

Literature Review – Youth Aging Out of Care

Foster Care

Foster care refers to “24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility” (U.S. Department of Health and Human Services, 2010a). Foster care can be provided in a variety of settings including: pre-adoptive homes, group homes, institutions, supervised independent living, and foster homes provided by both relatives and/or non-relatives (U.S. Department of Health and Human Services, 2010b; Wiseman, 2008).

The most common reasons that children become the responsibility of the state include physical and/or sexual abuse or neglect (approximately 60%), parental absence as a result of parental illness or death, behavioral delinquency, and/or disability (Lopez & Allen, 2007). In 2006, over 850,000 children were confirmed to be victims of maltreatment with differential state demographics, and roughly 512,000 children were in foster care (Montgomery, Donkoh, & Underhill, 2006; Pecora et al., 2006; U. S. Department of Health and Human Services, 2006). Over 255,000 children entered foster care during the Fiscal Year 2009 (U. S. Department of Health and Human Services, 2010b).

Emancipation is a term used to refer to youth who age out of care between the ages of 18 and 21, depending on the state (Child Welfare Information Gateway, 2010; U.S. Department of Health and Human Services, 2006). The term “age out” refers to the termination of the child welfare’s legal responsibility to care for the youth. Namely, youth may lose eligibility to receive services (Wiseman, 2008). Youth “aging out” of the child welfare system are experiencing two simultaneous transitions – one from the care, protection, and supervision of the child welfare system to a position of autonomy and responsibility, and the second from childhood to adulthood (Goodkind, Schelbe, Shook, 2011). Estimates of the number of youths who age out of the U.S. child welfare system each year range from 20,000-25,000 (Courtney & Dworsky, 2006; Dworsky & Courtney, 2009; Hollander, Budd, Petulla, & Staley, 2007; Montgomery et al., 2006; Vaughn, Shook, & McMillen, 2008). More specifically, in 2009, the case goal for over 26,000 children in foster care was emancipation with 29,471 actually emancipating from care (U.S. Department of Health and Human Services, 2010b).

Child welfare agencies strive to reunify families and to obtain permanent placements for children in their care, yet for many children, this goal never materializes. According to the U.S. Department of Health and Human Services (2006), close to half of the children who were emancipated from foster care were in care for three years or longer. Successful placement in a permanent home is less likely when children enter care after they are twelve years of age or if they have been in foster care for twenty-four months or longer, which is indicative of the heightened risk faced by youth preparing to age out of care.

Transitioning to Adulthood

The period of life between the completion of puberty and adulthood has been referred to as emerging adulthood because of its marked transitions in educational attainment, employment, economic independence, romantic partnerships, and often, parenthood. Accordingly, when adulthood is defined by these particular markers, distinct differences begin to surface for youth aging out of care (Hamilton & Hamilton, 2008; Keller, Cusick, & Courtney, 2007; Montgomery

et al., 2006; Vaughn et al., 2008; Wiseman, 2008). Recent Research has examined the experiences of youth aging out of the child welfare system, finding that they generally do not do as well as youth not involved in child welfare across a range of outcomes, such as educational attainment, employment, public assistance receipt, criminal justice involvement, and material hardships (Goodkind, Schelbe, Shook, 2011).

Pre-existing individual characteristics such as mental health concerns, developmental delays, and medical fragility impact the stability of placements (Farmer, Southerland, Mustillo, & Burns, 2009; Freundlich & Avery, 2006), and youths involved in the child welfare system are disproportionately representative of communities effected by poverty, turmoil, and crime (Vaughn et al., 2008).

Young people in the process of exiting foster care often have personal histories characterized by instability and one or more of the related factors of poor parenting, familial separation, poverty, abuse, neglect, abandonment, personal loss, placement disruptions and subsequent moves, and school transitions. As a result of unpredictable and challenging historical contexts, these youth are often unprepared for emancipation from state care (Daining & DePanfilis, 2007; Keller et al., 2007; Pecora et al., 2006; Vaughn et al., 2008). Recent research suggests that youth do not always leave care as planned and that youth experience confusion about the process of leaving care (Goodkind, Schelbe, Shook, 2011). This work has also shown that youth often leave care under negative circumstances and most youth are not discharged because they are ready for independence (Goodkind, Schelbe, Shook, 2011). Instead, many youth are automatically exited when they are 18 (or 19), while others, once they have the option to leave care, refuse further services and/or return to their biological families (Goodkind, Schelbe, Shook, 2011).

During the transition to adulthood, many young people leave the nuclear family to pursue independence, whether that be through education or employment, yet adolescents who age out of care generally establish independence as a result of dissatisfaction with care or when state support ends. Thus, youth who have aged out of care are not always motivated by opportunity and begin the trek into young adulthood without comparable prospects and support (Collins, 2001; Daining & DePanfilis, 2007; Montgomery et al., 2006).

The adult functioning of those who have been in foster care is often reported as being poor compared to adult counterparts who have not been a part of the child welfare system. Although many foster care alumni complete high school, completion by foster care alumni is disproportionately represented by GED acquisition rather than by obtaining a diploma. Foster care alumni are less likely to attend postsecondary education, are less likely to have health insurance, and are more likely to experience homelessness (Freundlich & Avery, 2006; Hollander et al., 2007; Keller et al., 2007; Pecora et al., 2006). Higher dropout rates, use of public aid, psychological diagnoses, early parenthood, criminal activity, and substance use, and lower rates of employment, housing acquisition, and a tendency to display fewer identifiable strengths often put these youth at a greater risk of experiencing disturbances in the transition to adulthood (Courtney & Dworsky, 2006; Daining & DePanfilis, 2007; Farmer, Mustillo, Burns, & Holden, 2008; Freundlich & Avery, 2006; Hollander et al., 2007; Pecora et al., 2006; Scannapieco, Connell-Carrick, & Painter, 2007; Vaughn et al., 2008).

In previous research, youth have been characterized in terms of their risk levels (Vaughn et al., 2008) and in terms of profiles indicative of a continuum of psychological difficulties, adjustment issues, behavioral variations, networks of support, and levels of victimization. Keller et al. (2007) identified four different profiles of youth aging out of care: Distressed and

Disconnected, Competent and Connected, Struggling but Staying, and Hindered and Homebound, while Stein (2006) described youth leaving care as ‘moving on,’ as being ‘survivors,’ or as ‘victims.’

Regardless of categorical nomenclature, previous research clearly illustrates the significant needs and gaps in services that are faced by youth aging out of care (Collins, 2004). Although these changes in both roles and responsibilities can be a source of stress and limited adaptation, the transition can also be viewed as an opportunity to reroute one’s developmental course (Hollander et al., 2007; Keller et al., 2007).

Preparedness

The precarious interplay among relational supports, community services, and financial resources can dually impede and enhance one's experience while aging out of care (Daining & DePanfilis, 2007; Hamilton & Hamilton, 2008). The need for care and supportive relationships extends beyond the actual exit from receiving services; youth aging out of care need continued support during the transition to independence as well as after the transition is complete. All too often, support does not extend beyond this time. Looking at the risks associated with the aforementioned negative outcomes and the development of protective factors (resilience, locus of control, empathy, social skills, intelligence, faith, and hope) that cultivate positive outcomes is vital to the creation of programs that minimize transitional challenges and build on the strengths of youth (Courtney & Dworsky, 2006; Wiseman, 2008). Individual differences such as physical and/or psychiatric disabilities should inform programs designed to ease the transition of youth aging out of care (Anctil, McCubbin, O’Brien, Pecora, & Anderson-Harumi, 2007; Collins, 2004; Dworsky & Courtney, 2009; Freundlich & Avery, 2006).

When youth were interviewed about transitional challenges and the need for additional services, they expressed feeling disrespected and uninvolved in the decision-making process, identified breaks in collaboration and communication among caseworkers and foster parents, and recognized unmet needs including permanent connections. Youth suggested that foster parents be trained to further their effectiveness in applying the programs that prepare them for adult living, and they felt that needs such as housing, transportation, finances, and key relationships with supportive people were often unmet (Scannapieco et al., 2007; Wiseman, 2008). A greater number of youth-perceived barriers are evidenced by those who have lower coping and life skills self-efficacy; additionally, the instability of child welfare workforce turnover, perceived as a barrier by youth in transition, is often representative of the loss of a trusting relationship (Clare, 2006; Strolin-Gotzman, Kollar, & Trinkle, 2010).

The implementation of programs designed to address these challenges and barriers still warrants further investigation. Programs aimed at linking youth with vocational networks, daily living skills, transitional housing, and aftercare services are varied and may not always provide an adequate foundation to support the adolescent aging out of care (Collins, 2001; Collins, 2004; Keller et al., 2007). Programs that provide mentoring, support, and education are linked to positive outcomes and an increase in the chance of success. While youth learn how to gain independence and fend for themselves, the importance of understanding appropriate times to ask for help and to rely on support networks is vital to developing positive outcomes (Freundlich & Avery, 2006; Montgomery et al., 2006; Wiseman, 2008).

Resilience, competency or successful environmental adaptation regardless of heightened risk, can minimize the negative outcomes associated with the transition from foster care.

Resilience, which is thought to develop over time, facilitates coping, recovery, and achievement regardless of personal challenges, disadvantages, and past adversity. Notably, processes that increase one's level of resilience include one's ability to distance oneself from apparent risks, an increase in one's perceived self-efficacy, the capacity for benefit recognition across various areas of one's life, and the impartation of new opportunities (Daining & DePanfilis, 2007; Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard, 2007; Stein, 2006). After exploring the associations among resilience, life stress, and support systems, Daining and DePanfilis (2007) found that higher resilience scores were obtained by females, youth who were older at the time of exit from care, youth with lower perceived life stress, and those who reported higher levels of social and spiritual support.

Programs that promote the development of resilience and the prevention of negative outcomes offer services for an extended period of time, generally beginning in preadolescence and extending into early adulthood. When programs focus on the individual strengths of youth through the identification of hobbies and activities, youth are afforded opportunities to build self-esteem. Additionally, appropriate behavior is often modeled, and communication and other critical thinking skills are often utilized, increasing the likelihood for future educational and/or employment success. Most notably, programs should be developed from a holistic perspective that accounts for the complexities of need associated with this vulnerable population – prevention services, healthcare, education, employment training, recreational activities, individual therapy, and group therapy (Burt, 2002; Daining & DePanfilis, 2007; Rink & Tricker, 2003).

Although government-initiated programs are able to meet some of the health-related needs during the transition from care, the challenge of accessing services that holistically address the needs of youth across a variety of spectrums is a major barrier to successful transitioning, especially during times of economic insecurity. Thus, innovative approaches must be implemented to address this population's unique needs (Burt, 2002; Collins, 2004; English, Morreale, & Larsen, 2003).

Specialized programs, including Independent Living Programs (ILPs), are designed to aid the successful transition from foster care to adulthood. ILPs differ in design, yet social skills training is customarily provided through a variety of services and settings. Skills are developed within the personal realm (communication, decision-making, and independent living skills) and within the educational and/or vocational realm. Services may be offered in group settings or through individual mentoring, and they often offer opportunities for youth to practice their newly developed skills (Collins, 2004; Freundlich & Avery, 2006; Montgomery et al., 2006). Further research is needed to evaluate the effectiveness of ILPs intended to prepare youth for the transition from formalized care (Collins, 2004; Freundlich & Avery, 2006; Montgomery et al., 2006).

Factors that support successful transition include continuity of treatment, special attention to mental and/or physical health differences, education about coverage and the availability of benefits, and proper identification and assessment of service needs (Dworsky & Courtney, 2009). Positive placement history, fewer foster care experiences, few failed reunifications, concrete resources upon exiting care, broad independent living preparation, and high placement stability have all been linked to a reduction in the number of undesirable outcomes (Pecora et al., 2006). Stability is key to promoting resilience in that it is linked to security, continuity of care, and relational attachments. Creating a positive sense of identity and the appropriate preparation for

leaving care are both integral to the development of resiliency and the promotion of positive outcomes (Stein, 2006).

Importance

Although youth aging out of substitute care have distinctive needs that heighten their vulnerabilities towards becoming unemployed, undereducated, and unhealthy, sufficient attention has not been directed towards refining the nuances of this unique population and providing adequate ways of minimizing the potential for poor outcomes (Collins, 2001; Keller et al., 2007; Pecora et al., 2006). Utmost importance should be placed on identifying and building on the strengths of this population rather than relying exclusively on the identification of risks and problems (Hamilton & Hamilton, 2008).

A single, isolated characteristic or experience is not solely responsible for the challenges and poor outcomes associated with youth who age out of foster care; rather, an intricate combination of attributes and experiences shapes the outcomes of those exiting care. Currently, a lack of research investigating the heterogeneous nature of these youth and their experiences is indicative of the need for additional insight in this area (Keller et al., 2007). Identifying factors and characteristics that are useful in predicting differences in outcomes could be vital to addressing gaps in services and in safeguarding youth from the negative effects that are often associated with transitioning out of formalized care (Vaughn et al., 2008).

Implications (may change based on direction of study)

Implications for future research and policy development - reduction in cost and early parenthood; program improvement, document implementation of services; community-level outcomes (Collins, 2001) Develop Holistic Services that meet health and other needs (Burt, 2002; Collins, 2004; Daining & DePanfilis, 2007)

Matching those aging out with appropriate services (Keller et al., 2007)
Reduce risk of negative outcomes and minimize cost of services; movement away from self-sufficiency to interdependence; better preparation for youth – allowing them to feel competent and confident during the transition time; collaborative effort of working with them (Wiseman, 2005)

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