

Fighting for Our Foster Youths' Future

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Abstract

This study will analyze the issues surrounding the "aging out" of young adults in the foster care system in the United States by focusing on data from three locations: England's Child Welfare System, Idaho's Department of Health and Welfare, and Texas's Department of Family and Protective Services. The study looks to current research to describe the resources needed to help foster youth achieve self-sufficiency and finds that youth need social support, financial support, healthcare, mental health resources, housing resources, substance abuse treatment, educational resources, legal assistance, employment stability, and assistance with child care. In order to measure the transitional resources being provided to foster youth, a Self-Sufficiency Matrix is utilized. This research is a comparative study that intends to describe the different types of transitional resources provided to youth transitioning out of the foster care system in Idaho, Texas, and England. Four main themes emerged from this research: better communication, gradual transition, building long lasting relationships, and collaboration with transitioning foster youth.

Project Rationale

The impact of adolescents aging out of foster care is too great to ignore. Aging out is a time when a youth is discharged from a foster care system, which occurs at the age of 18 (for definitions and terminology see Appendix A). It is essential that services and programs focus on encouraging and supporting youth in transition from foster care to a life of independence. The problem is that there are too many foster children without a stable home, a social network, or resources. Scannapieco, Carrick, and Painter (2007) explain that the number of children coming into the foster care system has increased since 1980. In 1980, there were about 302,000 children coming into care in the United States. By 2000, this number increased to 556,000. According to Casey Family Programs, the statistical data on foster youth alumni is depressing. Casey found that 46% of foster children have developmental delays resulting from a history of trauma, approximately 50% of them have chronic health problems of some kind, and only about 33% have health insurance (Reilly 2003, White et al., 2009, Barriers, 2011).

Geenen and Powers (2007) report that research has repeatedly proven that the transition experienced by foster youth has numerous negative consequences. In comparison to the general population, foster youth alumni experience problems with substance abuse, are at a high risk of becoming homeless, are more likely to be unemployed, are less likely to finish high school, are less likely to attend college, and are at a high risk for mental illness. According to Casey Family Programs, foster youth alumni are also more likely to be diagnosed with Post Traumatic Stress Disorder, Modified Social Phobia, Panic Disorder, Generalized Anxiety Disorder, Alcohol Dependency, Drug Dependency, and Bulimia (Casey, 2005).

Significance of the Study

Over 24,000 youth "aged out" of the nation's foster care system in 2005 (Packard, 2008). While independent living programs and other services are available to foster youth and almost all states allow dependency courts to retain jurisdiction of foster youth beyond age 18, the outcomes for former foster youth are disturbing. If the United States wants to reduce the high homeless rate, over-filled prisons, and drugs and violence in the streets, then it needs to improve the way it transitions youth out of foster care and into adulthood.

White, O'Brien, Pecora, Williams, and Phillips (2009) found that in United States close to 800,000 children are served in the foster care system each year and about 513,000 children are serviced in the foster care system on any given day. Youth that are involved in the foster care system cost about \$24.3 billion annually.

According to the Jim Casey Youth Opportunities Initiative, the costs to the justice system are greatest for foster youth alumni who commit the most serious crimes. The essay reports that the typical career criminal causes \$1.3 to \$1.5 million in external costs; a heavy drug user costs \$370,000 to \$970,000; and a high school dropout costs \$243,000 to \$388,000. Crimes committed by individuals who are both heavy drug users and career criminals costs \$1.7 to \$2.3 million dollars (Jim, 2009). Thus, the significant conclusion of this research is that providing preventive assistance to foster youth will help save the social justice system and the Department of Health and Welfare millions of taxpayer dollars.

Study Aims

This study looks at what is being done to help aging out adolescents transition into healthy adulthood in Idaho, Texas, and England. It is a comparative study that describes the different types of transitional resources provided to youth transitioning out of foster care in Idaho, Texas and England. Specifically, it analyzes whether Idaho, Texas, or England provide youth who are aging out of foster care with resources in the following areas: housing assistance, social support, mental health support, healthcare, employment stability, educational attainment, legal assistance, and financial support.

Literature Review

Theoretical framework

Maslow's (1960) Hierarchy of Needs explains that people must first meet certain needs in order to be productive members of society. According to Maslow, there are five levels of needs that are necessary for people to achieve their full potential in life. He states that people need to have their basic needs met before they can attain higher-level needs. The first needs are physiological, like oxygen, food, water, and appropriate body temperature. After a person's physiological needs have been met, a person is able to move to the second level of needs, which is the need to feel safe in their environment. After safety is achieved, a person can pursue love, affection, and connectedness. Humans need to feel loved, wanted, and like they have a place they belong. Maslow believes if a person receives love, affection, and connectedness then they can feel esteem. After a person feels esteem, then he or she can achieve the final goal of self-actualization.

Many foster youth alumni have trouble achieving the basic level of Maslow's Hierarchy of Needs. Often times they do not have shelter and food which causes them to feel unsafe and exposed. Moreover, foster youth alumni do not feel love, affection, connectedness, and esteem. Most of the time, they are disconnected from family, friends, community, and resources. According to Maslow (1960), if foster youth do not achieve their basic needs they will be unable to self-actualize and therefore will be unlikely to achieve their full potential and make contributions to society.

Current federal legislation

Child Welfare services were first authorized under Title V of the Social Security Act in 1935. This act allowed the federal and state governments to work together to fund child welfare services. In 1985, Title IV-E was added to the amendment to assist states in helping foster youth transition into an Independent Living Program. In 1989, the program Title IV-E was expanded to include all foster youth 16 and older. This expansion also allowed states to follow up on foster youth alumni six months after their emancipation from the foster care system.

In 1999, the Independent Living Program was renamed the Chafee Independent Living Program. This act expanded services to foster youth 18 through 21. In 2001, the Promoting Safe and Stable Families Program re-authorized funds and added \$60 million per year to the Chafee Independent Living Program. This provided education and training vouchers to youth who had aged out of foster care. Lastly, the reenactment created a new program that provided mentoring to youth of incarcerated parents.

Research on transitional living programs (Reilly, 2003) has found that many adolescents are exposed to independent living programs, but few receive concrete assistance. It has been more than 15 years since the

enactment of the Independent Living Program; nevertheless, research demonstrates that youth who age out foster care have a grim future and need greater assistance in the areas of employment, education, mental health, and social support.

The problems and the resources needed to create successful outcomes

A study conducted by Reilly (2003) looked at the outcomes of foster youth transitioning out of foster care. Originally, Reilly had 105 foster care alumni participate in his research. During the research period, five participants died: three from gang violence, one from drug overdose, and one person from diabetes after being discharged from foster care without health insurance. The study used surveys and interview questions that covered the following areas: education, living arrangements, employment support, health, substance use, foster care experiences, and legal issues. Reilly (2003) also identified factors that made youth transition better into adulthood. To assess social support Reilly used a tool developed by Courtney and Piliavin (1998); to measure health and substance abuse Reilly used resources from Abatena (1996) and Cook (1991); to measure self-esteem Reilly used the Rosenberg (1965) Self-Esteem Scale; to measure mental health he used the Mental Health Inventory (Berwick et al., 1991); and to rate life satisfaction he used Diener's (1980) Satisfaction with Life Scale.

Most of the participants were between the ages of 18 to 25 with an average stay in foster care of 9.3 years. They found that 50% of the participants lived in apartments, 34% made less than \$5000 annually, and 41% said they did not have enough money to cover their living expenses. Some of the participants indicated that they were involved in illegal activities in order to cover their expenses. The average wage of the participants was \$7.25 an hour. The researchers discovered that 50% of the participants left the foster care system without a high school diploma. At the time of the interview, 69% of the participants had attained a high school diploma and 30% of the participants indicated they were attending college or had attended college. A high percent of the participants (75%) indicated that they wanted a college degree. Since leaving the foster care system, 36% said that some of the time they did not have a place to stay, 19% stated that they lived in the streets, 35% indicated that they had moved at least five times since they left foster care, and 38% of the participants had children. Reilly also stated that more than 70 pregnancies had occurred out of the hundred participants that were interviewed. Eighteen of these pregnancies had been aborted, and 15 were miscarried. The research showed that 30% of participants had serious health problems, 45% of the participants were involved in the justice system, 41% had spent time in jail, and 15% of the participants had \$250 or less when they exited foster care. Responses to questions about transitional services found that 53% of the participants were not satisfied with the services they received to prepare them to live on their own. Lastly, participants that had training and services in foster care had a more successful outcome in comparison to youth who did not receive transitional services.

Reilly (2003) states that certain changes could improve the outcomes of youth transitioning out of foster care. Specifically, he says that health coverage and the age of emancipation should be raised to the age of 21. Furthermore, the government should extend transitional programs beyond age 18, social workers should develop ongoing supportive relationships with foster youth beyond age 18, and specialized mental health services should be included while youth are in care and after they exit care. In conclusion, he points out that more research is needed to see if Chafee legislation is making a difference for foster youth alumni.

Wade and Dixon (2006) studied the outcome of foster youth alumni in areas of housing and career. They begin by explaining the difficulties foster youth alumni face in England, particularly in attaining stable housing and employment. According to the article, large numbers of foster care graduates become homeless shortly after leaving care. This research had 106 participants that were 16 and 17 years of age, who recently aged out of care in England. The researchers conducted two interviews and utilized a questionnaire. The base interviews began two to three months after the adolescents left foster care. The first base interview focused on preparation for transitioning, transitional support arrangements, and outcomes. The second interview took place nine to ten months after the first interview. The second interview assessed the progress that was made in attaining housing, education, and employment and checked the participants' mental and physical health status.

At the second interview, 31% of the participants were living in independent housing. Thirty-five percent of the participants experienced homelessness shortly after exiting care, but 64% of the participants stated that they had received accommodations for housing, and 93% of the participants stated that they received assistance from a social worker or independent living advisor. Wade and Dixon (2006) observed that having stable housing was connected to good mental health. Education and career options were also assessed. Many of the participants frequently changed jobs. Of the 44% of the participants who were struggling to attain employment, only 23% had full-time or part-time jobs, and only 6% of the youth were involved in training. The researchers stated this was due to a lack of education

and training before participants left care. Many of the participants dropped out of school due to financial and personal difficulties. From the cohort of participants, only one person entered higher education. As a result of this study, the researchers concluded that England needs to increase motivation and support for foster youth to continue their education, and they need to put greater emphasis on life skills training while foster youth are still in care.

Collins, Spencer, and Ward (2010) looked at how much social support foster youth have and how this impacts their transition into adulthood. This study is part of a larger study that examined 660 youth who had aged out of care in 2005. The study used a combination of quantitative and qualitative questions that focused on the amount of social support youth received in care and how this influenced the degree of self-sufficiency in adulthood. After looking at social support, investigators found that 52% of participants had an outreach worker, 33% of participants were unaware of adolescent outreach programs, 90% of participants had some connection with their birth families, and 73% of participants had mentors. They found that participants were more likely to complete high school if they had a mentor or had some connection with siblings, and were less likely to complete high school if they did not have these connections. Also, participants were 23% more likely to sustain employment and 10% more likely to stay out of jail if they had a connection to a sibling. In conclusion, the researchers state that foster youth experience frequent disruptions in relationships with family, friends, social workers, and educators. Therefore, social support is especially important for transitioning foster youth. In turn, disruptions in relationships are tied to physiological distress, making it difficult for youth to function.

Geenen and Powers (2007) describe the differences between youth who have been raised in foster care and those who have not been raised in foster care. There were a total of 88 participants separated into 10 focus groups. The participants included 19 youth who were currently in care, eight foster youth alumni, 21 foster parents, 20 child welfare workers and nine education professionals. Eleven of the foster youth lived in care for 1 to 5 years, eight lived in care for 6 to 10 years, and five lived in care for at least 10 years. They were all asked qualitative questions regarding the transition of foster youth into adulthood. The questions asked ranged from, "What formal transition planning happens for foster youth?" to "What are the differences in the transition process for foster youth in comparison to youth who were not raised in foster care?"

There were several themes that stood out as a result of the 10 focus group discussions. First, they found that youth who are not raised in foster care have a different experience transitioning into adulthood. They also concluded that those who are not raised in care transition gradually into adulthood, while youth in care experience an abrupt transition into adulthood. They found that foster youth are forced to become adults instantly at the age of 18, usually with minimal resources and social support. It also became apparent that foster youth all receive similar services. Geenen and Powers (2007) propose that the transition process be individualized to meet individual needs. They state that the effectiveness of independent skills training needs to be evaluated and that youth need greater encouragement to achieve their educational goals, and they need more help getting connected with resources in the community.

Scannapieco, Carrick, and Painter (2007) wanted to understand the challenges faced by foster youth and the additional services needed to facilitate the transition process. There were 72 participants divided into six focus groups comprised of foster youth and their circles of support, such as foster parents and social workers. The groups were set up in a discussion format and each group had two interviewers. The interviewers asked the groups a series of qualitative questions about the challenges faced by foster youth and what additional services are needed to aid the transition process. Four themes emerged from this research: there needs to be more youth focused practice, social workers need to have more collaboration with foster youth, foster youth personnel need to have better communication skills with foster youth, and social workers need to help youth find permanent connections with people.

White, O'Brien, Pecora, English, William, and Phillips (2009) studied levels of depression among foster youth alumni. There were 479 foster youth alumni who participated in the research and all the participants had been in care for at least one year. This study analyzed and coded qualitative interviews and secondary data obtained directly from each participant's case file. The researchers looked at the participants' case files to see why they came into care, the environment they lived in before they came into care, and their experience in care. The case files were read completely then coded and analyzed by a highly trained staff. After coding the participants' files they conducted qualitative interviews with each participant. The interviews started in September 2000, and continued until January 2002. The interview questions looked at experiences while youth were in care, such as education and mental health. They also asked questions about transitional experiences, such as social support and independent living resources. The Composite International Diagnostic Interview (World Health Organization, 1996) was used to measure depression. Data on mental health was collected from the National Comorbidity Survey to compare participant results to the general population.

The research of White, et al., (2009) shows that depression among foster youth alumni has serious negative consequences. The researchers state that depression can cause role impairment, making it difficult to keep

employment and to focus on educational goals. Overall, it was found that foster youth alumni are more likely to have a mental illness than the general population. They found that 41.1% of foster youth alumni suffer from depression, while only 19.8% of the general population suffers from depression. A positive correlation was found between the number of placements in foster care and the rate of depression in adulthood. Those who experienced a high number of placements and/or instability in the home had higher rates of depression in adulthood. Those who received mental health services while in care had less depression in comparison to those who did not receive mental services while they were in foster care. Also, the youth's perception of being loved and cared for was positively correlated with rates of depression in adulthood. In summary, the researchers contend that foster youth are significantly more likely to suffer from mental illness, which puts them at a high risk for other psychosocial challenges.

Summary and Hypothesis

The purpose of the previous research was to identify what transitional challenges youth face as they exit foster care and what resources are needed to improve the outcomes of foster youth. Both the old and the current literature clearly document that foster youth alumni have a difficult time attaining self-sufficiency in adulthood, especially in the areas of education, housing, employment, mental health, criminal conduct, and social support. The research recommends that services be improved in the following ways: better communication and collaboration between foster youth and social service personnel in order to include the youth in the planning process; efforts need to be made to increase youths' motivation to achieve their potential, especially in the area of education; opportunities need to be created for youth to establish long-lasting permanent connections with people in and outside of the foster care system; social service practices need to be more individualized and less universal; the transition process needs to be gradual; the Chafee Independent Living Act needs to be reevaluated and improved; and there needs to be more opportunities for youth to take risks while they are still in care. The research review also noted the following improved effective practices: proactive versus reactive mental health counseling, greater stability while in care, and mentoring.

After reviewing the literature on transitioning foster youth, I became interested in finding out what is currently being done to help youth transition out of foster care. In order to assess current resources, I chose to compare and contrast the transitional resources and programs in three different locations: Texas, Idaho, and England. This study asks the following questions:

- What transitional resources are currently provided to youth transitioning out of the foster care system in Idaho, Texas, and England?
- What transitional resources are not provided to foster youth transitioning out of the foster care system in Idaho, Texas, and England?
- When do Idaho, Texas, and England begin providing transitional resources, and how long do they provide these resources to foster youth transitioning out of foster care?

The hypotheses for this study are:

- Young adults in Idaho, Texas, and England, who are aging out of the foster care system, need more support and resources to prepare them to be self-sufficient adults.
- Compared to Texas and England, Idaho offers fewer resources and less support to emancipating foster youth.

Method

In order to measure the transitional resources being provided to foster youth, 11 areas of need have been identified. These areas were taken from the Self-Sufficiency Matrix. The Self-Sufficiency Matrix is a tool to measure a client's degree of self-sufficiency by providing detailed information about the client's needs and current life circumstances. It was originally created to be used with the homeless as a tool to determine whether there is a need for subsidized housing. Since this time, it has been used to measure self-sufficiency in many at-risk populations, including transitioning foster youth.

The Self-Sufficiency Matrix has 12 domains and 5-point scale. The Self-Sufficiency Matrix is flexible and can include or exclude domains. In this research, few of the domains were excluded because they were covered in

other categories. The areas being measured are housing, social support, mental health, physical health, employment, education, legal support, and finances.

Design and data collection

This research is a comparative study that intends to describe the different types of transitional resources provided to youth transitioning out of the foster care system in Idaho, Texas, and England. Specifically, I will determine whether Idaho, Texas, or England provide youth who are aging out of foster care with support in the following areas: housing, social support, mental health, physical health, employment, education, legal support, and finances. The following resources will be used to document the amount of support each state provides: government documents, official statistics, technical reports, scholarly journals, trade journals, review articles, research institutions, and universities. The Department of Health and Welfare and the people working within the foster care system may be contacted directly to report on any missing data that was not able to be found elsewhere.

Location Descriptions

Idaho, Texas and England were selected because the original plan was to conduct research with Idaho's foster youth alumni; however, this was not implemented because Idaho's foster youth was already concurrently participating in a federal research study. The proposed research study would have conflicted with the federal data collection that was already underway. Even though Idaho and Texas have similar political systems, Texas had considerably more resources for transitioning foster youth, which prompted further investigation. England was selected to provide an alternate view of a system that provides culturally, socially, and politically different approaches to child and youth welfare. Upon examination of state resources, Idaho and Texas, although they had a very similar political system, provided different amounts of resources to transitioning foster youth. Further, England has a different political system than the United States, which has a strong influence how the child welfare system is instituted.

Idaho. Idaho is located in the Pacific Northwest and is the 11th largest state geographically in the United States. It has 82,747 square miles of land and a population of approximately 156,759,001. Boise is the capital of Idaho, and it is the largest city for 400 miles. Idaho is placed geographically at the foot of the Cascade Mountain Range where people can find a wide array of outdoor activities. In 2009, the median household income was \$44,644 and the poverty level was 14.4%. Idaho is 89.1% white, 11.2% Hispanic or Latino origin, 1.4% American Indian and Alaskan Native, 1.2% Asian, and .06% black. The dominant political party is Republican. Idaho is 48% Mormon, 20.2 % catholic, 7.5% Holiness/ Wesleyan/ Pentecostal, 4.2% Baptist, 6% other conservative Christian, 2.7% Methodist, and 2% Lutheran.

According to Idaho's Child Protection web site, there are 3,349 children in foster care in Idaho, and the number is increasing. More than 100 foster care youth age out of the foster care system each year (www.isc.idaho.gov). According to the Casey Family Program, because Idaho has grown a lot and it is continuing to grow, the number of children that come into care has increased 40% in the past three years. There are over 3,000 youths in care and only 1,000 licensed homes available.

Texas. Texas is located in the south central part of the United States. It has 261,797.12 square miles of land and has a population of 25,145,561 people. Texas is 70.4% white, 37.6% Hispanic, 11.8% black, and 3.8% Asian. The state of Texas is Republican. The median income in 2009 was \$48,286, and the poverty level was 17.1 %. Texas has 32.5% Protestants, 21.0% Roman Catholics, and 46.5% are other religions or are non-religious. In August 2010, there were 27,304 children in the Texas foster care system. At any given time, there are about 3,500 foster youth in care who are 16 years of age or older and approximately 1,500 foster youth age out each year. The length of stay in care varies from 1 to 14 years with the average being about three years.

England. England is 50,000 square miles and is the largest of the countries comprising the island of Britain, covering about 66% of the island with a population of about 49.1 million people. England is a Constitutional Monarchy with a Parliamentary Democracy in which the people choose representatives at regular elections to govern the country. England's population is 87% white, 25.7% Leicester India, 4.6 % Asian or Asian British, 1.2% white Irish, and 1.1% black or black British. Sixty-five percent of people in England consider themselves Christian,

14.6% no religion, 3.1 % Muslim, 1.1% Hindu, 0.3 % Jewish, and 0.1 % Sikh. According to the British Association for Adopting and Fostering (BAAF), in March of 2009 there were 60,900 children in the government’s care. England has approximately 37,000 foster homes, and 8,200 additional foster families are needed, according to The Fostering Network. According to BAAF, 39% of children in care are ten years or older with the largest percent being 15 years old. Children typically stay in care for at least 12 months. The child welfare policy varies from region to region. The homelessness rate is high among older foster youth alumni due to the loss of parental and family relationships and friends who are able to assist them.

Results

The following matrix chart compares the types and the length of support provided by independent living programs in Idaho, Texas, and England. The independent living programs help youth in foster care system transition to adulthood and self-sufficiency.

	Idaho	Texas	England
Independent Living Program begins	90 days after 15 th birthday.	16 years old.	14 years old.
Length of Support	2 years and 9 months.	2 years.	2 years.
Support ends	At 18 full benefits end (21 if in school and sometimes until 23 to finish college or technical training).	At 18 full benefits end (22 to complete high school and sometimes until 23 to finish college or technical training).	At 18 full benefits end (youth can move out of foster care at age 16 and can exit the independent living program anytime between 16-18).
Education support	\$5000 Chafee education voucher per year. Help gathering all important documents for attending school.	\$5000 Chafee education voucher per year. Plus a complete tuition and fee waiver. Help gathering all important documents for attending school.	College education is free in England, plus they provide additional educational training and assistance for foster youth.
Housing support	\$500 per month for living expenses with a minimum of 50% of the income going to rent and utilities.	\$500 per month for living expenses with a minimum of 50% of the income	30% of the youth’s income has to go toward rent and utilities. They teach house management skills.
Mental health	Not everyone is eligible or encouraged to access services, but there are some mental health services available based on assessment until the youth is 21.	Usually starts when child enters foster care and ends at age 18.	Psychological counseling and therapeutic intervention are available from 13 to 19.
Legal	Help youth understand legal rights and legal responsibility.	Youth can voluntarily remain in court’s jurisdiction until 21 which gives them access to an attorney.	Legal advice and representation. Ensure privacy of young people. Inform young people of their rights.
Employment	Create jobs and leadership opportunities. Job coaching. Connect youth to employment agencies.	Legislature gives former foster youth preference at state agencies for job openings. Legislature also makes sure youth have access to their important documents at age 16.	Training or employment. Help youth identify career goals and actively engage youth in career planning. Caseworker links youth with employment agencies.

Social support	Make an effort to help youth have healthy connection with birth family. Connect youth with adult mentor in the community. Connect with people that youth can visit for holidays.	Help youth create long lasting connection with supportive adults. Encourage youth to invite important adult to attend meetings and help youth make important life decisions.	Help build relationship with family, friends, and significant others.
Physical health	Eligible for Medicaid until 21.	Eligible for Medicaid until 21.	Access to health care, welfare, and to community resources like special medical, allied health, and dental service. Recreational support. Training in sexual health.
Financial	Budgeting.	Help promote financial security by matching savings account program up to \$1000, and teach youth how to build assets.	Financial self-sufficiency through education and budgeting.
Substance abuse	Substance abuse screening before exiting care.	Not stated.	Drug and alcohol education.
Life skills training	At 15 years and 3 months: Maintaining house, access transportation, accessing community resources, and decision making and problem solving skill training.	At 16: Supervised teaching of skills in grocery shopping, laundry, money management, finding housing, self-care, and housekeeping. Short term financial, job skill, vocational, educational assistance.	At 14: Shopping for groceries, housekeeping, accessing local support services. Training in stress management, personal care, safety, laundry, and access public health.

Discussion

Three main themes emerged from this research regarding gradual transitioning into adulthood: the importance of helping foster youth build long-lasting relationships, health care coverage beyond age 18, and collaborating with foster youth and with larger systems involved during foster care. In the foster care system, when children turn 18 they are forced to leave care right away even if they do not have resources or social support. Young persons are presented with myriad daunting responsibilities for which they are inadequately prepared. Research has repeatedly supported the notion that this is not a good way to transition foster youth into independent adulthood. Instead, the transition should be more gradual and incorporate resources established outside of the foster care system for youth to navigate all of the complexities of adulthood.

The literature points out the importance of helping foster youth build long-lasting relationships with adults and peers both inside and outside of the foster care system. Foster youth experience instability in relationships in many different ways because they tend to be moved around from foster home to foster home, from school to school, and from community to community. This constant transitioning forces them to leave their friends, teachers, family, and community behind and readjust to entirely new environments and social networks. This frequent changing makes it challenging for foster youth to connect emotionally with people or know where the resources are in the community. Foster youth need to have social support both during care and outside of foster care. It is important to have social support outside of the foster care system so when the youth age out of care they will have a social network.

The second theme that emerged is the need for continual health care coverage. Health care is important. It is especially essential for foster youth alumni to have non-interrupted access to health services because compared to the general population, foster youth alumni are more likely to be diagnosed with some kind of health issue and less likely to have any type of health care coverage because they cannot afford it. Many times when youth emancipate from the foster care system at the age of 18 they lose their health care coverage. Research has shown this has negative consequences for foster youth alumni, which results in numerous societal costs.

Another theme is the importance of collaboration with larger social systems during the transition process. Part of helping foster youth transition into independent adulthood includes collaborating and involving the youth in decision making processes, informing them about the progress of their case plan, and asking for the youth's feedback. It is essential to communicate what is happening with transitioning foster youth even if the progress is not positive.

Collaboration will teach the foster youth vital decision-making skills and teamwork. Most importantly this lets the youth know what is going in his or her life. The other challenge with collaboration is there are many different agencies involved with the foster care system and many times the different agencies have different rules and different ways of doing things. The different agencies' methods and regulations are inconsistent with each other and cause conflict for the foster youth.

Limitations

It was challenging to obtain data from the Department of Health and Welfare, particularly in Idaho. Idaho had limited information on transitioning foster youth. Idaho is not as advanced as other states in documenting and collecting data about youth transitioning of the foster care system into adulthood. It was also difficult to collect accurate data for England since it is a different country and they may use different terminology than the American child welfare system. I did not conduct research with human subjects, which left some limitations. The places from which the data was being collected may have bias. This research only focused on three locations and the child welfare system is complex. There are many ways of practicing it. The three locations do not accurately represent all areas of child welfare practice. In the future, it would be interesting to continue to research what the different locations are doing to help their foster youth transition out of the foster care system successfully. Another limitation is this research does not use real human subjects, which would give a more accurate assessment.

If our country wants to combat the high homeless rate, the over-filled jails and prisons, and the drugs and violence in our streets, we need to focus on helping our foster care children transition better into adulthood. These issues affect the whole society not just the individuals that are involved in it. We cannot change the past of the children, but we sure can help change their future by providing them with the resources and social support they need in order to be contributing adults.

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Appendix A

Definitions and terminologies:

United States Federal Definition of Foster Care means 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

Aging Out is a time when a youth is discharged from foster care system, which occurs at the age of 18.

Emancipate/Emancipation: For the purpose of this Search Proposal we will be using the definition of emancipation as defined by USLegal: “Emancipation is when a minor has achieved independence from his or her parents, such as by getting married before reaching age 18 or by becoming fully self-supporting” (USLegal. Retrieved from <http://definitions.uslegal.com/e/emancipation/>).

Self-Sufficiency is being able to provide for oneself without the help of others.

Transitional Supports and Resources will be defined as providing support in the following areas: financial, employment, social, substance abuse, mental health, physical health, and educational attainment.

Social Support: For the purpose of this study we will be using the definition of Social Support as defined by the National Cancer Institute which is: “A network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help” (National Cancer Institute. Retrieved from <http://www.cancer.gov/dictionary/?CdrID=440116>).

Homelessness: This research proposal will define homelessness as stated in the McKinney Act utilized by the United States Department of Veterans Affairs (2009) HUD-VASH resource guide, which is as follows:

- An individual who lacks a fixed, regular, and adequate night time residence or
- An individual who has a primary nighttime residence that is:
 1. A supervised publicly or privately-operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional house for the mentally ill.
 2. An institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (United States Department of Veterans Affairs, 2009).
 3. Housing assesses the ability of the client to obtain appropriate housing of choice based on their Circumstances.

Mental Health Supports: Mental Health is the emotional well-being of the client and mental health supports are services provided that address the emotional needs of the youth.

Physical Health Supports: Physical Health is the general physical well-being of the client. Physical health supports are having health insurance and having the knowledge and resources to access health insurance.

Employment Stability Resources: Employment Stability is the nature of the job or career in which the client is employed and considers the permanency and evaluates the ability of employment to provide for the needs of the youth. Employment Stability Resources are those items that provide the youth with the education and or skills to obtain job placement that sufficiently meet the needs of the youth.

Educational Support provides youth with access to higher education by supplying youth with items such as financial resources, academic advising, and tutoring for youth to compete and be successful in higher education.

Childcare Supports provide youth with the ability to access childcare, financial resources to purchase the childcare, and parenting skills.

Legal Supports help prevent youth from engaging in criminal activities, provides access to legal advising when these supports are needed, and works to rehabilitate youth who were previously or are currently involved in illegal activities.

Substance Abuse Supports provide the person with the social support and financial resources to recover from addictions.

