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Fostering Success: What Happens After the Transition Out of Foster Care?

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Honors Program Thesis

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Abstract

The foster care system in the United States continues to pose a great negative impact on its participants. This negative impact consequently lowers their chances of attaining the same level of success as their non-fostered peers. The foster care experience affects their academics, mental and physical health, employment, and has a special impact on minority children. There are several sources of support and resources available to assist this population if the individual, their foster parents, or case manager is aware of them. In addition to being aware of the sources of support and resources, the foster youth or foster care alumnus has to be willing to seek out the help and properly utilize the supports and resources available to them. The supports and resources I further researched are supportive adult relationships, participating in life-skills trainings, having friendships built on non-judgmental acceptance, formal supports, and providing more support focused on foster parents and potential foster parents.

keywords: foster care, success, academics, health, employment

Fostering Success: What Happens After the Transition Out of Foster Care?

The amount of children in foster care in the United States is astounding. In 2015 there were 427,910 children in foster care in the United States (Squiers, 2017). By 2017, that statistic had risen to 690,000 children spending time in foster care and remaining in care for nearly two years (Children's Rights, 2019). According to the Kentucky Cabinet for Health and Family Services, there were about 8,100 children in some form of foster care and about 15,000 children in kinship care in 2017 in Kentucky. Kinship care is when children are placed in the care of family members, often the grandparents or godparents. Unfortunately, there has been a slow but steady increase in the percentage of children in foster care in Kentucky in recent years, especially in older youths (Gillespie, 2019). As the statistics above suggest, this trend of rising numbers of children entering the foster care system can also be seen nationally.

Although the population of foster youths and foster care alumni that have exited the system (either through permanent placement or aging out) is rather large, they fight to keep up with their peers as they prepare to enter adulthood and attempt to reach success. Former foster youths experience higher rates of drug use, lack of healthy adult relationships, and completing less education than their peers. These negative experiences detrimentally impact their ability to succeed and transition into healthy adults after exiting the foster care system.

Defining Success for Foster Care Alumni

What defines success? The definition of success can look vastly different among populations and between individuals. I asked some of my college-aged peers what success looks like for them. They mentioned milestones such as getting into graduate school, securing that internship they applied for, and making a certain amount of money once they begin their career of choice.

Foster youths and foster care alumni may be more likely to have very different answers for their own definition of success. For this population, success often looks like passing a class, getting a job, changing foster homes, passing the test for a driver's permit, and finding an apartment (Powers et al., 2018). These answers suggest that their world is quite different than that of youths who were never in the foster care system. Because of the human and societal cost of foster care, we need to understand where foster care alumni struggle. We also need to learn how we as individuals and as a society can help foster care alumni have and achieve success goals that are more in line with young adults who were not in foster care.

The goal of this paper is to outline common areas of struggle for foster care alumni, as well as methods of promoting higher levels of success goals and outcomes. To this end, I have identified three main categories in which research shows foster youths and foster care alumni tend to struggle to succeed. Specifically, being a child or adolescent in foster care and foster care graduate tends to be negatively correlated with academic success, mental and physical health, and employment prospects. I will discuss the effects of being in foster care on these three categories in turn, then I will provide suggestions for mitigating the negative impacts of foster care on young adults.

Academics

There are several barriers that have been identified within the academic lives of foster youths. These barriers can be classified as school related, foster care related, peer related, and

internal related barriers (Rios & Rocco, 2014). Each has a unique impact on foster youths and their academic success.

School Related Barriers

One of the biggest concerns within school related barriers is low high school completion rates. Only about 50% of foster youths find themselves graduating from high school. The high school completion rates for foster care youths are significantly lower than the general population's graduation rate of about 80% in the United States (Sim et al., 2008; National Foster Youth Institute, n.d.). Adding to the risk of low completion rates, foster youths are more likely to attend underperforming schools, but research does not specify why this is the case (National Foster Youth Institute, n.d.). This compounds the academic risks faced by adolescents in the foster care system. Out of the foster youths that do complete high school, only 7-13% will immediately enroll in post-secondary education or training programs such as a trade school after graduation (Sim et al., 2008). For that 7-13% that do enroll in post-secondary education, it is more common that they enroll in two-year and community colleges instead of four-year universities (Okpych & Courtney, 2014). Unfortunately, two-year and community colleges have lower completion rates than four-year universities. Despite these disheartening statistics, adults in their lives should still make an effort to encourage foster youths to set positive, high expectations for themselves and their success.

For the portion of foster youths that enroll in post-secondary education, there are additional resources available. Across the nation, many public and private universities offer tuition waivers to students that were adopted or in foster care. These tuition waivers usually cover all of the tuition and fees for a student attending a university in their home state. At most universities, tuition waivers do not cover additional expenses and cannot be used if attending an out-of-state university. Regardless, the waiver would still ease a large portion of the financial responsibility of attending post-secondary education. Being able to use a tuition waiver increases access to higher education, which makes the low college attendance of this population even more striking (Legal Center for Foster Care and Education, 2008).

Foster-Care Related Barriers

Due to complications of the foster care system and the educational barriers they face, there are often primary and secondary enrollment issues for foster youths. Specifically, foster care youths experience a higher number of school placements throughout their elementary, middle, and high school years. Over a third of children that participate in the foster care system experience five or more school changes as a result of changes in their foster home placement (Pecora, 2012; Salazar, 2013). As the number of placement and subsequent school changes increases, the impact on the child's academics increases.

Internal Barriers

A high number of placements is problematic for children in foster care because this leads to missing school more frequently than children and adolescents not in foster care, and this increases the risk of being held back because they did not complete an adequate amount of academic work. Multiple school placements also increases the likelihood that school records are misplaced. School records include information such as directory information, personal identification information, the courses the student has taken, the grades they received, scores on standardized tests, etc. Misplacing school records may not seem significant, but losing these records can result in a delay in the child receiving services and accommodations for which he or she is entitled.

Peer Related Barriers

Additionally, these multiple placements also increase the likelihood that children and adolescents in foster care lose contact with friends they have made in their previous school placements, and that they are forced to move away from possible mentors or coaches (Pecora, 2012; Anderson et al., 2018). Some foster youths have described these relationships to be the fuel for them continuing to grow and build allies. Youths shared with researchers that having a mentor helped them achieve goals big and small, such as passing a class, getting a job, moving to a better foster care placement, or getting their driver's permit (Powers et al., 2018). Losing that support can be devastating for foster youths, especially since mentors are what help them reach their goals and be successful.

Mental and Physical Health

Foster youths and foster care alumni experience a higher risk of developing health problems. This increased risk is greater than what could be explained by economic insecurity alone (Ahrens et al., 2014). Economic insecurity is the financial risks faced by individuals or households as they experience unpredictable events. Financial stress is often linked with poor health, and recent foster care alumni typically find themselves experiencing significant financial strain.

Many foster care alumni find themselves without health insurance. Insurance coverage is decreasing in the United States, leaving families to cover more medical expenses (Western et al.,

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2012). The decrease in insurance coverage could lead to individuals choosing to not seek health care when they should because they fear they would not be able to afford the bill. This could result in minor health problems becoming significant problems. Additionally, some individuals lose secure housing due to insufficient income. Because of this, 46% of youths that aged out of care were homeless at least once by age 26 (Combs, et al, 2017). Finally, financial difficulties can also lead to an increase in stress. As this stress builds it becomes chronic and then negatively impacts the individual, both physically and mentally. More detail on physical health risks are outlined below.

Physical Health Risks

Common physical health risks associated with foster care are general poor health, higher body mass index (BMI), cardiovascular risks, developing attention deficit hyperactivity disorder (ADHD), insomnia related to post-traumatic stress disorder (PTSD), increased risk of early unplanned pregnancy, premature death by suicide several times greater than that of their nonfostered peers, drug and alcohol use, and as mentioned earlier not having health insurance (Fusco et al., 2018; Häggman-Laitila et al., 2018). The increased health risks could be connected to this population's exposure to economic insecurity and chronic stressors (Ahrens et al., 2014). For this research, the physical health risks I will be focusing on are chronic stress, early unplanned pregnancies, and drug and alcohol use.

Chronic stress comes from prolonged exposure to stressors that the individual feels they have no control over. Constantly experiencing stress forces your body into staying in fight-orflight mode (The Mayo Clinic, n.d.). Possible chronic stressors for this population would include events such as being removed from their home and biological family, multiple placements, FOSTERING SUCCESS

traumatic events that occurred prior to entering care, and lack of stability in their lives. Being exposed to these stressors causes elevated rates of anxiety, depression, digestive problems, headaches, higher risk of heart disease, sleep problems, weight gain, and memory or concentration impairment (The Mayo Clinic, n.d.).

Individuals in foster care have an increased risk of teenage pregnancies and childbirth. The increased risk of early pregnancies in this vulnerable population can be connected to several factors. They often lack essential services, supports, and experience challenges that make education and employment difficult. It is likely that if young foster youths received more of these services, supports, quality education, and employment sufficient to support a child, they would make more thought-out decisions and avoid unplanned pregnancies. Those in foster care that are anti-pregnancy (no intention of getting pregnant and unhappy feelings toward pregnancy) however, did not use contraceptives consistently. More education and awareness of the types of contraceptives available and their use could additionally encourage youths to use them more often to avoid unwanted pregnancies. Early pregnancies can also be used as a way to bring attention to the need that the individual was already experiencing prior to the pregnancy and aid them in receiving services (Combs et al., 2017).

Many foster youths and foster care alumni turn to drugs and alcohol to cope with their chronic stressors. Overall, foster care youths are about five times more likely than their peers to abuse substances. Hudson and Nandy (2012) conducted a study with 231 adolescent participants currently in foster care in which 34% of the adolescents reported using alcohol in the last month. Twenty to fifty percent of foster care youths reported using alcohol and other substances (such as marijuana) while in care and continued to use after exiting care. For perspective, the Center for Disease Control and Prevention (CDC) reports that their peers drink much less. In 2018 the

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National Survey on Drug Use and Health stated that 19% of youths and young adults ages 12 to 20 years drink alcohol and 12% reported binge drinking in the past 30 days. If considering binge drinking specifically, the CDC references the 2019 Monitoring the Future Survey. This survey reported that 8% of 8th graders and 30% of 12th graders drank alcohol in the past 30 days and that 4% of 8th graders and 14% of 12th graders had binge drank in the past two weeks (CDC, 2020). Although the percent of non-fostered children that are drinking is still higher than preferred, the amount of foster youths that are drinking is significantly higher and they continue to drink after exiting care.

Some foster youths and foster care alumni use recreational drugs, such as marijuana, and alcohol to aid with physical ailments like insomnia and found it to be helpful (Fusco & Kulkarni, 2018). Recreational drug use may convince foster youths that they emotionally feel better, however there are negative health consequences that result from the drug misuse. Short-term consequences include changes in appetite, state of consciousness, heart rate, and blood pressure. It also increases an individual's risk of psychosis, having a stroke, overdose, and even death (*Health consequences of drug misuse*, n.d.). Long-term effects can be more drastic and have a greater impact on one's physical health. They include effects such as developing heart or lung disease and cancer, various impacts on mental health, an increased chance of catching HIV/AIDS or hepatitis, etc. (*Health consequences of drug misuse*, n.d.).

Mental Health Risks

In addition to effects on their physical health, the foster care system impacts the mental health of foster youths and foster care alumni as well. This population is known to experience greater life stress than their peers that negatively impacts functioning and day-to-day living (Fusco et al., 2018). Due to their chronic stressors, they have an increased risk of depression (with a mean score on the Center for Epidemiologic Studies Depression scale above the clinical cutoff score), they are more likely to experienced anxiety, and rates of mental illness six times greater than their peers that are not in care (Butterworth et al, 2017; Munson & McMillen, 2010; Turney & Wildeman, 2016).

At first it was considered that the negative effects on mental health could be explained by characteristics of the children themselves or the household. After controlling for this possibility, it was determined that the effects were caused by the foster care placement. Part of the impact on mental health could be due to the fact that children, although placed in foster care, are only able to be adopted after the parental rights have been terminated (Turney & Wildeman, 2016). For children whose parents had their parental rights terminated, they often endured maltreatment for longer than their fostered peers that are reunited with their biological parents. This maltreatment from their biological parents could further negatively impact their mental health.

Another source of poor mental and physical health for foster youths is negative interactions with their peers. There is a strong association between negative peer interactions and physical and psychological harm for children (Barter & Lutman, 2016). Negative peer interactions are things such as aggressive behaviors, bullying of any form, physical violence, anger, or aggressive jealousy (Barter & Lutman, 2016). Unfortunately, many foster youths exhibit social behaviors that sabotage their relationship with peers, and it is difficult for them to form positive, supportive relationships. Their inappropriate social behaviors could be consequences of being recipients of forms of abuse such as neglect or their insecure attachment relationships and poor parental role models that foster youths may have experienced prior to entering care (Price & Brew, 1998). Peer sexual violence in foster care is also a serious issue in regard to the health of foster youths and foster care alumni. The sexual violence goes both ways, with foster youths being both the aggressors and the subject of the aggression. A study that researched reports of abuse in foster care revealed that in a fifth of the cases children were the instigators of the abuse and that in over half of those cases, the abuse was from another foster child, siblings, the birth children of the foster family, or other unrelated children (Barter & Lutman, 2016). Focusing on sibling abuse (either foster sibling or biological sibling), the psychological effects can be harsh. It can lead to insecurity, poor self-image, low self-esteem, difficulty trusting others, learned helplessness, and becoming more likely to enter violent or abusive relationships (Boyse, 2012).

These cases of abuse within the foster care system lead to property being stolen or damaged, bullying, and physical assaults. One could understand how these effects would be a negative experience for anyone in the general population, but for foster youths it adds to their chronic stress. Often it can lead to re-victimization or retriggering their trauma, as many foster youths already previously experienced violence or abuse at home before entering foster care. Additionally, violence and other conflicts lead to over half of all placement disruptions (Barter & Lutman, 2016).

Previously, the effects of drug and alcohol use were addressed in the physical health section, but there are also negative effects on mental health. Chronic drug use can enhance mental health issues such as paranoia, depression, anxiety, aggression, and hallucinations (*Mental health effects*, n.d.). Alcohol is a common coping mechanism after experiencing pain, trauma, or overwhelming emotions because it represses negative emotions. This could explain why foster youths turn to alcohol, but in the long run it does not help. Excessive drinking can make people more likely to make poor decisions and lower their inhibition, which can lead to

more stress down the road when reaping the consequences of these poor decisions. Drinking can also provoke traumatic memories and repressed feelings, possibly retriggering the individual or sparking feelings of anxiety, depression, or shame (Viner, 2018).

Employment

Both unemployment and underemployment are common in foster care alumni. More specifically, foster care youths are less likely to be employed than the general population, and if employed, they are likely to earn less than the general population (Hook & Courtney, 2011). The National Alumni Study reported that the median income for foster care alumni aged 25 to 34 was \$17,500 while the median income for the general population of the same age was \$25,558 (Salazar, 2013). This is likely a result of a lack of high quality education, and especially the lack of post-secondary education, making employment harder to achieve and keep for foster youths and foster care alumni.

After noting that this population makes less money, it is key to next highlight their staggering rates of unemployment. The Midwest Study reported that only 48% of foster care alumni aged 23-24 were employed while 76% of the general population of the same age group were employed. This gap has been persistent over the years. The Casey Northwest Alumni Study from 2006 showed similar results with 80% of foster care alumni aged 20-33 were unemployed while 95% of the same age group of the general population were unemployed. As expected with these statistics, the rate of the use of unemployment benefits, workers compensation, and supplemental security income was higher for foster care alumni (Salazar, 2013).

The one positive aspect found in research is that the longer stays in foster care were associated with more stable employment as adults after transitioning out of the system (Hook &

Courtney, 2011). Staying within the foster care system past the age of 18 is associated with better transition outcomes including staying in school, pursuing higher education, receiving needed physical and mental health treatment, and not getting involved in criminal activities (Salazar, 2013). Thankfully, the 2008 Fostering Connection to Success and Increasing Adoptions Act (P.L. 110-351) gives federal support to states wanting to extend foster care services past the age of 18 (Salazar, 2013).

The Special Case of Minorities

Additionally, minority youths are not seeing the same level of care and adequate placements in comparison to white youths in the system. While one in seventeen American kids enter the foster care system, the rate jumps to one in nine for Black children and to one in seven for Native American children (Foster American, n.d.) There is not much research explaining why there are such disproportionate placements for these children across races. What is known though, is that we need to take data and strategies from different aspects of social services to make changes to the system in order to address the racial disparity (Pryce et al., 2018). There is no reason for minority children to be twice as likely as white children to enter the foster care system (Foster America, n.d.).

This unequal treatment provides added stress for minority children in the foster care system. Foster youths already experience chronic stressors, but having half the chance of securing a placement compared to your peers would only heighten that stress. The stress of having a more difficult time securing a placement on top of the stress of being a minority and possibly also the traumatic memories of events that occurred prior to entering the foster care system is a lot to place on the shoulders of a child. This increase in the chronic stressors could increase awareness of issues within the foster care system and encourage a yearning to learn more about the system and ways to improve it, especially towards decreasing the racism or other causes of the disparity in permanent placements for minority children.

Available Resources and Supports

Knowing how negatively several aspects of foster youths and foster care alumni's lives are affected, exploring avenues for helping this population is crucial. Overall, this population is more likely to experience educational challenges, securing and keeping a job, earlier unplanned pregnancies, being homeless, financial difficulties, participating in criminal activities, and having unaddressed healthcare needs (Ahmann, 2017). These challenges can be lessened through the use of available support systems, formal supports, informal supports, and local sources of support and information about the process. Available support systems could vary in form, but common forms are supportive adult relationships, friendships built on non-judgmental acceptance, trust, and respect, and life skills training (*KY FACES*, n.d.; Powers et al., 2014).

Supportive Adult Relationships

Supportive adult relationships help foster youths learn adult skills, build confidence, and gain independence (Ahmann, 2017). In Kentucky, examples of local support can be found through the Kentucky Cabinet for Health and Family Services. Each state has a cabinet of health that can be accessed for information specific to that state.

A few examples of sources of supportive adult relationships are mentors, supportive family members (either foster or biological), or coaches. Previously, in the peer related barriers part of the academics section, it was discussed that it is common for many foster youths to lose contact with the relationships they formed as they change foster home and school placements. If placement changes were able to be reduced, these youths would have a better chance at continuing these friendships, possibly even deepening them into long-term friendships that follow into adulthood.

Life-Skills Training

Life skills training should be provided to effectively cover several domains (Rios & Rocco, 2014). Life skills training often covers topics such as decision-making, problem solving, self-awareness, empathy, and resilience. Some trainings that are offered instead showcase job skills or soft skills that will help them successfully secure employment.

Casey Family Programs is a nationwide foundation that focuses on foster care and child welfare. They offer programs that are designed to help a foster youth achieve their long term goals and develop a healthy, productive life through life skills assessments and training. After reviewing the preview Casey Family Programs offers, their assessment covers daily living, self care, relationships and communication, housing and money management, work and study life, and career and education planning. The process involves the youth taking the 30-40 minute assessment, reviewing it with their case worker or other service provider, then forming a plan to develop their strengths and reaching their goals (Casey, 2017).

There are also ways for foster parents to help establish life-skills at home with their foster children before they age out and transition into adulthood. Throughout the foster youth's stay with their foster parents, the parents can encourage resilience, promote healthy supportive relationships and connections in the youth's environment, teach them how to maintain their

health and wellness, and have a general knowledge of available resources to share(Child Welfare Information Gateway, 2018).

As the youth gets closer to aging out and transitioning to adulthood, there are a few more things the foster parents can do to further promote life skills. The foster parents can help the foster youths locate their important documents (such as social security card, birth certificate, etc.), be an example of managing money well, help the youth learn how to find and maintain employment, and assist in securing housing for after they age out (Child Welfare Information Gateway, 2018).

Skills training opportunities can also be found locally through a simple internet search. A search of the term "job skills training for foster youths near me" revealed several resources in the local area. The top two resources found were Independent Living Programs through the Kentucky Cabinet for Health and Family Services and the Kentucky Career Center. The independent living program through the Kentucky Cabinet for Health and Family Services is formally known as the John Chafee Independence Program. It is federally funded and teaches youths in out of home care aged twelve and up the skills needed to be self-sufficient after exiting care. To sign up for this program, you are instructed to contact the Independent Living Coordinator for your region (*Independent living programs*, n.d.).

The Kentucky Career Center offers access to tutoring, study skills training, dropout prevention and recovery strategies, paid and unpaid work experiences, occupational skill training, leadership development opportunities, and financial literacy education. If you are in school, you must be between the ages of 14 and 21, a low-income individual, and one or more of the following: basic skills deficient, an English language learner, an offender, a homeless, runway, or foster youth, pregnant or parenting, a youth with a disability, or a youth requiring additional assistance to complete an educational program or secure and hold employment (Kentucky Career Center, n.d.).

If you are between the ages of 16 and 24 and out of school, the rules are a bit different. Specifically, you must be between the ages of 16 and 24 and one or more of the following: school dropout, within the age of compulsory school attendance but has not attended the most recent school year quarter, recipient of a GED or equivalent, basic skills deficient, an English language learner, an individual who is subject to the justice system, a homeless, runway, or foster youth that aged out of the system, pregnant or parenting, an individual with a disability, or a low-income individual that requires additional assistance to enter or complete an educational program or to secure and hold employment (Kentucky Career Center, n.d.).

Friendships Based on Non-Judgmental Acceptance

Having reciprocated relationships with consistent and reliable acceptance, trust, and respect is important to every individual, but crucial to the success of foster youths. These relationships should also feature open and honest communication. Healthy relationships can promote emotional and physical health (Powers et al., 2018). Unfortunately, as mentioned in the peer related barriers to academics section, many foster youths are likely to lose contact with their peers due to placement changes that cause them to consequently change schools.

Support from friendships based on non-judgmental acceptance often comes from sources of informal support. Informal supports are people or organizations such as: churches, facility directors, public school teachers, parents or relatives, and partners or friends in your community (Häggman-Laitila, Salokekkilä, & Karki, 2018). An example could be promoting resilience and support by dining together as a family (Anderson & Williams, 2018).

Formal Supports

On the other hand, there are formal supports that are also beneficial to foster youths, just in a different manner. Formal supports come in the form of financial help or material assistance, such as receiving payment for tuition or university fees, scholarships, living allowances, health care services, and housing support (Häggman-Laitila, Salokekkilä, & Karki, 2018). Examples of formal supports for foster care parents are: financial assistance in the form of a stipend that covers room, board, or other daily needs the foster child may have, medical coverage for the children, daycare assistance for working parents, provided assistance to meet specialized needs of children on a case by case basis, ongoing training, child counseling services, respite care, tuition assistance for the children, foster/adoptive mentors, and other support services (*How we support you*, n.d.)

Support for Foster Parents and Potential Foster Parents

Foster parents, or even potential foster parents, need better support and updated information in order to succeed. If the parents do not have the tools to do their best, it consequently will make it harder for the children to succeed after care. For many adults wanting to become foster parents, the process is unnecessarily difficult from the start. It is often reported that the sign-up process is painful. Thankfully, there are agencies that are working to implement web-based sign-up systems. These changes would decrease the chances of lost documents and increase parent satisfaction (Hunter, 2019). Promoting change in how adults sign-up to become foster parents could encourage those that would be a great fit to apply, as there would no longer be excessive painful red tape to pass through.

Communication between foster care agencies, case managers, the parents, and foster care youths needs to improve (Hunter, 2019). Without adequate communication between all involved parties, it is harder for the foster parents to be the best they can be for the children in care. To make matters more difficult, often there are more services included in insurance coverage than what foster care providers are aware of or the information being shared is inconsistent between parties involved. By not extending the effort to make parents more aware and knowledgeable about services and products, the children are in turn missing out on opportunities to further succeed. It is critical that families, providers, and case managers have access to reliable and up-to-date information regarding available programs and resources (Hayes et al., 2015).

What We Do Not Know

Although a significant amount of research has been done to learn more about this population, there are still gray areas where we are missing possibly crucial information. There are gaps in knowledge regarding employment prospects for this population, the education level of foster parents, the court process for children in foster care, and the rate of placement for certain age groups. Further research should be conducted in these four key areas. The information collected could potentially aid in new policies or changes to better care for this population.

We know that foster youths and foster care alumni struggle to land a job or to keep a job. One known reason is a lack of completed education. This partially explains the difficulty with employment but does not paint the whole picture of why this area of their adult life is impacted. Unfortunately, not much is currently known about the factors associated with the labor market for former foster youths. This leaves policy makers and program managers with little evidence

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and research to use in their efforts to improve the employment outcomes for foster youths transitioning to adulthood (Hook & Courtney, 2011). Without knowing more about the factors that impact the labor market, it is difficult to suggest useful resources or tips for getting and maintaining a job for this population.

Research shows that foster youths are less likely to further their education past secondary school compared to their peers. What is not known however, is if the education of their foster parent(s) impacted their decision about post-secondary education. Until more research is done on the impact of parental education, it cannot be argued that the foster parents' level of education has an impact on foster youths beginning or completing post-secondary education (Skilbred et al., 2017).

Although the total number of children entering foster care has increased over the years, the number of older youths has decreased. There is not currently an explanation as to how or why this is occurring. It is possible that changes to policy could help older youths that do enter the system find a permanent placement before they age out, as this would give them a better chance of successfully transitioning into adulthood. These changes would also be beneficial because older foster youths are less likely to be adopted and instead usually reunified with their biological family or appointed a legal guardian (Sepulveda & Williams, 2019). Sometimes being reunited with their biological family could be a positive experience, but often the individual would have a better chance of being successful if they found permanent placement outside of their biological family or a legal guardian.

Court is intimidating for most people but imagine being a child and being in the middle of all of the life changes foster youths are experiencing. Although a broad question to ask, researchers wonder if there is a way to make court less scary for children (Squiers, 2017)? A

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few ideas could be implementing advocates for the children in more courtrooms, such as Court Appointed Special Advocates (CASA), and finding a way to explain the court process in an age appropriate manner so that the child knows what is going on around them.

What Should Be Done Moving Forward?

A big step of positive progress in the foster care system would be to encourage foster youths to seek assistance. Many foster youths struggle to comfortably seek help when needed, despite the help being out there (Ahmann, 2017). A few common reasons for struggling are internal conflict, viewing relying on others as inappropriate, using self-reliance instead of mutual support and interdependence, being afraid of being an easy target due to a lack of protection and support, and knowing that people in their life could take advantage of them financially, occupationally, and sexually (Pryce et al., 2017; Häggman-Laitila et al., 2018). Acknowledging that this population is vulnerable and sometimes not well-educated about their resources and then taking the time to provide the information and education about what is out there could help promote and their overall well-being, employment, and financial stability (Häggman-Laitila et al., 2018).

Thankfully there are realistic improvements we can make nationwide to the foster care system. We can never eradicate foster care, but maybe we can make the system and the experience less harmful by adding more resources, support, and improving how individuals are treated. Above all, we need to be genuinely listening to these individuals because without listening policies that are created will fail (Liebmann & Madden, 2010).

A key change would be to focus on minimizing placement changes and finding a permanent placement. By reducing the amount of moves the child makes, it gives them an

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opportunity to form a relationship with a parental figure. If they have this opportunity to form a relationship and feel connected to at least once parent, their overall outcome tends to improve (White et al., 2015). To also improve the parent-child relationship, more support should be provided to the foster parent(s) (Ward, n.d.). Another suggestion to parents is to utilize routines and treating foster children the same as their biological children (Skilbred, 2017).

Additionally, it could help to place further efforts into helping families repair relationships and make better choices before reaching the point of needing to remove the children from their home. In Kentucky specifically, a new 2020 policy prioritizes strengthening efforts in preventing child abuse and neglect by investing in programs that keep kids safe and keep families together (Blueprint for Kentucky's Children, 2020 policy and state budget priorities). Having supportive and healthy child-parent relationships will help lessen the likelihood of high-risk behavior and the other negative outcomes discussed.

Another crucial area of improvement moving forward would be better identification and treatment of the mental health of foster youths and foster care alumni. Research has shown that if better physical and mental health resources are made available during post-secondary education, the following outcomes after completing post-secondary education could be improved and the risk of these negative outcomes could be decreased (Salazar, 2013).

Nationwide, we need to increase identification of mental illness and make evidence-based mental health treatment more accessible for both foster youths and foster care alumni (White et al., 2015). This also includes encouraging this population to set higher, more positive expectations for their future, as this group tends to have lower employment, mental health, and educational expectations for themselves (Sulimani-Aidan, 2015). Some examples of more

appropriate expectations would be encouraging them to pursue a diploma instead of a General Education Development (GED) and applying to employment fitting to their qualifications.

Going forward, we should also be purposefully promoting foster youth's strengths and teaching them life skills before they age out of the foster care system. The transition period is a crucial period of development and personal growth. This population needs to see more support towards the end of their time in foster care in order to succeed after transitioning out (Liebmann & Madden, 2010). It was also found that if the foster youth secured employment experience prior to age eighteen, they had more favorable adult employment outcomes (Hook & Courtney, 2011). To help them transition, we should be reinforcing the formation of healthy adult relationships, providing better preparation for and access to post-secondary education, and teaching them realistic life skills. Life skills for this population towards the end of care could be things such as applying for jobs, finding housing, beginning post-secondary school, etc.

Conclusions and Implications

Foster care youths and alumni struggle to match the level of success of the general population. They struggle in different ways or for different reasons than their non-fostered peers. This struggle makes it harder for them to successfully transition out of the foster care system and into a healthy, independent adulthood. Many adults in the general population see success as having a certain degree, a dream job, or earning a specific salary. Foster care alumni often just want to pass their classes to graduate high school, secure and maintain a job, build healthy relationships, meet age appropriate milestones with their peers and find somewhere that feels like home. To make matters worse, foster care youths and foster care alumni also tend to set lower expectations for themselves and their future.

Their struggle can be explained by the impact of the foster care system on their academics, mental and physical health, and employment. There is a greater impact on minorities in the foster care system due to a disparity in the rate of entering the system and lack of permanent placement in comparison to their white peers in the foster care system. This population has a collection of negative experiences in these categories that severely impacts their ability to succeed after transitioning out of the foster care system into becoming a healthy, independent adult. Some examples of the negative experiences include: trauma prior to entering care, multiple home placement changes and their subsequent school placement changes, drug and alcohol use, and difficulty securing and maintaining a job.

We will likely never be able to eradicate the foster care system here in the United States even though it leaves such a scar on its participants' lives and adds unnecessary struggle to their attempt at achieving success compared to their non-fostered peers. Fortunately, there are several sources of support and resources that can be used to minimize the negative impact of the foster care system on foster youths, foster care alumni, and their families. The main sources of support highlighted in this research are forming supportive adult relationships, participating in life-skills trainings, having friendships built on non-judgmental acceptance, formal supports, and providing more support focused on foster parents and potential foster parents.

Each of these supports and sources of assistance help foster youths and foster care alumni in a unique way or from a different perspective. Supportive adult relationships promote life the skills needed to be a confident, independent adult. Life-skills trainings provide a more step-bystep instruction of the skills that the supportive adult relationships also teach. Non-judgmental friendships promote healthy living, both mentally and physically and are a source of informal support. Formal supports are often seen as financial support towards daily living or to encourage post-secondary education by paying for tuition.

Lastly, focusing on the foster parents and potential foster parents helps ensure quality parents that are as satisfied with the process as possible. Adequately meeting the needs of the foster parents will help them to do the best they can do to raise the foster child until they are assigned a permanent placement. If these sources of support and assistance are properly taken advantage of by families, foster youths, and foster care alumni the negative impact from their experience in foster care will be lessened and their chance at achieving success, however they choose to define it, will be increased tremendously.

References

Ahmann, E. (2017). Supporting youth aging out of foster care. Pediatric Nursing, 43(1), 43-48.

- Ahrens, K. R., Garrison, M. M., & Courtney, M. E. (2014). Health outcomes in young adults from foster care and economically diverse backgrounds. *Pediatrics*, 134(6), 1067-1074.
- Anderson, B. L., & Williams, A. L. (2018). Defining success: The perspective of emerging adults with foster care experience. *Journal of Social Service Research*, 44(5), 643-655.
- Barter, C., & Lutman, E. (2016). A life less ordinary: Foster carers' views and experiences of negative peer interaction in fostering households. *Child Abuse Review*, 25, 273-286.
- Blueprint for Kentucky's Children. (2019). 2020 Policy and state budget priorities. KY Youths.
- Boyse, K. (2012, November). *University of Michigan health system: Sibling abuse*. Retrieved from http://www.med.umich.edu/yourchild/topics/sibabuse.htm#last
- Butterworth, S., Singh, S. P., Birchwood, M., Islam, Z., Munro, E. R., Vostanis, P., Paul, M.,
 Khan, A., & Simkiss, D. (2017). Transitioning care-leavers with mental health needs:
 'They set you up to fail!' *Child Adolescent Mental Health*, 22(3), 138-147.
- Casey Life Programs. (2017, January 3). *Casey life skills*. Retrieved from https://www.casey.org/casey-life-skills-resources/
- Center for Disease Control and Prevention. (2020). *Underage drinking*. Retrieved from <u>https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm</u>
- Child Welfare Information Gateway. (2018, November). *Helping youth transition to adulthood: Guidance for foster parents* [Brochure].
- Children's Rights. (2019). Foster care. Retrieved from

https://www.childrensrights.org/newsroom/fact-sheets/foster-care/

- Combs, K. M., Begun, S., Rinehart, D. J., & Taussig, H. (2017). Pregnancy and childbearing among young adults who experienced foster care. *Child Maltreat*, *23*(2), 166-174.
- Combs, K.M., Brown, S. M., Begun, S., Taussig, H. (2018). Pregnancy attitudes and contraceptive use among young adults histories of foster care. *Child and Youth Services Review*, 94, 284-289.
- Foster America. (n.d.). The problem. Retrieved from https://www.foster-america.org/the-problem
- Fusco, R. A., & Kulkarni, S. J. (2018). "Bedtime is when bad stuff happens": Sleep problems in foster care alumni. *Children and Youth Services Review*, 95, 42-48.
- Gillespie, L. (2019, April 2). *Kentucky lags many other states in placing foster kids with families*. Retrieved from <u>https://wfpl.org/report-kentucky-lags-many-other-states-in-placing-foster-kids-with-families/</u>
- Häggman-Laitila, A., Salokekkilä, P., & Karki, S. (2018). Transition to adult life of young people leaving foster care: A qualitative systematic review. *Children and Youth Services Review*, 95, 134-143.
- Hayes, M. J., Geiger, J. M., & Lietz, C. A. (2015). Navigating a complicated system of care:
 Foster parent satisfaction with behavioral and medical health services. *Child & Adolescent Social Work Journal*, *32*, 493-505.
- Hook, J. L., & Courtney, M. E. (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. *Children and Youth Services Review*, 33, 1855-1865.
- Hudson, A. L., & Nandy, K. (2012) Comparisons of substance abuse, high-risk sexual behavior and depressive symptoms among homeless youth with and without a history of foster care placement. *Contemporary Nurse, 42*(2), 178-186.

- Hunter, R. (2019, October 10). *We have to better understand what foster parents need*. Retrieved from <u>https://www.fostercarecapacity.com/stories/we-need-to-better-understand-what-</u>foster-parents-need
- Kentucky Cabinet for Health and Family Services. (n.d.). *How we support you*. Retrieved from https://prdweb.chfs.ky.gov/kyfaces/Home/HowWeSupportYou
- Kentucky Cabinet for Health and Family Services. (n.d.) *Independent living programs*. Retrieved from <u>https://chfs.ky.gov/agencies/dcbs/dpp/oohc/Pages/independentliving.aspx</u>
- Kentucky Cabinet for Health and Family Services. (n.d.). KY FACES. Retrieved from

https://prdweb.chfs.ky.gov/kyfaces/

Kentucky Career Center. (n.d.). *Youth*. Retrieved from <u>https://kcc.ky.gov/training/Pages/Youth.aspx</u>

- Legal Center for Foster Care and Education. (2008). Foster care & Education Q&A. American Bar Association & Casey Family Programs.
- Liebmann, T., & Madden, E. (2010). Hear my voice Perspectives of current and former foster youth. *Family Court Review*, 48(2), 255-261.

Mayo Clinic Staff. (n.d.). *Chronic stress puts your health at risk*. Received from <u>https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-</u> 20046037

Munson, M. R., & McMillen, C. (2010). Trajectories of depression symptoms among older youths exiting foster care. *Social Work Research*, *34*(4), 234-249.
National Foster Youth Institute. (n.d.). *Foster youth face a special set of challenges outside the classroom that have a serious impact on their academic performance*.
Retrieved from https://www.nfyi.org/issues/education/

National Institute on Drug Abuse. (n.d.). *Health consequences of drug misuse*. Retrieved from <u>https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse</u> National Institute on Drug Abuse. (n.d.). *Mental health effects*. Retrieved from <u>https://www.drugabuse.gov/publications/health-consequences-drug-misuse/mental-</u> health-effects

- Okpych, N. J., & Courtney, M. E. (2014). Does education pay for youth formerly in foster care?
 Comparison of employment outcomes with a national sample. *Children and Youth Services Review, 43,* 18-28.
- Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni:Factors associated with success. *Children and Youth Services Review*, 34, 1121-1129.
- Powers, L. E., Fullerton, A., Schmidt, J., Geenen, S., Oberwise-Kennedy, M., Dohn, J., Nelson,
 M., Iavanditti, R., & Blakeslee, J. (2018). Perspectives of youth in foster care on essential ingredients for promoting self-determination and successful transition to adult life: My life model. *Children and Youth Review*, 86, 277-286.
- Price, J. M., Brew, V. (1998). Peer relationships of foster children: Developmental and mental health service implications. *Journal of Applied Developmental Psychology*, 19(2), 199-218.
- Pryce, J., Napolitano, L., & Samuels, G. M. (2017). Transition to adulthood of former foster youth: Multilevel challenges to the help-seeking process. *Emerging Adulthood*, 5(5), 311-321.
- Pryce, J., Lee, W., Crowe, E., Park, D., McCarthy, M., & Owens, G. (2019). A case study in public child welfare: County-level practices that address racial disparity in foster care placement. *Journal of Public Child Welfare*, 13(1), 35-59.

- Rios, S. J., & Rocco, T. S. (2014). From foster care to college: Barriers and supports on the road to postsecondary education. *Emerging Adulthood*, 2(3), 227-237.
- Salazar, A. M. (2013). The value of a college degree for foster care alumni: Comparisons with general population samples. *Social Work*, *58*(2), 139-150.

Sepulveda, K., & Williams, S. C. (2019, May 7). Older youth in foster care need support to make a successful transition to adulthood. Retrieved from https://www.childtrends.org/older-youth-in-foster-care-need-support-to-make-asuccessful-transition-to-adulthood

- Sim, K. E., Emerson, J., O'Brien, K., Pecora, P. J., & Silva, L. (2008). Post-secondary education and training support utilization by students from foster care: Findings from scholarship recipient interviews. *Journal of Public Child Welfare*, 2(1), 109-129.
- Skilbred, D. T., Iversen, A. C., & Moldestad, B. (2017). Successful academic achievement among foster children: What did foster parents do? *Child Care in Practice*, 23(4), 356-371.
- Squiers, Cristina. (2017, March 30). *Aging out of foster care: 18 and on your own*. Retrieved from https://www.sharedjustice.org/most-recent/2017/3/30/aging-out-of-foster-care-18-and-on-your-own
- Sulimani-Aidan, Y. (2015) Do they get what they expect?: The connection between young adults' future expectations before leaving care and outcomes after leaving care. *Children* and Youth Services Review, 55, 193-200.
- Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5), 1-11.

- University of Utah Health. (2017). Seven reasons why loving relationships are good for you. Retrieved from <u>https://healthcare.utah.edu/healthfeed/postings/2017/02/relationships.php</u>
- U. S. Department of Health and Human Services. (2018). The AFCARS report. *Children's Bureau*.
- Viner, J. (2018, July 8). Alcohol may not help: Alcohol's impact on your mental health. Retrieved from <u>https://psychcentral.com/blog/alcohol-may-not-help-alcohols-impact-on-your-mental-health/</u>
- Ward, S. R. (n.d.) *What are the negatives of foster care?* Retrieved from https://adoption.org/negatives-foster-care
- Western, B., Bloom, D., Sosnaud, B., & Tach, L. (2012). Economic insecurity and social stratification. *Annual Review of Sociology*, *38*, 341-359.
- White, C. R., O'Brien, K., Pecora, P. J., Buher, A. (2015). Mental health and educational outcomes for youth transitioning from foster care in Michigan. *Families in Society: The Journal of Contemporary Social Services*, 96(1), 17-24.