4% from the foster family (of them 4.2% were fostered in the extended family and 4.2% were fostered in foreign families) and 1.4% from the street. Significant differences between boys and girls were not observed in this variable. In Catalonia the residential model is organized depending on ages. There are centers dedicated to first infancy, to second infancy and to the final period (16 to 18) and there are also some vertical centers that receive children and young people of all ages. This would explain why half of the sample came from another center. The change of center can mean breaking the emotional bonds with the educators and an increase in the sensation of instability in the person's life. Consequently this could negatively affect their socioemotional development and the capacity to establish social relations and healthy emotional links in adult life.

Another important aspect to value is the 8.4% of children who come from a foster family. Amorós, Freixa, Fuentes and Molina (2001) found that the 18,7% of family fostering failed and the minor must to return to a residence. The failure of fostering is also an experience of abandon, and sometimes leads to an emotional crisis because the young person can evaluate that he/she caused the failure and that he/she is never going deserve affection from anybody. In infancy and adolescence, young people do not have the overall perspective to understand the complexity of elements that can lead to failure of fostering, and the strong emotional dependence on affection and acceptance from their environment lead them to experience this failure more intensely. Thus, it is very important to evaluate the reasons of these failures and to design measures and strategies to decrease them.

Cause of fostering

The reasons for entering foster residences in most cases were multiple. The reasons included family negligence (56%), abandon (27.7%), sexual abuse (12.1%), parents' decision (9.9%), physical mistreatment (9.2%), family violence (9.2%) and delinquency of parents (3.5%). In addition to these causes, the centers reported other reasons such as being an unaccompanied immigrant minor (4.9%), the biological family or foster family's inability to contain the young person (4.9%), parent's disease (4.2%), parent's alcoholism (4.2%), bad relation with caregivers (3.5%) and economic precariousness (3.5%) (figure 1).

No differences in the reasons for entering residences according to sex were found; with the exception of unaccompanied minors, which was only observed in boys $(F133,1 = 8.2)$; $P < 0.01$). Nevertheless, it was found that the minors who had entered as a consequence of family negligence had a slightly lower average age than other protected young people $(\chi^2 = 13.2$ vs. x $= 14.3$; $F(1,136) = 4$; $P < 0.05)$.

These data point out the need to assess whether an increase in attention in the family environment would have avoided the minor being taken away. Studies support the preventive intervention in the family (Engels and Andries, 2007; Fernandez, 2006). In the last years there have been some initiatives in Catalonia in this direction with educators that supervise educative work inside the family in order to prevent taking a child to a residence. It would be interesting to analyze the efficiency of this experience in the socioemocional evolution of the minor.
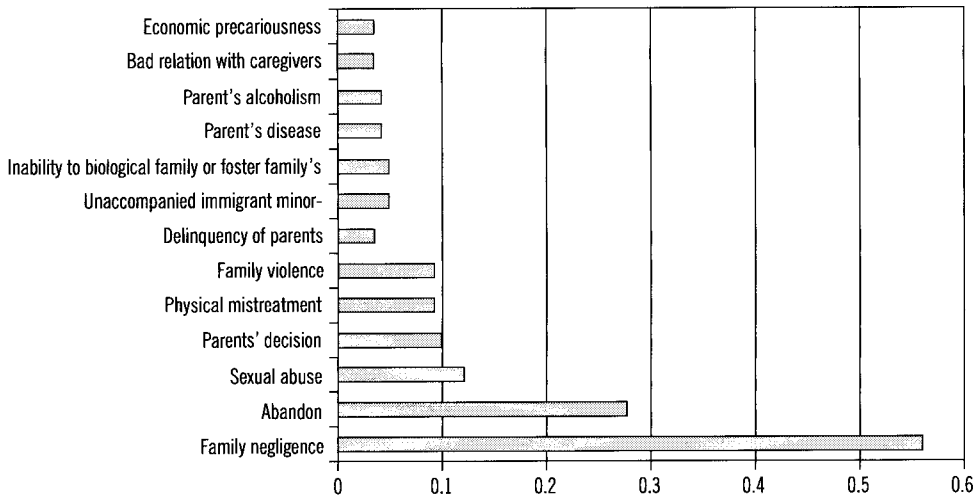
Figure 1
Causes of fostering.

Personal skills

Centers scored the young people's skills along the whole spectrum, from 0 to 5. Considering the averages, the best scores were obtained in autonomy ($x = 3.6$, sd $= 1.2$) and acceptance of social rules ($x = 3.3$; sd $= 1.3$), followed by interpersonal relation skills ($x = 3.2$, sd $= 1.2$), perseverance in work ($x = 3$, sd $= 1.4$), aptitude to negotiate ($x = 2.9$, sd $= 1.3$), education ($x = 2.7$, sd $= 1.1$), assertiveness ($x = 2.7$, sd $= 1.2$) and finally, the skill with the lowest score was emotional regulation ($x = 2.6$, sd $= 1.1$).

It is not surprising that the best score was for autonomy. The high ratios of children to educators in centers require young people to function autonomously in their daily life. Moreover, educators aim to develop autonomy in young people because at the age of 18 they will have to survive by their own means. Nevertheless, emotional regulation, a key skill for positive social insertion, was very undeveloped.

Saarni (1997) indicates that emotional regulation is related to emotional links in the first years of life. Children brought up in sensitive and empathic families develop better emotional regulation. Children who experience strong negative emotions that they are not able to control provoke negative answers in both peers and elders. This can lead to people paying less attention to the child and consequently reducing the child's opportunities to learn socially positive skills (Eisenberg, Fabes and Losoya, 1997). The capacity to regulate emotions is related to the ability to create social relations. Children able to regulate negative emotions in social interactions establish more positive interactions (Eisenberg et al., 1993; Kliever, 1991; Eisenberg et al., 1997), and show lower levels of aggression and envy, better aptitude to delay reward satisfaction and tolerate frustration, as well as, major prosocial behaviors (Block and Block, 1980). Therefore, emotional regulation and social skills are key factors in social inclusion for protected children who do not have the social support network, i.e. their family, to help them survive. They will have to create this network using their social skills and will need emotional regulation.

Significant relations between skills and sex or age were not observed; however, significant relations between skills and the reasons for protection were found. Thus, minors who entered for sexual abuse scored lowest in emotional regulation ($x = 2$ vs. $x = 2.6$; $F1,128 = 5.4$; $P < 0.05$) and autonomy ($x = 3.1$ vs. $x = 3.7$; $F1,128 = 3.3$; $P = 0.7$, this difference is nearly sta-

tistically significant). Finally those who entered for family violence scored lowest in assertiveness (x = 2 vs. x = 2.77; F1,128 = 6.18; P < 0.01) and also scored low in emotional regulation (x = 2.2 vs. 2.6; F1,128 = 3.1; P = 0.08), this difference is nearly statistically significant). No differences were found in terms of whether the internment was the decision of the family, mistreatment, negligence or abandon.

Psychological problems

When directors were asked for the relevant psychological problems, they commented on 25 cases (17.5%).

Most of the problems referred to emotional instability (56%), which are related to the strong impact of not having stable emotional links:

> Low self-esteem ... psychological crises, total instability ... depression ... had suffered too much, outside seemed to be well, but he was very affected internally ... unstably, he had many emotional ups and downs emotional processes ... emotional dysregulation ... he could not get over the reason for being in the residence ... treatment for sexual abuse ...she was nearly fostered but was not accepted, but her brother was fostered and she is still hurt ...

In some cases the perception of the gravity of the cases leads to the centers labeling the problem as a disorder although it is not diagnosed (32%):

> Kleptomania, depression, dysthymia, hyperactive, histrionic, loss of memory, personality disorder (2), psychotic disorder not diagnosed.

The problems inevitably affect relationships with people and thus some commentaries indicated these problems.

> She wanted to buy people ... behavioral problems and aggressiveness towards others ... without skills or social capacities ... he had major episodes of aggressiveness and self inflicted injury.

Others referred to undiagnosed cognitive disabilities (24%).

These data are in agreement with Olivan (2003). This author found that 45-95% of the minors who enter in a residence or in a foster family present at least a problem of mental or physical health or an immature development. 20-45% of these minors present more than one problem of health and 4-6% present a chronic disease.

Education and training

A substantial part of the young people had school education. Only 5.1% did not receive any education, and they were young people who entered the center after school age (from 16 years). Nevertheless, only 40.1% of the young people graduated from high school, 7.3% did technical education, and 0.7% achieved university studies. Comparing these percentages with the percentages of the reference population (73.6%, 43.3%, 33.4%) (Merino and García, 2007) the great inequality for entering the work force is evident.

There were not significant differences between boys and girls in formal education, but there were significant differences (F128,1 = 4.26; P < 0.05) in occupational training. A greater percentage of girls (75.7%) than boys (58.6%) received this training.

65.7% of the young people received work training. In most cases (36.4%) the centers explain that the young people had received training for a trade in workshop schools, workshops, modules, or social guarantee programs: carpentry (7), waiter (7), shop assistant (6), construction (5), gardening (4), hairdresser (4), mechanics (4), administrative assistant (3), cook (3), maintenance (2), electricity (2), confectioner (1), veterinary (1), tapestry (1), aesthetics (1), restoration (1).

In some cases, young people had followed formal vocational studies (7). In other cases, the courses were not specific for a job but they prepared unspecific skills that could be needed in diverse jobs: computer (1), first aids (1), food manipulation (1). There was also training for looking for employment (7), or direct labor insertion (as a waiter in McDonalds, as a cleaner) (3). Finally one center stated that in their center the preparation was internal and carried out by a professional of the center.

Situation after leaving the center

More than one third of the young people went to live with their biological (26.1%) or extended (8.5%) family after leaving the residence (figure 2). Another third (33.8%) went to live temporarily in a flat subsidized by the social services or the residence. 24.6% went to live in shared housing with friends or their sentimental couple, or alone. A small percentage (3.5%) was fostered by a family friend or the couple's family. Finally, others left the center without their whereabouts being known (3.5%). 32.4% of the girls compared to 16.1% of the boys went to live alone, with friends or their partner.
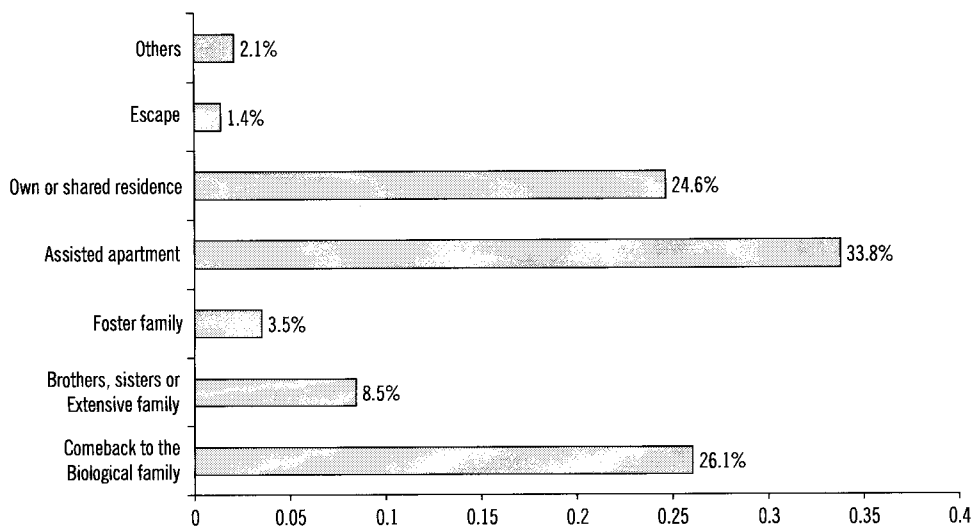

Figure 2
Destinations when young leave the residence.

When centers were asked to value the degree of adjustment of the young people to their destination with a scale from 0 to 5, the destination that obtained the best score was fostering (x = 3.6, sd = 2.1), followed by the extended family (x = 3.5, sd = 1.3).

There are different kinds of fostering. In many cases the foster family was the family of the sentimental couple. In other cases they were friends or people who have a relation with the young person. Returning to the father or mother is different to returning to the extended family (brothers, grandparents, uncle, etc.). This separation seemed to be important since the reason for the protection measure was the disability of the parents to care for the minor, and the minor remained in the center because this disability had not improved. It is therefore most probable that returning to the family would not be exempt from difficulties. Consequently the assessment of the adjustment to housing after the residence was better when the young person went to live with extended family rather than with parents. The analysis of the commentaries shows that in many cases it was the minor who wanted to return to the family, and in others they returned to the biological family because they did not have enough money to live alone.

In some cases the return worked, but in others the relation failed and the young person had to look for other alternatives. Inside the category "shared housing" there are two types of relation: in some cases sharing with friends, though in most cases accommodation was shared with the sentimental partner. It is surprising that the assisted flat is in the fifth place. Analyzing directors' explanations about this process showed that most of the young people after a little time living in these flats left them and went to live with family or friends, probably because they did not have sufficient economic resources.

Current situation

When directors were asked about the current residence of young people, they reported that a third (33.6%) lives with their family (biological or extended) at present; almost another third (27%) lives with their partner, and the rest live in shared flats (14.6%) or alone (6.6%). There is a remarkably high percentage of young people (14.7%) of whom the residence is unknown (figure 3).
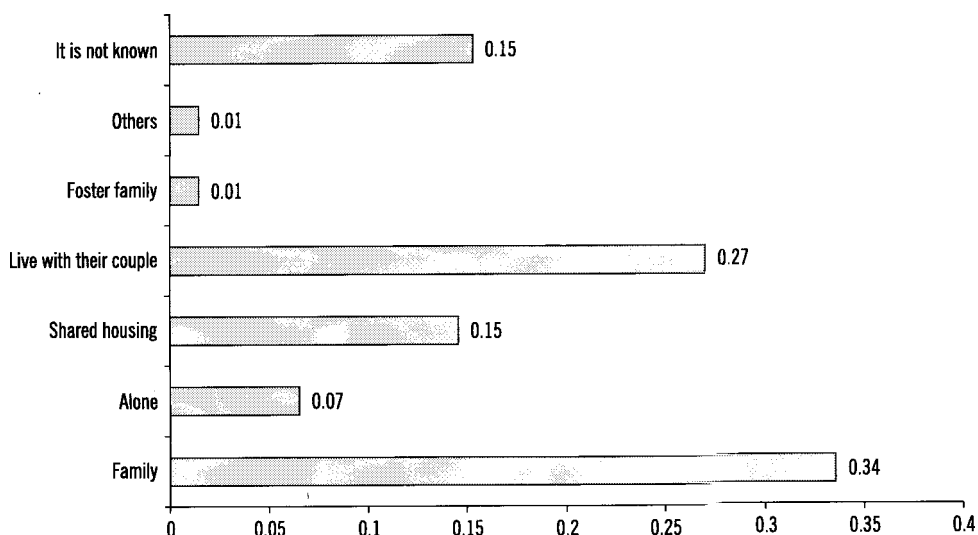

Figure 3
Current situations.

Comparing these data with the first residence after leaving the residence, shows that there is no decrease in the percentage of young people living with their family (1% less) or foster family (2.1% less). These data reaffirm the importance of emotional links in young people's survival when they leave residences.

Differences were observed in the housing depending on sex ($F128,6 = 18.9$; $P < 0.01$): boys live more with their families (41 vs. 28.4%) or alone (13.1 vs. 1.5%) than girls; whereas girls live more with their partners (41.8% vs. 14.8%) than boys.

59.9% of the young people work at present, 15.3% do not, and it is not known if the remaining young people work. According to the Observatori Català de Joventut, the employment percentage of the young people in Catalonia between 16 and 29 years is 70.6%. However, the quality of the jobs is low and 46% of young people have high labor instability. The interviewed directors consider that 21% of the young people have significant difficulties to find a job. The most common reasons for this difficulty are emotional instability and the lack of social skills. There are also difficulties related to sex or the work license for immigrants, diseases and low wages.

Again we observed differences between boys and girls, in the sense that there are a major percentage of girls who do not work (26.9% vs. 11.4%) ($F 96,1 = 3.6$; $P < 0.05$). This difference is also observed in the reference population, where 33% of girls and 25% of boys do not work (Observatori Català de Joventut); but the percentages are not so different. In the reference population 8% more of girls than boys do not work, whereas in the young people that have been protected this difference is 15.5%. Nevertheless, it does not seem that there are differences in the difficulties for finding work between boys and girls. Therefore, this higher unemployment index can be attributed to other difficulties, such as maternity, etc.

When directors were asked about the young people's known problems, they answered that the most common problem is emotional instability (59.6%) and premature parenthood (19.1%), and to a lesser extent drugs (11.6%), judicial problems (11.4%) and alcoholism (4.4%). Data showed that more girls than boys have emotional instability (49.1% vs. 28.3%; $P < 0.05$) and premature parenthood (30.4% vs. 9.4%; $P < 0.01$). More boys than girls have problems with alcoholism (9.4% vs. 0%; $P < 0.05$) and with the law (17% vs 5.5%; $P = 0.05$). Nevertheless, according to the information of the Observatori Català de Joventut, the risk of alcoholism for people between 15 and 29 years old is estimated at 12.7%. Thus the alcohol consumption of young people that have been fostered in residences would be below the population of reference (Observatori Català de Joventut). The most worrying information concerns the judicial problems and premature parenthood. The fact that 30.4% of girls are young mothers probably explained their higher unemployment index and that the current residence is with their partner. This information is worrying since these young women are completely economically dependent on their sentimental partner.

Some of the problems that present these young people probably are related with their previous history of abandon, mistreatment or abuse. This way, the studies show that the teenagers who have suffered different types of mistreatment have major risk of the abuse of substances (Moran, Vuchinicha & Hallb, 2004, Swanston et al. 2003), more behavioral problems (Cyr, Fortin & Lachance, 2006), major difficulties to establish sentimental stable relations, as well as major risk to suffer experiences of mistreatment by their couples (Romito, Crismab & Saurel-Cubizollesc, 2003), and experience more sexual practices of risk (Rodgers et al., 2004). In the same direction Fergusson and Horwood (1998) found that fostering or adoption does not avoid the appearance of behavioral problems in adolescence.

In summary, the profile of the young adult who leaves residential care in the last years in Catalonia is a person who has been under protection in a foster residence from 12 years of age

and has resided in more than one center. They probably entered due to negligence and have not graduated from high school. They may have received work training for a non-qualified job. When the person came of age he probably returns to the family or shared a flat with friends or their partner. Perhaps he has found a job but it is probably unstable. At a personal level his main problem is probably emotional instability.

Limitations of the study

To talk directly with young people who had left residences was very difficult because there is no register with their current location, and it is very difficult to contact them. So the residence directors were used as key informants. However, using key informants introduces a new source of error variance in the study, since they can give imprecise information.

When they were asked to evaluate some socioemotional competences or the level of adaptation to the place the young person went after leaving the residence, different criteria were used since they were different people. This is a new source of error variance.

These sources of error variance increase the noise in the statistical analysis, but do not bias the results. Thus, in spite of this major error variance there are statistically significant results, which show that these relationships may actually be more intense.

Conclusions

The data indicates the importance of the relationship with the biological family for the emotional stability of the minor, socioemotional competences, and successful sociolabor insertion. A third part of young people returned to their family when they come of age and protection finishes. Therefore, it is necessary to maximize the socioeducative interventions that avoid withdrawing the minor from his family. If it is imperative that the minor maintains family relations during fostering, socioeducative interventions are necessary to prepare the family to develop its present and future function with regard to the minor.

Directors stated that young people adjusted best after leaving centers when they went to live with foster families or extended family. It seems that the best adjustment is observed when the young person finds a home with other adults who are mature enough to accompany the young person in his process of entering adult life. In fact emotional regulation, a key skill for positive social insertion, was the most underdeveloped emotional skill. It could be interesting to develop educational projects that include socioemotional competences in foster residences, and to establish a figure that can accompany the young person after majority.

The low educational level of the young people in residences as compared with the reference population is alarming. Educational programs that could increase the educational level, increasing resources for extra support lessons, improving motivation for studying and reducing the number of young people who leave school, are necessary.

The high rate of premature parenthood is worrying, and the limitations that this situation can cause for personal, social, labor and emotional development. A thorough analysis of the reasons therefore is necessary and interventions to avoid it need to be designed. Problems with the law affect a significant part (11.4%) of the young people studied. An analysis that de-

scribes the different types of problems and the associated factors is necessary to prevent them.

Finally, the overall recollected data indicates the precarious situation of protected youth after residential care. It is necessary to analyze supports and measures to accompany them in their social insertion.

Acknowledgements

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