



Mental Health
Commission
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Commission de
la santé mentale
du Canada

Consensus Conference on the Mental Health of Emerging Adults

Making Transitions a Priority in Canada

Emerging Adults Who Are ... Emerging From Child Welfare Care

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The focus of this submission considers the following:
What is our community's responsibility towards the safety and care for emerging adults who are emerging from child welfare care and who have unique needs resulting from their prior victimization through violence / neglect and who have been parented under the auspices of the state?

Parents for Life? What about the emerging young adults who are CAS Crown Wards?

1. Child welfare legislation in Canada focuses on the safety needs of children 0 – 16, 18 or 19 years of age depending on the provincial jurisdiction.
2. Once a child becomes a crown ward they can, under most child welfare legislation, remain in care to an extended age on the consent of the young person and the agency.
3. There is an absence of a legislative mandate insuring that young people who are wards of the state are provided with long term support beyond a specified age within whatever provincial jurisdiction they reside.
4. While there has been recognition for youth who are crown wards that some provision is required to address their needs, this is on an individual and exceptional basis.

Objectives

The Objectives of this submission are to:

1. Raise awareness regarding the emerging adults who have been crown wards within Canada's child welfare systems.
2. Identify the mental health, physical health, housing, safety, educational, vocational and long term security needs of this group of emerging youth.
3. Address the systemic, community and legislative requirements to insure that these young people are cared for beyond the current mandated legal age.
4. Arrive at a commitment to insure that these emerging adults are not further marginalized and indeed re victimized due to their prior experiences with violence and neglect.

What we know...

These emerging adults have histories that include:

1. Experience with physical and sexual abuse, neglect, maltreatment, exposure to intimate partner violence, or too often, a combination of a variety of all of these experiences.
2. High rates of poverty, pre/post natal exposure to drugs, alcohol, and toxins.
3. Mental health concerns, social skill deficits, and other life stressors.
4. The prevalence of mental health problems for children in the child welfare system ranges from 32% to 87 % relative to the 17% in the general child/youth population.
5. A prevalence rate of aboriginal youth who are crown wards that is 3 and 4 times higher than non aboriginal youth.

What we know when it comes to representation in the justice system of child welfare involved youth

The prevalence of adolescents in the youth justice system of child welfare involved youth is to the extent that one previous Ontario Child Advocate [Dr. Judy Findlay] referred to them as “Crossover Kids” and a prominent Queen’s family lawyer / researcher [Professor Nick Bala] as “Crossover Youth”

What we know:

1. The impact of childhood trauma is too often linked to later antisocial behaviour that leads to subsequent contact with the youth justice system.
2. The highest incidence of drug use and exacerbated mental illness lies within this group
3. The complex challenges and needs of crossover kids/youth are too demanding for each system alone to address

What is required:

1. An integrated approach which builds on each system’s unique strengths with:
 - i. Multi-agency collaboration across the child welfare and juvenile justice systems.
 - ii. Coordinated case management and supervision that fosters family engagement and youth permanency

The implications of which reflect that.....

“Like all youth [young people in foster care] are on a gradual developmental trajectory from adolescence to full-fledged adulthood that likely will not be achieved until 25 or 26....[and] *emerging adults with complex histories [require] even greater support from family and community to complete the developmental tasks of this transitional phase*”
[Casey, 2011]

What we know about all emerging adults is that.....

Their developmental imperative is to establish independence by:

1. Successfully individuating from family
2. Negotiating extended education and employment
3. Establishing a financial base
4. Entering into romantic relationships
5. Creating a network of support through friends

Independence from family has now been replaced with *interdependence* that allows for:

1. Dependence on others where youth may lack full capacity to function on their own
2. Development of the skills and confidence to depend on others [Antle, Johnson et. al., 2009)

Recommendations

1. The reality is that having a family for life is a requisite for successful individuation
There is a necessity for reemphasizing permanency planning for all crown wards while they are in care and that this is to be made a standard of care for all CAS'

“Every youth needs that one person or one family to rehabilitate a foster child’s soul”[Freundlich, 2011]

2. Recognition that recovery from trauma arising from prior experience with violence is a life long challenge

Trauma informed practice within child welfare is a necessity – and should be a requisite for effective practice if we are to help promote successful emerging adults who have experienced violence and /or neglect and that this is to be made a standard of care for all CAS'

3. Parenting doesn't end because a birthday has passed

We need to give emerging adults through child welfare care the extended commitment of support that is guaranteed beyond the current mandated, legislated age by lobbying provincial governments of this reality.

Recommendations

4. Integrating a dis-integrated system of care

An integration of services specifically focused on emerging adults from the child welfare system who should not see their access to mental health, physical health, housing and financial support ended or made more complicated because of the artificial divide between child/youth and adult services.

5. Promotion of academic opportunities

Open and free access to post secondary education and that we lobby provincial governments to set this a priority.

6. Elimination of homelessness of child welfare crown wards

Guaranteed intermediate housing and support to facilitate a successful transition from care to interdependence.

How do child welfare's emerging adults do this?

The short answer currently is, not well...

Young people who 'age of out care' have higher rates of:

1. Early school leaving prior to graduation;
2. Parenting at a younger age;
3. Reliance on social assistance;
4. Unemployment or underemployment
5. Involvement in the justice system;
6. Homelessness;
7. Mental health problems;
8. Substance abuse. [*Tweddle and others*]

Summary

Focus of Child Welfare Care	Focus of the Broader Systems of Care	Focus of Legislation	Focus of Education	Focus of Housing
Emphasis on permanency planning for all youth in care	Provide expedited access to services to ensure mental health and physical health care,	Eliminate the current age restrictions in Ministries of Child and Youth Services and / or Ministries of Health for child welfare care to reflect emerging adulthood	Guarantee access to post secondary education through waiving tuition	Provision of specialized housing apart from older adults for these emerging adults
Provide trauma focused care and treatment as a matter for all youth involved in the child welfare system	Challenge the barriers that artificially divide child/youth and adult services			
	Provision of parent education for all crown wards			