EMPOWERMENT OF YOUTH IN FOSTER CARE; FOSTER CARE ALUMNI'S

PERCEPTIONS OF TRANSITION SUPPORTS DURING AGING OUT OF CARE

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ABSTRACT

Outcome research has shown that upon aging out of the foster care system, many young adults struggle during their transition to independence. Youth who age out are less likely than their peers in the general population to achieve academic success, including high school graduation and post-secondary education. These youth are more likely to be unemployed or work at jobs that do not provide them with financial security. They are more likely than their peers to experience violence, victimization, homelessness or unstable housing, mental illness, and other poor health outcomes. They are also at an increased risk for incarceration, substance abuse, and early parenthood; and they are more likely to lose their children to the foster care system. The current study seeks to examine experiences foster care alumni identify as empowering and promoting resilience. By identifying elements that contributed to building self-sufficiency and positive outcomes, this research attempts to inform practitioners, policy makers, and other stakeholders as they attempt to move towards best practices of effective service delivery. Data were collected by conducting semi-structured interviews with four foster care alumni who were in care in New Jersey. Transcribed interview data was analyzed utilizing McCracken's "grounded theory" as a guide. Data was reduced to smaller units for identification of common, interrelated themes. These themes and patterns were subjected to a process of analysis in an attempt to inform conclusions. Participants credit their positive outcomes, post transition, to several factors, which include the impact of relationships and mentoring, as well as other intrinsic and environmental factors. Study participants offered several recommendations for policy and program reform. The

relationship of findings to literature, limitations and implications of the current study for

practice and research are discussed.

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CHAPTER I

LITERATURE REVIEW

In 2010, the U.S. Department of Health and Human Services reported that 254,114 youth exited foster care. In New Jersey the number of exiting youth through adoption, guardianship, reunification and emancipation was 4,949 (U.S. Department of Health and Human Services, 2011a; U.S. Department of Health and Human Services, 2011b). In 2009, 375 New Jersey foster youth exited care through "aging out"— which means they reached the age of majority; they are no longer considered a ward of state, and are not eligible for many of the services provided through foster care (McCoy-Roth, DeVooght, & Fletcher, 2011).

Generally the exit from care through aging out is guided by the youth's age and is not necessarily indicative of their readiness for independent living. The development of daily living skills, as well as creation of meaningful relationships, is typically modeled within a context of a family and community and it is a process that is a gradual experience. Although the age of majority is 18 in most states, young people do not automatically become ready for adult life at that point. Most young people continue to depend on their family for emotional and financial support as they establish the skills necessary for independent living well past their 18th birthday. Youth with access to nurturing relationships and community connections that cultivate their emotional, cultural and social needs, are more likely to successfully obtain the skills they need to secure education and job training, obtain employment, obtain and sustain stable housing, pursue

a healthy romantic relationship and build their own families (Casey Family Programs, 2008). Mastering these complex tasks is an incremental process. It begins early in childhood with observation of roles and dynamics of parental and familial interactions within community and cultural contexts, and it progresses well into adulthood with an acquisition of tangible practical life skills.

Youth in foster care often lack the models and support to progress through this process successfully. The relationships that they may have observed and experienced in their own families are often characterized by negative traits and are often the reason why they were removed from their families in the first place. They frequently have been exposed to various forms of abuse and neglect, which can results in socio-emotional, developmental, behavioral and health problems that may interfere with the development of readiness skills. Foster care youth often face the task of developing independent living skills without the crucial family safety net and financial resources — and without emotional security that is afforded to youngsters growing up in typical family systems (Casey Family Programs, 2008). "Without strong, stable connections with parents, extended family members, siblings, or other significant adults, youth leaving foster care are often left on their own to face key developmental tasks" they need for securing future workplace and family success (Casey Family Programs, 2008).

Molly Allen in her "Guide to Transition Planning for Caseworkers, Judges and Advocates" (2004) points out that the aging-out youth is "less equipped for this transition than either low-income youth, or a general cross-section of the adolescent population." She further discusses that most young adults receive financial supports until at least 25 years of age and they don't reach financial stability and economic maturity until age 30.

In fact, many exiting youth who have not achieved permanency outcomes — such as adoption, reunification or guardianship — report lack of skills for successful transition into adulthood (Allen, 2004).

Research highlights the difficulties in transitioning into independent living and self-sufficiency. In a study of youth transitioning out of foster care, 70% of the youths reported that they had not received the practical training needed to successfully operate daily living skills, such as money management, utilization of community resources, obtaining education or securing employment. They also reported feeling unprepared to find housing and deal with health issues. As a result, these youths are more vulnerable to physical and sexual victimization, unemployment and underemployment, homelessness, drug and alcohol dependence, incarceration, and dependence on public assistance (Courtney & Dworsky, 2006; Courtney, Dworsky, Ruth, Keller, Havlicek & Bost, 2005; Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001; Pecora, et al., 2006; Pecora, et al., 2003).

In another study youth reported lack of preparation in skills such as securing and maintaining a job, managing money, and entering healthy personal relationships. They felt that the transition efforts had been meaningless and lacked collaboration. They reported being left out of the planning process and shared that their individual needs had not been addressed (Scannapeco, Carrick & Painter, 2007). In this study the youth reported lack of consistency with case management, frequent caseworker changes, lack of communication and lack of information about resources available or how to access them. Additionally, the participants reported lack of skill-building opportunities after receiving life-skills training. They felt they were not provided with real life experiences that would

allow them to generalize what they learned to different settings. They also reported that transition efforts lacked a focus on helping them to create interdependent relationships and to provide them with an opportunity to make permanent connections to a support system, especially with a nurturing network of people who could provide them with an "emotional and physical space in the times of need and to share in their experience" (Scannapieco, Carrick & Painter, 2007).

In their study on emancipated young adults, Mulkerns and Owen (2008) found that upon aging out, the youth felt alone and lacking a "safety net." Youth reported feeling a lack of support by the child welfare system, and they felt they were not adequately prepared to emancipate. They recounted experiences of running out of money and food and becoming homeless or incarcerated. They viewed themselves as a burden and not deserving of unconditional support. They also felt ashamed to ask for help and felt stigmatized by their affiliation with the foster care system.

A study of Midwestern youth in the process of aging out reveals that the youth perceived a lack of control while in foster care. They were concerned that the State was making all the decisions regarding their living arrangements and future. Youth were concerned that over-dependence on the foster care system could impede their self-dependence in adulthood. They felt they needed to become self-reliant at a cost of not making use of existing services. In this study, the youth reported a lack of long-standing and nurturing relationships that could provide support through the transition process and in adulthood (Samuels & Pryce, 2008).

The consequences of instant adulthood can be seen in multiple outcome studies documenting experiences of youth emancipated from foster care. When compared to their

peers in general population, youth who age out are less likely to achieve academic

success, including high school graduation and post-secondary education. These youth are

more likely to be unemployed or work at jobs that do not provide them with financial

security. They are more likely than their peers to experience violence, victimization,

homelessness or unstable housing, mental illness, substance abuse and addiction, and

other poor health outcomes. They are also at an increased risk for incarceration, legal

troubles, early parenthood and they are more likely to lose their children to the foster care

system (Courtney et al., 2005; Courtney & Dworsky, 2006; Courtney et al., 2001;

Courtney & Piliavin, 1998; Pecora et al., 2006; Pecora et al., 2003).

Outcomes for Youth Who Age Out

Many youth who are exiting out of foster care through aging out of the system

lack the supportive social and family networks crucial for successful transition into

independence and self-sufficiency. In addition, their traumatic experiences may have had

an emotional and developmental impact that is further impeding development of coping

and adaptive skills needed for emancipation. The abrupt termination of services upon

their formal discharge from care places these youths at risk for experiencing negative life

outcomes as adults. Review of an abundance of literature paints a grim picture both short

and long term after exiting. Courtney et al. (2001) found that 20% of transitioning youth

experienced homelessness after turning 18; only 60% finished high school by age 19 as

compared to 87% nationally; and, only 3% earned college degrees by 25 years of age.

Another study reports that 23% of youth who aged out never earned a high school

diploma or GED (Courtney et al. 2007). Reports reveal that one in five of emancipated

youth experienced an episode of homelessness within a year of aging out and more than half had current mental health problems (Pecora, et al., 2005).

Education

Youth in foster care experience significant educational instability, which has tremendous adverse effects. Interruptions in schooling due to placement changes result in educational gaps and academic weaknesses that are difficult to remediate. Youngsters in care have higher special education referral rates as compared to their peers overall. In fact, their referral rate for special education and related services is three times greater, and 30-50% of children in foster care are found eligible for special education and may be placed in more restrictive programs (Allen, 2004; Geenen & Powers, 2006). Courtney et al. (2001) found that 30% of the foster care alumni who participated in the study had failed to complete a grade; almost 37% reported having been in one or more special education classes; and, almost 50% of the youth reported that they changed schools at least four times since beginning their formal education. Pecora et al. (2006) found that nearly one third of participants in the Northwest Foster Care Alumni Study reported 10 or more school changes throughout their educational career.

As a result of traumatic experiences and their manifestation in externalizing behaviors and lack of coping skills, foster youth have experienced more behavioral difficulties. These often result in disciplinary actions and academic removals, which further widens the academic achievement gap. They are also more likely to be enrolled in alternative programs that do not provide the same educational training as traditional full day programs. As a result, they often only earn a GED rather than a high school diploma (Allen, 2004, Pecora et al., 2006; Sullivan, Jones & Mathiesen, 2009). In fact, nearly 30%

of foster care youth who completed high school were GED recipients (Pecora et al., 2006).

The outcomes of inconsistent education are poor. The youth with GED are more than twice as likely as high school graduates to face unemployment and when employed earn 30% less (Allen, 2004). More than half of youth aging out of foster care have not graduated from high school compared to an 86% completion rate for all youth ages 18-24 (Allen, 2004). However, when the graduation rate was reviewed in the Northwest Foster Care Alumni Study and the Casey National Alumni Study, by age 25 foster care youth had a high school completion rate (either via diploma or GED) at 85% and 86%, respectively (Pecora et al. 2006, Pecora et al. 2003). Both studies found that foster care youth had a much higher GED completion rate, which may limit their educational and professional opportunities in the future. Pecora and colleagues (2003) presented data collected from case records for 1,609 alumni (1,087 of whom were interviewed) who had been in the care of Casey Family Programs between 1968 and 1998. This study revealed that youth in foster care are more than twice as likely (37% vs. 16%) to have dropped out of high school than youth in the general population.

Despite very fragmented educational experiences, teens in foster care have high educational aspirations and post-secondary goals. About 70% of youth planned to go to college, but in reality only one in eight former foster children graduated from a four-year college (Allen, 2004). Pecora and colleagues (2006) reported that only 40% of foster care alumni received some education beyond high school and only 20% received a degree or certificate. In fact, review of comparison studies — as conducted by Pecora et al. (2003) for the Casey National Alumni Study — revealed a 7-48% college enrollment rate and

only a 1-5% graduation rate. Only 1 in 50 alumni completed a bachelor's degree or

higher, as revealed in the Northwest Foster Care Alumni Study (Pecora et al., 2006). The

Casey Alumni college completion rates were also significantly lower when compared to

same age peers in the general population. Pecora et al. (2003) report a 9% completion

rate (at any age) and a 10.8% completion rate for adults 25 of years and older, which is

less than half of that found in the comparison sample.

Employment

As aging-out youth struggle with independent life, unemployment and

underemployment appear to be common among these youth (Courtney & Dworsky, 2006;

Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001; Dworsky, 2005; Harris, Jackson,

O'Brien & Pecora, 2009; Hook & Courtney, 2011; Naccarato, Brophy & Courtney, 2010;

Pecora et al., 2006, Pecora et al., 2003).

Courtney et al. (2001) conducted a Foster Youth Transitions to Adulthood Study

(FYTA) in which they recorded experiences of 141 young adults who left care in

Wisconsin in 1995 and 1996. The study found that only 60% of the sample members

were employed 12-18 months after the discharge from care. Courtney and colleagues

found that unemployment and underemployment were frequently concurrent with mental

health needs, medical needs, housing instability and lack of social support.

Midwest Evaluation of the Adult Functioning of Former Foster Care Youth — a

study conducted by Courtney, Terao, and Boost (2004) — followed 732 former foster

care youth who aged out in Illinois, Iowa and Wisconsin. Although 92% of the

participants reported they were employed at some point a year after exiting care, only

40% of the young adults were currently employed and the vast majority experienced

employment that was sporadic and was unable to provide them with financial security. Three-fourths of young adults reported earning less than $5,000 that year.

Goerge et al. (2002) conducted an outcome study of 4,213 young adults in California, Illinois and South Carolina who aged out of foster care after their 18th birthday. This study found only 45% of youth were employed and those that were earned significantly less than a foster care youth who had been reunified with their family within four years prior to turning 18 (Goerge et al., 2002).

Amy Dworsky (2005) examined the self-sufficiency of 8,511 foster care alumni who were discharged from Wisconsin's care between 1992 and 1998. In her study, she utilized three indicators of self-sufficiency, namely: employment, earnings, and public assistance receipt from the quarter in which they were discharged through the fourth quarter of 2000. Dworsky's study revealed that most of the participants were employed in at least one of the first eight quarters (80% of alumni); however, very few maintained consistent employment over all eight quarters. In addition, even when employed, the alumni's earnings were below the poverty threshold even eight years post discharge. Nearly 20% of the youth received financial support from Temporary Assistance for Needy Families (TANF) and Aid for Families with Dependent Children. One third of the sample members received food stamps (Dworsky, 2005).

The Casey National Alumni Study reported an 88% employment rate for former foster care youth who were eligible to work at the time of the interviews, which is slightly lower than the national average. However, the results also indicated that their earnings were significantly lower than that of the general population, and the alumni's

reliance on public assistance was almost four times higher than the comparison sample (Pecora et al., 2003).

A study of Northwest foster care alumni conducted by Pecora and colleagues (2006) found substantially lower employment rates (80%) as compared to the national average at the time (95%). One in six alumni was receiving public assistance from TANF or General Assistance at the time of the interviews, which is five times higher than the general population. According to Pecora et al. (2006), 51.7% of the alumni received public cash assistance any time after age 18. Additionally, it was revealed that one third of the alumni lived below the poverty line — three times the national level. Courtney and Dworsky (2006) found that nearly half of the female study participants and a quarter of the male participants received government benefits, such as food stamps, public housing/rental assistance, TANF, Special Supplemental Nutrition Program for Women, Infants and Children Supplemental Security Income, general assistance payments, and emergency assistance payments.

This financial hardship resulted in the inability of the study participants to meet basic needs, such as having enough money to pay for food, healthcare, rent or mortgage. The participants of the Midwest study were twice as likely to report inability to pay utility bills, 1.5 times more likely to having their phone service disconnected, and four times more likely to be evicted when compared to their peers (Courtney at al., 2004). Courtney and Dworsky (2006) found that nearly one in seven study participants had been homeless at least once since discharge and more than one third reported change in living arrangements at least twice since exiting care.

Homelessness

Securing adequate housing is frequently a struggle for young, emancipated adults. The cost of rent, the lack of financial stability and underemployment are a few of the many factors that contribute to these youth often finding themselves homeless and seeking shelter accommodations. One study found that 56% of youth utilizing federally-funded youth shelters in 1997 has a history of foster care involvement; 30% of the nation's homeless adults are foster care alumni; and 34% of foster youth had been homeless or lived in four or more places within 12 to 18 months post-care discharge (Allen, 2004). In addition, close to 14% of former foster care males and 10% of females report being homeless at least once after aging out (Courtney et al., 2001). Allen (2004) reports findings from a study sampling 21 homeless service organizations nationwide in which 36% of the population served at those organizations are former foster care children. She also references a Minnesota study that found an alarming number of former foster care recipients utilize transitional housing, battered women's shelters, and emergency shelters.

Courtney and colleagues (2005), in their study of former foster youth in the Midwest, reveal that 14% of youth who aged-out of care at 18 were homeless at least once since they were discharged, and 11.5 % reported often not having enough to eat. Berzin, Rhodes and Curtis (2011) through their review of National Longitudinal Survey of Youth 1997 (NLSY97) found that 15.4% of former foster care youth were homeless after discharge as compared to 6.5% rate of homelessness in the comparison sample.

The Casey National Alumni Study reported even more alarming results. Nearly 22% of alumni were homeless for one or more nights at any time within a year after their

official discharge from care, and 19.4% were homeless for a week or more during the

same time period (Pecora et al., 2003). Similarly, the Northwest Foster Alumni Study

reports a 22.2% homelessness rate within a year of leaving care (Pecora et al., 2006). The

effects of homelessness include higher rates of health problems such as STDs, HIV as

well as an increase in mental health problems. Additionally, young homeless are at a

higher risk for substance abuse, unsafe sexual activity, pregnancy, victimization and

criminal activity (English, 2006).

Physical/Mental Health and Substance Abuse

The stressors related to traumatic events and instability of foster care experiences

have resulted in short- and long-term psychological distress and poor health outcomes

(Coleman-Cowger, Green & Clark, 2011; Fowler, Toro & Miles, 2010; Villegas &

Pecora, 2012). Fowler and colleagues (2010) found that youth who experienced the most

instability while in care present with twice as many mental health problems than other

aging-out youth. Zlotnik, Tam and Soman (2012), found that adults with a history of

childhood foster care presented with significantly higher rates of chronic health problems

and mental health problems than people in general population that limit their ability to

engage in major life activities. Zlotnik and colleagues (2012) found that mental and

physical health problems continue late into adulthood and impact functioning in many

areas of daily living.

Evidence suggests that youth with a history of foster care involvement experience

more psychiatric symptoms and substance abuse and addiction than their peers who were

not in foster care (Pilowsky & Wu, 2006). These researchers also point out that youth in

foster care are four times more likely to attempt suicide and five times more likely to

receive a drug dependence diagnosis. Similarly, the Casey National Alumni Study found

that over half of the alumni had received a psychological diagnosis by a professional

(Pecora et al, 2003). Rahgavan and McMillen (2008) found almost half of their study

participants were prescribed three or more concurrent psychotropic medications.

Courtney and Dworsky (2006) found one third of foster care alumni who participated in

the Midwest Evaluation study, suffered from depression, dysthymia, post-traumatic stress

disorder (PTSD), social phobia, alcohol abuse, alcohol dependence, substance abuse or

substance dependence.

Compared to young adults still in care, those who left care had significantly

higher prevalence rates of alcohol dependence, alcohol abuse, substance dependence and

substance abuse. Foster care alumni were more likely to report hospitalizations due to

drug use and emotional concerns than the comparison group. In addition, youth who aged

out, reported that they did not receive the ongoing psychological care they perceived they

needed, due to lack of financial resources and lack of insurance coverage (Courtney &

Dworsky, 2006; Courtney et al., 2001). Casanueva, Stambaugh, Urato, Goldman-Fraser

and Williams (2011) found that, although 62.5% of their sample had used an illicit drug

or prescription over the course of the longitudinal study, only 21.5% of the using young

adults received outpatient specialty services. Narendorf and McMillen (2010) found

leaving care was associated with increase in substance use. What this may suggest is that

current placement in foster care, along with the services that are provided in care, may

serve as a protective factor as it relates to meeting psychological and health needs.

Besides struggling with socio-emotional difficulties and substance abuse, aged-

out youth also experience significantly higher health concerns than young adults in the

general population. One quarter of the participants of the Midwest Evaluation study

indicated that their health conditions limit their ability to engage in moderate activity

(Courtney et al., 2005). They also reported more emergency room visits and

hospitalizations than the comparison group (Courtney et al., 2005; Courtney & Dworsky,

2006). The participants reported the hospitalizations were more likely due to drug use or

mental health concerns than due to illness, accident or injury (Courtney & Dworsky,

2006). In addition, youth with a history of foster care membership were more likely to

suffer from a variety of psychosomatic problems, such as stomachache, muscle and joint

pains, trouble sleeping, trouble relaxing and moodiness (Courtney et al., 2005). The lack

of follow up with medical care as reported by Courtney and Dworsky (2006) may result

in more serious medical concerns that require more invasive treatment.

Pregnancy, Sexual Behaviors and Parenting

        The Casey Alumni Study (Pecora et al., 2003) found at least 17.2% of female

alumni had had at least one birth while still in care. In comparison, 8.2% of young

unmarried teenage mothers in the general U.S. population have given birth. Almost 90%

of participants of the Midwest Evaluation study, who were 17 or 18 at the time of the

interview, reported they have had sexual intercourse (Courtney et al., 2004). More than

one-third or 36% of the participants who left care reported using contraception "never or

less than half of the time".

        Courtney and colleagues (2005) looked at other risky behaviors, and found that

participants were more likely to report a sexual partner with an STD. This study found

that females were more likely to engage in unprotected sex than males and to have a

partner with an STD. Nearly half of the young women in the study had been pregnant at

least once. Females who had left care were more likely to become pregnant than their

counterparts who were still in care, and nearly one quarter of young women who aged out

of care reported becoming pregnant more than once (Courtney et al., 2005). Casey

Family Programs (2008) reported that young women in foster care were 2.5 times more

likely to have been pregnant by age 19 when compared to their peers who have never

been in care. In addition, by age 19, almost half of teen girls in foster care who had been

pregnant once, had a subsequent pregnancy, compared to 29% of their peers outside the

system.

Polit, Morton and Morrow-White (1989) surveyed youth with child welfare

involvement living at home under the supervision of a foster care agency and youth living

in an out-of-home placement. These researchers found youths who lived at home reported

to be more sexually active than the youth in an out-of-home placement; however, both

groups reported equally high rates of pregnancy and/or birth. Similarly, Sakai, Lin and

Flores (2011) examined effects of kinship care versus out-of-home placement on

pregnancy rates. The study found that youth in kinship care had an increased risk of

pregnancy by seven times as compared to youth living in non-kinship care. Youngsters

who live at home reported more understanding, access and use of contraceptives as

compared to youth who do not live at home. Nonetheless both groups were shown to use

protection inconsistently, and approximately half reported not using contraception at the

last intercourse (Polit et al., 1989). These findings are contrary to Dworsky and

Courtney's (2010) results which indicated that placement in a foster home served as a

protective factor as it relates to sexual behaviors and pregnancy.

An exploratory survey of foster care agencies in New York City revealed one in six of the foster girls were pregnant or parenting, with over 80% of the young mothers caring for their children. More than half of the agencies responding to the survey indicated lack of parenting training for the foster youth (Gotbaum, 2005). Love, McIntosh, Rosst and Tertzakian (2005), through a focus group with youth in foster care of whom 58% were parents, revealed that youth felt pressured to be sexually active, and yet they perceived that information on sex and pregnancy was not provided or was being offered too late. A California study by Constantine, Jerman and Constantine (2010) found a lack of training and policies for child welfare workers addressing reproductive health, sexuality and pregnancy prevention. A significant limitation of pregnancy prevention programs for youth in care were revealed in a study conducted by Dworsky and DeCoursey (2009); they revealed that information provided to youth as well as methods of delivery were the same for all youth, regardless of their cognitive abilities, mental health concerns and developmental disabilities. Another gap that was identified in this study is foster care youth frequently did not want to take advantage of services offered by Planned Parenthood, and pregnancy prevention is often not discussed with these foster youth. In addition, neither foster parents nor caseworkers were required to talk with youth about sexuality and contraception or may not have had the training that would allow them to do so. Dworsky and DeCoursey (2009) found that, although the majority of pregnant youth received some prenatal care, many of them did not start prenatal care until the second trimester and frequently hid their pregnancy from their foster parents and caseworkers for months.

Lack of parenting skills as well as socio-emotional stressors may be contributing to the parenting difficulties experienced by the young parents in foster care. Dworsky and DeCoursey (2009) reported that 11% of the foster youth mothers and 4% of the foster youth fathers in their study had a child who was placed in foster care. In addition, 22% of mothers had been investigated for child abuse and neglect. Young women in care who were relatively older when they first became mothers were more likely to avoid having their child placed in foster care, as opposed to the mothers younger than them. Foster care placement history was also related to the risk of having a child placed. The higher number of placements and older age at first placement entry were positively correlated with an increase of child removals. Additionally, having a disability, mental health concerns or substance use concerns almost doubled the odds of having a child removed. Nicoletti (2007) argued that, while many foster care youth did not intend to become pregnant, having a baby was viewed as a means to achieve a family of his or her own and to experience a nurturing bond, which has been lacking in their own lives. She proposed that a more supportive and comprehensive transition to independent living would provide these teens with skills and supports to postpone childbearing until a more optimal time (Nicoletti, 2007). Dworsky and Courtney (2010) argued that one possible solution to alleviating the concern over a high number of pregnancies in aging-out youth is to extend care beyond age 18. They pointed out that youth who are still in care may benefit from supervision of their foster parents and as a result may have fewer opportunities to engage in risky sexual behaviors that will result in pregnancy.

Incarceration

Research consistently documents that there is a disproportionally high number of former foster care youth processed by the criminal justice system (Barth, 1990; Courtney et al. 2001; Courtney et al. 2005, Courtney et al., 2006; Cusick, Havlicek & Courtney, 2012; Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001). Studies find high rates of arrest and delinquency among the foster care youth making the transition into independent living.

Barth (1990), in a study of 55 former foster care youth in the San Francisco Bay Area, found 35% had been arrested or spent time in jail or prison. Courtney et al. (2001,) in the longitudinal survey study in Wisconsin of foster care youth 12 to 18 months post-discharge, found that 18% had been arrested at least once. Specifically, 27% of males and 10% of females in this study experienced at least one episode of incarceration. In a later study, Courtney et al. (2005) found even more alarming results: 28% of the young adults in the sample reported being arrested, and 33% of those arrested were for violent crimes; 12% of the total sample reported being convicted of a crime; and nearly 20% reported being incarcerated since their first interview. Males in this study had a significantly higher level of criminal justice system involvement than the females in terms of arrest, conviction and incarceration (Courtney et al., 2005).

Participants of the Midwest Evaluation of the Adult Functioning of Former Foster Care Youth reported higher rates of delinquent behaviors, such as engaging in a fight, using a weapon in a fight, selling drugs, buying or selling stolen property, or belonging to a gang. Females in this study were more likely than their peers to report vandalizing

property, using or threatening to use a weapon in a fight, dealing with stolen property and

causing physical harm that requires medical attention (Courtney & Dworsky, 2006).

The results of these outcome studies, although very alarming, are not surprising.

A link between maltreatment and delinquency has been documented (Johnson-Reid &

Barth, 2000). In addition, lack of permanence, multiple placement experience and abrupt

termination of supportive services is related to higher rates of delinquency and juvenile

arrests (Johnson-Reid & Barth, 2003). Other stressors such as substance abuse,

homelessness, educational underachievement, unemployment and lack of familial support

have been found to increase the likelihood of delinquency among youths (Ryan,

Hernandez & Herz, 2007). On the other hand, social bonds are found to reduce the risk of

arrest. Other factors that can decrease the risk of criminal activity include having college

aspirations and workforce participation (Cusick, Havlicek & Courtney, 2012).

Interestingly, this study found that foster youth without a living mother experienced a

64% increase in the risk for arrest (Cusick, Havlicek & Courtney, 2012).

Resiliency and Empowerment of Children in Foster Care

Empowerment as defined by Kieffer (1984) is understood as being self-reliant,

having control over outcomes in one's life and possessing personal efficacy and self-

sufficiency. Parsons (1989) stressed self-determination and mastery of environment as

characteristics of empowerment. Rappaport explained empowerment as a way of gaining

control over one's life outcomes with an emphasis on strengths rather than weaknesses

and with an emphasis on cultural context (Rappaport, 1981, 1984, 1985, 1987).

Rappaport proposed that in order to facilitate empowerment, practitioners must move

away from the hierarchical model of helper-helpee and instead adopt a collaborative

approach that will free "self-correcting" capacities (Rappaport, 1981).

Zimmerman, Israel, Schulz and Checkoway (1992) defined psychological

empowerment as a "process by which individuals gain mastery and control over their

lives, and a critical understanding of their environment" (p. 708). They proposed an

empowerment model that includes intrapersonal, interactional and behavioral

components. The intrapersonal aspect refers to self- perception about one's capacity to

influence one's environment and perceived competence. The interactional component

relates to how individuals understand external factors that enable them to influence their

situations. Lastly, he identified the behavioral component as actions one takes to

influence their environment. Perkins and Zimmerman (1995), emphasize the importance

of non-hierarchical approach to empowerment. They argue for providing opportunities

and support for participants to develop knowledge, skills and competencies. Additionally

they call for engaging professionals as collaborators rather than authoritative experts.

Kieffer (1984) defined empowerment as a "continuing construction of a

multidimensional competence" (p. 9). Kieffer proposed that acquisition of empowerment

is developmental in nature with four progressive phases that result in attainment of

participatory competence. Kieffer suggested two mechanisms in the process of

empowerment development. First, in order for there to be action, there should be conflicts

present. Second, individuals engaged in making change will then have a greater

understanding of what needs to change and therefore find more effective ways to affect

change. And with more understanding comes more participation.

Gibson (1993) stressed the importance of moving towards internal locus of control while recognizing external barriers and factors that impact one's life. She stated that "capacity of people to improve their lives is determined by their ability to control their environment, connect with needed resources, negotiate problematic situations, and change existing social situations that limit human functioning" (p. 389). The goal of empowerment-based practice as defined by Gibson (1993) is to focus on the strengths and allow individuals to utilize their inter- and intra- personal resources to generate solutions to their dilemmas. In addition, empowerment theory considers a larger context of the individual in regards to sociopolitical, economic and cultural forces that impact that individual's difficulties. This approach minimizes self-blame and diminishes blaming-the-victim phenomenon (Gibson, 1993). Group belongingness and sharing common experiences as well as collaboratively working to find solution to a common problem, enhances the empowerment process (Gibson, 1993).

These various empowerment models share several important characteristics. All argue for active and collaborative participation in the attainment process of empowerment competency. Additionally, all emphasize equal relationship between the stakeholders where the helpee is invested in shaping their own outcomes. Focus should be placed on strengths and abilities of the individual and consideration needs to take place regarding a social, cultural and political context.

Gibson (1993) proposed that the elements of empowerment theory can also be applied to youth in the social welfare system. Youth who have been neglected and abused frequently have very little control over their immediate future. Youth who have been removed from their homes as a result of that abuse have very little say over what happens

to them in regards to placement and services provided. The decisions about their fate are

made by people involved with the legal system, and rarely ever is consideration given to

what the youth desires.

      Gibson (1993) argued that the primary goal of the empowerment process for

adolescents should be facilitation of development of internal locus of control and helping

adolescents accept that the choices and problems of other people (i.e., their abusive

families) are not their fault and that they are not responsible for their situations (Gibson

1993). Gibson pointed out that adults involved in the decision making process as it

pertains to the futures of youth in care are able to foster their client's empowerment

through collaborative decision making and through consideration of the youth's wishes

and wants. Gibson (1993) recommended that, rather than "doing things" for foster care

youth, providing them with choices and resources to do things for themselves helps

facilitate a sense of control and, by extension, empowerment. Importance of social

interaction and "supportive interdependence" is an important element of empowering

marginalized youth. It provides the youth with an opportunity to identify positive role

models, identify mentors and build successful relationships. Lastly, acknowledgment of

youth's cultural and social context is crucial to promoting the empowerment process.

Recognition that one is a valued member of society and a particular group or groups,

supports development of self-identity and fosters self-esteem. Gibson proposed that

facilitating close association with adults of the same cultural or ethnic background, who

are successful and/or in position of power, will allow the adolescents to believe in

themselves and aspire for success in their own lives. To mitigate the effects of socio-

cultural barriers, such as discrimination, economic disparities or institutionalized racism,

practitioners must respect, affirm and understand cultural patterns and values of youth in care. Culturally competent practice can be promoted through utilization of ethnically sensitive intervention methods and developing greater awareness of norms and expectations in various cultures (Gibson, 1993).

Chinman and Linney (1998) agree with Gibson (1993) that application of empowerment theory is relevant to adolescent identity and empowerment development. Participatory competence, collaboration, identification of strengths and sources of resiliency are important processes in adolescence. Chinman and Linney (1998) pointed out that, according to Erickson's Psychosocial Development Theory, successful adolescent development depends on having opportunities to participate in, and be recognized for, positive roles and pro-social activities.

Kaplan, Skolnick and Turnbull (2009) pointed out that empowerment of youth in foster care involves giving them opportunities to "test and assert themselves beyond the foster care system as well as awareness by those around them of their responsibilities to buttress these opportunities" (p. 135). Messias, Fore, McLoughlin, and Parra-Medina (2005) argued that, in order to achieve level of empowerment, youth must be given "opportunities to experience leadership, advocacy, and peer education; practice planning, organizational, decision-making, and critical thinking skills; express their creativity; engage in enjoyable social interactions with others" (as cited in Kaplan et al., 2009, p. 136).

Factors Promoting Resiliency

Although there is a lack of research specifically focused on the empowerment and resilience of youth in foster care, there are some studies that identify factors promoting

positive outcomes for this population (Kaplan, Skolnik & Turnbull, 2009; Afifi & MacMillan, 2011). Since resilience enhances development of empowerment and positive social functioning in maltreated children, it is important to understand these protective factors so they can be fostered for adolescents with difficult backgrounds (Afifi & MacMillan, 2011)

Rutter defines resilience as the ability to function proficiently despite experiences of hardship (e.g. abuse or trauma) and psychosocial stress (e.g., poverty, discrimination or developmental challenges); and it includes a range of protective factors, such as self-esteem, self-efficacy, a sense of security, hopefulness and efficacy, which contribute to successful adaptation and coping (Collishaw et al. 2007; Rutter. 1985; Rutter, 1987; Rutter, 1999).

Afifi and MacMillan (2011) conducted a review of studies geared toward identifying sources of protective factors in youth with histories of maltreatment. The authors identified individual level factors, family level factors and community level factors that contributed to enhancement of resiliency.

Individual-level protective factors included personal characteristics, temperament, resources, self-efficacy and coping styles in adverse situations. Specifically, the review of research as described by Afifi and MacMillan revealed that youth with easy temperament, social connections, stable and nurturing relationship with at least one adult, academic aspirations, positive future orientation, social skills and adaptive coping had more positive outcomes. Additionally, positive self-esteem and possession of daily living skills as well as internal locus of control were all protective factors and sources of resiliency.

According to Afifi and MacMillan (2011), family level protective factors include supportive familial relationships such as stable caregiving, less family stress, partner support, sibling relationships, and positive relationships with parents or parental figures. Stable and warm caregiving and supportive partner relationships were consistently linked with resilience across studies. Stable and caring family environment, whether biological or foster, may help foster better emotional well-being as well as adaptive functioning following child maltreatment (Afifi & MacMillan, 2011).

Protective factors at the community level include peer relationships, non-family member relationships, mentor relationships, religion, participation in activities that cultivate strengths and interests, among others. Neighborhood advantage, positive socio-demographic and socio-economic characteristics, positive peer relationships, involvement in extracurricular and social activities, nurturing relationships with caring adults (such as counselors, teachers or mentors) foster resiliency (Afifi & MacMillan, 2011).

It is important to identify sources of resiliency for youth with histories of maltreatment and foster care involvement. Knowledge of protective factors can inform stakeholders as they attempt to prepare youth for successful exit from care. Capitalizing on youth's personal strengths and developing resources at the individual, familial and community levels can help these youth cope with transition from care and prepare them for self-sufficiency.

Law and Policy on Transition

The Independent Living Initiative

In response to several studies in the early 1980s showing inadequate outcomes for young adults exiting foster care, Congress passed the Independent Living Initiative (ILI)

in 1986. At that time teenagers in foster care were preparing to leave foster care as adults without sufficient resources to live on their own. It was found that without significant intervention youths exiting foster care were at high risk for poor outcomes (O'Neill-Murray & Gesiriech, 2004).

For the first time, through ILI, states were allocated funds ($45 million) under Title IV-E of the Social Security Act to provide independent-living services to older teens in foster care. Because ILI funds were only available for IV-E eligible applicants — the initial group targeted for services was comprised of youth 16 years of age and older — frequently ILI services were not available to youth in kinship care or youth who had left foster care.

The needs of non-IV-E eligible youth and former foster care youth were addressed between 1988 and 1990, when Congress amended the ILI to allow states to extend eligibility for services to them. In 1994 Congress provided permanent authorization of funds for independent living services. Funds were made available to provide counseling, educational assistance, life-skills training and vocational support to youth in care, as well as staff training, foster parent training, and youth participation activities. Funding for the services was temporary, however. Reauthorization was required at the end of two years (Child Welfare League of America, 1999; Walters, Zanghi, Ansell, Armstrong & Sutter, 2010).

This ground-breaking legislation also created the first requirement to plan for the transition out of foster care. In 1987, the U.S. Department of Health and Human Services, Administration for Children, Youth, and Families mandated that states must assure that the case plans for youth 16 and over were documented with written descriptions of the

programs and services which would help the youth transition to independent living. That meant that funds could only be used while the youth were still in care and not for housing once they left. To that end, assessments were designed to establish what the youth needed to learn to live independently. Life-skill instruction — emphasizing on tangible skills, such as job search — became the main focus. Ideally, the youth would participate in the planning process, but this almost never occurred (Child Welfare League of America, 1999; Walters, Zanghi, Ansell, Armstrong & Sutter, 2010).

Between the years 1993 and 1998, Congress made additional amendments to the initiative. Funding for independent living increased to $70 million and states were required to match those funds (Walters, Zanghi, Ansell, Armstrong & Sutter, 2010).

The Foster Care Independence Act of 1999, John H. Chafee Foster Care Independence Program (FCIA)

Even though ILI was enacted, Congress found that some 20,000 young adults aging out of the foster care system were not successfully transitioning to adulthood (Allen, 2004). Sponsored by the late Rhode Island Senator John H. Chafee, Congress passed into law the Foster Care Independence Act (FCIA) in 1999. The act, which later was renamed the John H. Chafee Foster Care Independence Program, replaced the ILI, expanding the program by doubling the federal allotment of funds to $140 million (from $70 million) and extending coverage to former youth and to young adults up to 21 years in age. In addition, each state was to bring in another 20% match (Allen, 2004, U.S. Department of Health and Human Services, n.d.).

The Chafee legislation also clarified that independent living programs were not an alternative to permanence for children, rather they were to be employed concurrently

with adoption planning. Under the act, services (room and board, included) can be made available to young people who leave foster care because they turn 18; young adults with assets up to $10,000 remain eligible for financial assistance; states are permitted to expand Medicaid coverage for people 18-21 years of age. In addition, it is required that young people be collaborators in the design of their plans to achieve self-sufficiency (Allen, 2004).

Specifically, the Chafee program, as written into law, mandates states "to identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health care activities (including smoking avoidance, nutrition education, and pregnancy prevention)" (Kessler, 2004; National Resource Center for Youth Development, n.d.; Social Security Online, modified July 11, 2012). States are required to help children who are likely to remain in foster care until 18 years of age receive the education, vocational training, and services necessary to obtain employment and postsecondary education. State agencies are required "to provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults" (Kessler, 2004; National Resource Center for Youth Development, n.d.; Social Security Online, modified July 11, 2012). Former foster care recipients between 18 and 21 years of age are to be provided "financial, housing, counseling, employment, education, and other appropriate support and services to complement their own efforts to achieve self-

sufficiency and to assure that program participants recognize and accept their personal

responsibility for preparing for and then making the transition from adolescence to

adulthood." An important part of this provision is that these services were now available

to children who, after attaining 16 years of age, had left foster care for kinship

guardianship or adoption (Kessler, 2004; National Resource Center for Youth

Development, n.d.; Social Security Online, modified July 11, 2012).

Promoting Safe and Stable Families Amendments of 2002

Adding to the momentum under the Chafee program, in early 2002 the Promoting

Safe and Stable Families Amendments of 2002 was signed into law. The amendment

provides qualified foster youth exiting foster care with postsecondary education and

educational training vouchers of up to $5,000 a year. The program provides education

support to young people who have aged out of foster care and for those who left foster

care due to adoption at age 16 or older.

The vouchers can be used for two- and four-year universities, vocational training

programs, and job training programs. States were given discretion as to who receives the

vouchers (Allen, 2004; Kessler, 2004).

Purpose of Study

Although many outcome studies suggest that youth who have aged out of the

foster care system often experience a variety of challenges as they gain independence,

less is known about the sources of resiliency and empowering factors that promote

positive outcomes. This study attempts to gain insight into specific experiences that foster

care alumni view as most empowering and practical.

Through the use of interviews, the researcher is looking to gain an understanding of the experiences of foster care youth during transitioning out of care and seeks to learn what factors were helpful during that time, in order to inform how to better work with transitioning youth. Specifically, this study will attempt to answer the following questions:

1) What are the emotional, practical and material supports and resources that helped facilitate entry into independence?

2) How can agencies, individuals and systems improve current practices to assure adequate preparation for foster care youth to become empowered, independent adults?

CHAPTER II

METHOD

A qualitative, exploratory approach to data collection was implemented.

McCracken (1988), McLeod (2001) and Sandelowski (2004) argue that the qualitative

method allows for a richer and more detailed insight into the participants' experiences

that are not always captured by a quantitative approach. McLeod points out that

qualitative research in psychology as an inquiry into a world that is complex, layered and

multi-perspective, provides a significant contribution to the knowledge base for practice

and policy. He states:

> *For many people wishing to do research into real-life topics and problems in*
> *these fields, qualitative inquiry offers a set of flexible and sensitive methods for*
> *opening up the meaning of areas of social life that were previously not well*
> *understood. Qualitative inquiry holds the promise of discovery, of generating new*
> *insights into old problems, and producing nuanced accounts that do justice to the*
> *experience of all those participating in the research (pp.1).*

Onwuegbuzie and Leach (2005) point out distinctions exist between qualitative

and quantitative research in regards to ontology, epistemology, axiology, rhetoric, logic,

generalizations and causal linkages. McCracken puts forth that the goal of quantitative

inquiry is to define and isolate categories in an attempt to determine relationships

between variables in a large predetermined sample. On the contrary, the qualitative

approach allows the researcher to gather in-depth descriptive data provided by a small

number of participants, which can then be subjected to identification of common

emerging themes and patterns.

Procedure

This study examined individual cases in an attempt to understand the similarities and differences of the phenomena in question. Semi-structured interviews were conducted with four adults who were formerly placed in foster care about their experiences during transition to independence. A semi-structured protocol was used because it provides a framework to question the participants, but also allows flexibility for discussion and expansion of themes. Kvale (1996) stated that "the qualitative research interview attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations" (p.1). Similarly, this research attempted to understand what specific factors as understood by the participants facilitated their entry into adulthood.

Participants took part in two interviews scheduled two weeks apart. The first interview provided an opportunity to gather specific information about the transition process as perceived by the participants, utilizing a semi-structured interview protocol. The second interview provided an opportunity for expansion of themes and additional probing on topics discussed during the first interview. Each interview lasted approximately 60 minutes.

All interviews were recorded and assigned a random code number to protect subjects' identities. Digital copies of the recordings were transcribed by a professional transcriber.

Participants

The participants were solicited through caseworkers at the Division for Youth and Family Services and support programs such as Foster Care Alumni of America, Youth Advocacy Program, Community Access Unlimited and Foster and Adoptive Family Services, via e-mail and phone calls. Individuals interested in participating in the study were to contact the researcher via e-mail or by phone to coordinate an interview schedule. The participants were provided with a consent form (Appendix A) and a consent-for-recording form (Appendix B), which they were asked to sign prior to the interview. The researcher explained and clarified any questions pertaining to methodology, such as additional information about the study, purpose of this research, confidentiality and their rights as participants. Interviews were conducted in settings convenient for the participants. Measures were taken to assure privacy during to interviews to offer the participants an opportunity to speak freely about their experiences in foster care. Two of the interviews were conducted in the participants' homes and two interviews were conducted over the telephone.

Four female foster care alumni volunteered to participate in this study. The age of participants ranged from 21-45. Three of the participants identified themselves as Caucasian and one as African-American. Of the four participants, one was married, one was widowed and two were single. One of the participants has a child. Participants were asked about their initial entry into foster care. One of the participants entered care when she was 8 days old. Another entered care at four years old and was reunified with her biological father when she was 11 years old. She re-entered care at 14. The third and fourth participant entered care at 14 and 15, consecutively. One of the participants aged

out of care at 18 years old and three aged out at 21. One of the participants is receiving

after-care services. Participants were asked about their number of placements. One had

remained in the same placement through her foster care experience. Another had changed

placements seven times. One moved placements 20 times and another moved 23 times.

Out of the four participants, two have a master's degree; one has a high school diploma

and is currently in a four-year undergraduate program; and one has a post-secondary

technical training. For a breakdown of participants demographics, please refer to Table 1.

Because of the small sample and heterogeneity of the pool, generalization to all

transitioning youth must be avoided.

Table 1
Demographic Information

Age		
20-30	30-40	40-50
N=2	N=1	N=1

Ethnic/Cultural Self-Description		
Caucasian	African-American	
N=3	N=1	

Relationship Status		
Married	Single	Widowed
N=1	N=2	N=1

Children		
Yes	No	
N=1	N=3	

Educational Background		
High School Diploma	Post-secondary Technical	Master's Degree
N=1*	N=1	N=2

Age in Years at Entry into Care		
0-5	6-10	11-15
N=2	N=0	N=2

Number of Placements				
1-5	6-10	11-15	16-20	21-25
N=1	N=1	N=0	N=1	N=1

Age at Exit		
18	21	
N=1	N=3	

*Currently attends four year undergraduate program.

Data Analysis

Data was collected through the use of the semi-structured interview drafted by the investigator (Appendix C). Data was analyzed utilizing "grounded theory" as a guide. "Grounded theory" is a concept with a set of guidelines developed for the analysis of qualitative data (Strauss & Corbin, 1998). In this approach, theory is "derived from data, systematically gathered and analyzed through the research process" (Strauss & Corbin, 1998, p. 12). The grounded theory methodology promotes openness and flexibility on the part of the researcher, who is an "instrument" in the collection and analysis of data. The investigator brings in a broad range of his or her own experience, imagination, and intellect, which impacts the research design, analysis and interpretation (McCracken, 1988).

Methodology of grounded theory approach consists of flexible yet clearly defined strategies for focusing and expediting qualitative data collection and analysis. These methods provide a set of inductive steps that successfully lead the researcher from studying concrete and detailed realities to extracting a conceptual understanding of them (Holstein & Gubrium, 2003). Grounded theory enables the documentation of change and understanding of the core processes central to that change. "Grounded theory enables the identification and description of phenomena, their main attributes, and the core, social or social psychological process, as well as their interaction in the trajectory of change. … It provides us with the tools to synthesize data, develop concepts, and midrange theory that remains linked to these data, yet is generalizable to other instances in the future" (Morse, et al., 2009, pp. 13-14).

The appeal of using grounded theory method is that it provides a set of explicit guidelines to follow in data analysis. There is an ever-expanding body of published articles utilizing this method that can function as models. This flexible approach can be readily adapted to different circumstances (McLeod, 2001).

After the completion of transcription of the interviews, the researcher reduced the data to smaller units and compared and contrasted them in an attempt to identify common, interrelated themes and patterns relating to the experience with the transition process according to the methods described by McCracken (1988). In his approach to data analysis, McCracken (1988) calls for a researcher to "determine the categories, relationships, and assumptions that inform the respondent's view of the world in general and the topic in particular" (p. 42).

McCracken describes a five-stage process of the analysis. According to McCracken (1988), the five-stage process entails a "movement from the particular to the general" (p. 42). The investigator begins deeply embedded in the finest details of the interview transcript and, with each successive stage, moves out to more general observations (McCracken, 1988).

The first stage of the research analysis involved thorough examination of details in the individual statements and creating "observations" related to each statement. During the second stage these observations were expanded according to the evidence in the transcript and literature review. During the third stage of analysis interconnections were identified between higher level observations and the attention of the analysis shifted away from transcripts towards observations themselves. The fourth stage examined observations generated at the previous stage and scrutinized them for "patterns of inter-

theme consistency and contradiction." The last stage subjected the themes and patterns to

final process of analysis in an attempt to inform conclusions (McCracken, 1988, p. 42).

CHAPTER III

THE PARTICIPANTS

This section contains brief narrative accounts of the four foster care alumni who participated in the study. The alumni narratives include information about their foster care history, placement history, employment history, educational background, and experiences while in foster care.

The purpose of this section is to put the participants into context before the themes from the interviews are examined. Furthermore, this section includes a commentary by the researcher about her experience with each participant. All participants' and family members' names have been changed to ensure anonymity.

Kate

Kate is a young woman who was born in another country. She immigrated to the United States when she was eight with her mother and two older siblings. Kate entered care for the first time at age 14 after she accused her mother of physical and emotional abuse. Kate shared that her allegation was not substantiated by Division of Youth and Family Services (DYFS) but that her mother had "nearly killed" her "physically and emotionally." Kate said that her mother comes across as a very well-spoken and likeable person; she says that her mother's charm makes her believable to people who interact with her. Kate's siblings have not experienced abuse by their mother and they have been supportive of their mother during the time of the investigation. Although Kate's stepfather lived with her mother during the time of Kate's foster care placement, he did

not play an active role in the abuse — though he never came to her support. The same holds true for Kate's older siblings. They have not been able to understand or be willing to accept Kate's version of the events.

Kate has changed schools four times and has changed placements 20 times. She experienced a variety of placements during her four years in foster care and lived in foster homes, therapeutic foster homes and group homes. Her last placement was at a youth shelter from which she transitioned into a college dormitory at age 17. During her experience in foster care, attempts were made to reunify Kate with her mother; but each time she was placed back with her family, she ran away and was placed at a youth shelter as per a court mandate. Kate shared that she never ran away from a foster care placement, as this was where she preferred to be — away from her abuser.

> *They placed me back home when I was 16, within three weeks I moved in with a friend. When my DYFS worker came to do her quarterly MVR [Minimum Visit Requirements] after five months of me being home, she freaked out to find that I wasn't at home and made me come home. Two weeks later I ran away. They brought me back home. I ran away again. I never ran away from a placement. Most kids run away from placement and run back to their families. I was the kid that when they sent me home, I ran away.*

She felt greatly frustrated that her input was not considered when it was time to decide on placement or what her preferences were regarding school. Against her recommendations she was placed in a school that was not a good fit, and she was left without any emotional supports to help her handle the transition successfully. Although she was able to handle her academics, the change proved to be too difficult and Kate dropped out after only six weeks in school. She ended up returning to what she considered to be her home school and was able to get back a sense of the stability that she longed for. Kate said the reason she felt comfortable in her home school was because of

the connections she formed with her teachers and administrators, whom she praised for

being very creative in engaging Kate in her education, despite the multiple placement

changes.

Kate compares transitioning out and becoming independent to fighting an uphill

battle. Throughout her foster care experience, Kate worked with multiple case managers

and with each one she attempted to collaborate on mapping out a plan for her transition.

Despite proposing many feasible options for her long-term transition goals, she

encountered many barriers; frequently decisions were made without her knowledge or

input. She argued that many youth would "rather admit to being in detention than being

in foster care" as "foster care is something that is being done to you repeatedly, not just

once you come into care…. There is a lack of civil rights for children who are in care."

Kate found her ally in the Care Management Organization (CMO) worker who

supported her ideas and thought "outside the box." CMO manages care for children with

emotional and behavioral needs through coordinating multi-level services. Kate applauds

the CMO worker for her creativity in coming up with solutions that were based on Kate's

strengths and needs. On the other hand, she noted that DYFS case managers lacked in

this area. She said they were focused on following steps that had been outlined for them

in their training manuals versus shifting the focus and trying to understand the needs and

wants of the child. She reflects:

> *The second time I entered care — the first time, too — they could've ended this simply the first time I entered foster care. I told them, I said, "I will go live with my grandfather." I was accepted on a boarding-school scholarship before I moved to this country. He then called them up to find out if they would still be willing to take me in and I can spend weekends with him and go to school there. That would've been my dream. All they had to do was put me on a plane. "No, we can't do that." There's so little creativity because it's all about, "Here's the steps we have to follow." Not, "Who's the kid that's in front of us?"*

Now in her mid-20s, Kate lives independently and has a successful career. She is

raising her child, and has rebuilt her relationship with her stepfather, whom she identifies

as her closest family. Her experiences in foster care have inspired her to become an

advocate for children in foster care and she is actively involved in influencing policies

and practice regarding child welfare in New Jersey.

Angie

Angie is a 21-year-old college student currently receiving aftercare services. Her

case was closed after she turned 21, but she is receiving financial support from Casey

Family Programs and New Jersey Foster Care Scholars Program.

Angie entered care at four years old due to abuse and neglect. She was reunified

with her father when she was 11; however, she re-entered care at 14. Angie has a younger

brother who was adopted at birth and she maintains a close relationship with him. Angie

only recently began speaking to her biological mother, but their relationship continues to

be strained. Angie's father passed away about a year before this interview took place.

Angie experienced multiple placements, including foster homes, one therapeutic foster

home and group homes. She also changed schools many times and described it as a very

difficult time for her:

> *I moved around, but I was in a lot of places for a long time. When I was older,*
> *that is when it started getting worse. My freshman year I went to like four high*
> *schools. That was the worst.*

Other than the many placement moves, Angie views her experience in foster care

as a positive one. She shared that foster care provided her with a safe environment that

her biological family was unable to maintain. Additionally, considering the usual high

turn around for caseworkers, Angie only changed caseworkers three times — and she

remained with the same DYFS office throughout all her moves. Angie feels that she was

fortunate to get caseworkers who were very involved and supportive. She knows that

many of her peers did not have the same experience. She stated:

> *My caseworker was very, very good. I really had no problems with my office. I*
> *never had any problems with any services they provided, but I know there are*
> *people who would say different for theirs.*

Angie shared that her caseworker made sure she had an opportunity to create a

connection in the community through her participation in sports, recreation programs and

summer employment. This not only provided her with valuable skills and resources, but

more importantly for Angie, gave her a sense of normalcy.

Angie said that she does not maintain any contact with her biological relatives as

they have not been a part of her life. Instead she has created a close network of friends,

many of whom share a foster care history with her.

Currently, Angie is studying to become a social worker, as she feels passionate

about working in a "helping" field. In the future, Angie hopes to be working with

children and adolescents in foster care and wants to be a positive influence on youngsters

who are sharing the same experiences as Angie. Angie currently lives in the dorms at her

university and spends her summers and long breaks at a transitional living apartment

provided by an after-care program.

Jennifer

Jennifer is one of four children adopted by her parents at infancy. She has two

older brothers who are biological siblings and a younger adoptive sister. Jennifer never

met her biological mother. Jennifer describes her home life as a very chaotic and neglectful, impacting her emotional well-being. Jennifer entered care when she was 15 years old; because of her age she was placed in a transitional foster care program. She came into placement from a psychiatric hospital after spending nine months there, and through the transitional foster care program, she was placed in a therapeutic foster home. Her two older brothers were placed with their biological grandmother and her younger sister remained in their parents' care.

Jennifer described her situation as a unique one because she remained with the same foster family for the duration of placement. Once her case was closed and she went to college, she continued to stay with the family during the weekends, holidays and summers until she was 25 years old. She shared that her foster care family embraced her as part of their family and until this day she maintains a close relationship with them and views their biological children as her siblings. Jennifer recalled a very powerful experience that allowed her to see herself as a valuable and contributing member of the family.

> *I remember the first weekend I was there they had a barbecue for me, and my foster father's sisters had a gift basket for me. It was very welcoming from the beginning, and I was the only foster child but wasn't the only child in the family either. For the first time I felt like I mattered, and it felt really good.*

Although Jennifer has since rebuilt her relationship with her mother, she feels a stronger family connection with her foster parents.

> *We have repaired our relationship, you know, love heals. It's weird. I feel closer to my foster family not as a parent but more like a family, you know, like my mom is my mom and that doesn't change like no matter what. That's just a maternal bond, blood or no blood…. So I don't feel that way about anyone else, obviously, the way that I feel about my mother. But as far as social time or events, I definitely still spend more time with my foster family. I try and like manage my holidays, but you know I spend a lot more family time with my foster family.*

That's just the type of family they are (…) like for everyone's birthday, just for having dinner or hanging out.

Because of the support and guidance of her foster parents, Jennifer's transition occurred as a natural process. She learned how to cook and clean from her foster mother and her foster father taught her how to drive. Her foster parents encouraged her to find a job so that she could earn her own money and learn how to manage her finances. She credits her foster parents with teaching her practical life skills and instilling healthy habits that have helped shape her into a successful adult. Jennifer graduated from college and has a master's degree in social work. She said:

The reason I actually went to become a social worker, originally my thought was that I wanted to work with kids transitioning from foster care. That was what I did in my undergrad.

She currently works at a hospice and provides counseling services to people who are receiving hospice care, as well as their families.

Sara

Sara who is now in her mid-forties was abandoned by her family in infancy, when she was eight days old. She never knew her biological parents or the circumstances that led to her abandonment. Even as an adult, Sara continues to ponder about her background and searches for answers about her biological family. She believes that having access to information about biological family would provide her with resolution to her restless search.

Throughout her placement in foster care, she moved 23 times and mostly lived in group homes. She changed schools 11 times. Because her foster care experience occurred prior to the passage of the Adoption and Safe Families Act (ASFA) in 1997 — which

defined procedure for termination of parental rights — the state never initiated the

process. Sara did not get a chance to be placed for adoption or to find a permanent family

that could meet her long-term needs and provide her with stable environment. Sara said

that the reason she was placed in group homes rather than with a foster family was:

> *(…) because they didn't want me to get close to the foster families in case a relative came along and nobody did. For 18 years. Even one of the caseworkers said that they'd never seen anything like it before, because normally somebody comes back.*

Sara explained that she preferred to live in a group home because she had other

kids with whom she shared the same experience — and this common knowledge

provided her with a sense of normalcy. Additionally, she felt safer in group home than

living with a foster family. She recalls a very negative experience in a foster home

placement.

> *I spent most of my time in a basement and I was isolated from their family, so I don't really know too much about — I didn't know how to do anything normal….I had a seizure after the foster mother hit me on the head with a pot.*

In order to cope, Sara focused on her schoolwork, and despite her fragmented

educational experience, she received a perfect score on the Language Arts portion of the

SATs. Sara also aspired to attend college, but because of lack of guidance and support

from her caseworkers and an immediate need to find work upon transitioning, she was

unable to achieve her goal.

> *I didn't go to college. What I did was I went to correspondence school, so I could work. I had to work three minimum wage jobs in order to survive, and I did a correspondence school which I did end up graduating. I did win a small scholarship, but the problem was that they only covered $150 total. I could have applied for five scholarships, but if they were only $25 and $50, it doesn't really get you far. So, I did go to Tele Institute at the time for computer repair robotics. I did get an advanced certificate in AC/DC. I was always on my own. I got a loan and it took me years to pay it off. I did and I couldn't afford to stay.*

Sara had to figure out a way to become self-sufficient as all of her services terminated when she became 18 years old. During the time of her teenage years, there were no coordinated transition efforts provided to the youth in care. The experiences varied greatly from case to case, and depended upon a foster family's involvement, caseworker involvement and the community resources available to the youth in care. Unfortunately for Sara, she did not have a foster family, her caseworkers changed frequently and the area where she was living did not have much to offer in terms of opportunities for obtaining independent living skills.

> *I did become homeless, because I did not know how to…I mean they paid for your apartment. I had my own apartment actually at 16 years old. They had a program called Independent Living, and if you didn't have any problems you could just live on your own. They were very limited on where you could live and how much they would pay, so most of the time you wound up not in the best neighborhoods…. I was in Plainfield. It was not the best neighborhood at all and that was it. I mean I wound up becoming homeless. I was there in the shelter for six months and it was just me teaching myself or asking strangers for help. Besides not having life skills you have emotional issues.*

Sara used her experiences as a platform for influencing social awareness surrounding issues that transitioning youth face. She shared that she was instrumental in influencing the policy on termination of parental rights during a reasonable time period so that children whose families are not able or willing to care for them have a chance at being adopted and achieving permanency. She worked with New Jersey law makers to make December 12th the Foster Children's Day as an avenue to increase awareness of the needs of New Jersey's foster care children. She is an author of five books and has appeared on talk shows to advocate for children in care.

CHAPTER IV

RESULTS

The interviewer explored the experiences of foster care alumni during transitioning out of care in an attempt to learn what factors were helpful during that time. This section will present the participants' narrative accounts of their transition process and progression into adulthood. Although the four female participants represent a wide variety of experiences in foster care, they offered recommendations and suggestions that shared common elements.

The participants discussed interactions with their caseworkers, foster families, biological families, teachers and peers as well as systemic and environmental factors that made an impact on the course of their entry into independence. They talked about internal factors that provided them with a sense of empowerment and drive to become successful and self-sufficient adults. Furthermore, they offered recommendations for practitioners who work with youth in care, as well as suggestions for reforming child welfare policies in order to improve services that are provided to foster care youth.

Four primary categories emerged from the data and have been organized into the following sections: (1) Impact of Relationships and Mentoring, (2) Intrinsic Factors, (3) Environmental Factors, (4) Recommendations for Policy and Program Reform.

Impact of Relationships and Mentoring

For the purposes of this study, the Greeson and Bowden's (2008) definition of mentor was utilized. A mentor is "an important adult, other than a parent, someone at least 21 years old who has had a significant influence or could be counted on in a time of need" (p. 1180).

The participants in this study spoke about the impact of the relationship with their foster parents, biological parents, caseworkers, therapists and teachers that empowered them to overcome challenges encountered during transition to independence. These relationships were characterized as positive and fueled the drive to succeed despite the adversity. This section discusses the various forms and functions that these relationships served during the transition by focusing on the following themes: (1) Emotional Support, (2) Academic Support, (3) Tangible Support, (4) Preparation For Life Skills.

Emotional Support

All of the participants identified at least one person who played a mentor role during the time of transition. Forms of mentorship varied from naturally occurring between the youth and supportive adult to formally coordinated mentoring programs. Regardless of how the mentorship occurred, overall participants described that the mentors provided valuable emotional support during the time of need. The interviewees pointed out a number of aspects of the relationship as most significant, such as providing guidance, encouragement and consistency.

Kate describes her school principal as someone who naturally took on the mentorship role and provided powerful emotional support to her in times of difficulties. She stated:

He and I actually are still friends to this day. We have the same birthday. I considered him one of my dads, one of my mentors. He and I would take walks in the woods behind the community college and just talk really about everything....

Kate also identified a mentor that was arranged by her caseworker. Because of the emotional connection and trust that formed between the two of them, this mentor had a more lasting impact on Kate. The element that was different from other arranged mentorships was that in this case her mentor extended her support beyond what the expectations were. She showed Kate that she was genuine in her care and support.

She was a mentor. She was a paid mentor, not a volunteer....Got me through some intricate really tough times and stayed with me through experiences that the other paid folk weren't willing to and in which she didn't expect payment. I know that there was one time when after my best friend committed suicide, when I was in college; which the fun things started going bad in college. She stayed with me for two days straight.... So, again, these are people who didn't come at me in this huge power differential. They came at me saying, "There's something about you. I care about you" and you can develop a relationship with someone while still remaining and maintaining good professional boundaries, right? She wasn't helpful for me because of the formal role she played. She was helpful for me because she was committed to me personally.

Once in college, Kate was no longer considered an "open DYFS case" and she was provided with aftercare services. She identified her aftercare worker as a person who would lend a receptive ear and helped guide her through the initial stages of college life. Kate shared that the worker's approach was empowering for Kate. She collaborated with Kate and pushed her to figure things out for herself.

Ultimately, 90% of what my aftercare worker did for me was answer the phone when I just was overwhelmed, and not sure what to do, and feeling completely like a fish out of water — which in many ways I was; and she'd be like, "Okay, yeah, we're going to get through this, you're going to get through this; we're going to figure this out. Let's grab a phonebook; let's get on a computer, we're going to figure this out." And that was the hugest part: "You're normal. We're going to figure this out." Not, "I'm going to do it for you.", "We are going to figure this out."

Similarly Jennifer, found a mentor in her therapist and saw her as a mother figure. She describes how the therapist not only provided her with mental health support but also provided consistency and nurturance that she needed at that time in her life.

> *I think that my therapist really played a mother role for me, more like a nurturing, like I allowed that. You know, she was not inappropriately affectionate. She wasn't that old. She was in her 40s, so I guess at that time it was like older and I think really just nurturing, more nurturing. She was nice, but she was also sarcastic and I appreciated that, too.… She gave me guidance and suggestions (…) she was consistent.*

Jennifer stressed the importance of having a positive influence as a factor that fosters successful outcomes. She argues that exposure to role models and having an opportunity to witness healthy values, empowers one to adapt and apply these values in one's life.

> *I believe that children who never have a mentor or never have positive role models, those are the ones we see, and this is just my theory. I don't know; there might be research to back it up, but those are the children we see who are repeat offenders constantly having a tough time when there is no positive. I've had a lot of positive experiences in my life all along the way, like even when I was in my family of origin there were neighbors. There were people. I was always able to see that there was good also, like there were always two sides. I had that choice, you know, which way I wanted to go.… Despite whatever things I've had to work out inside on my own or how I've worked them out that's how you make those choices when you see that they're available.*

Jennifer also felt that having mentors in her life provided her with a level of accountability that pushed her towards making appropriate choices:

> *I'm grateful I had that foundation because it did keep me somewhat accountable; because I did have a lot of emotional — despite all of my counseling — I had emotional issues that I acted out in different ways. And it always gave me a foundation. …Or people that I was accountable to some extent. And if I had no one to turn to, I would imagine possibly that first winter break from college where I had to figure that out, I may never have gone back. You know, I may have ended up in a bad situation in that month where there was no structure or no one that you are accountable to, even if I made it to college after.*

Angie identified her counselor and caseworkers as people who provided guidance and support. Angie reflected on how at times even when she was feeling unmotivated or unsure what her next step would be, her caseworkers pushed her and encouraged her to achieve her goals.

> *I would have to say before you achieve things you have to want them. In order to want them you have to have some type of guidance. And my counselors, mentors and caseworkers always had a lot of perseverance — and they would never stop. They always pushed me — You know you can do it; I know you can do it. They were guiding me and encouraging me.*

Angie also relied on her long-term foster parents for emotional support. She shared that she often sought advice from her foster mother and she continues to maintain regular contact with her foster family. She shared that her foster mother's patience in the times when Angie was "not the easiest" adolescent was one of the factors that allowed Angie to form a trusting relationship with her foster mother. She stated:

> *What made a difference for me was her patience. A lot of people don't have patience. A lot of times when we're going through stuff, we don't make it easy, but people give up too soon.*

As an adult Angie sees her friend as a mentor and someone who understands her better than anyone. She met her friend in one of the transition programs as a teenager.

> *My best friend is my biggest supporter; I've known her for five years. We met at a program. What brought us together was our shared experiences.*

Sara shared that because of her frequent placement changes and high caseworker turnover, she had a more difficult time with building connections with the adults in her life while she was in care.

> *I'm going to be very truthful. I mean, I was jumping from place to place. At that time, which I did help change the law by the way, but if you have been abandoned, after six months the biological parents terminate your rights. In my case and many others at that time what would happen is they would keep putting you from home to home, and from each institution and group homes you just*

never got close....The answer to your question is there wasn't anyone, because there wasn't enough time, to make any time, because I kept getting moved in case the biological parents came back.

Currently she seeks advice and emotional support from her friends and she has created a network of former foster care alumni whom she views as her family; she depends on them during times that are difficult for her, such as holidays and birthdays.

Academic Support

The majority of the participants identified adults in their lives who contributed to their academic success and inspired them to pursue post-secondary education. Participants shared that the attention and support of their mentors fueled their drive to overcome academic challenges.

Kate disclosed that the principal's commitment to her education and the security of school placement he provided was one of the main factors that helping her to remain in school and receive her diploma.

> *I knew that they were committed to me; they knew that I had value and that they would be creative and flexible. And had they not committed to me, I probably would have dropped out of high school. I had more than one counselor tell me while I was in foster care that when I turned 16 I should just drop out of high school.*

While at one school, Kate had another change of placement and found herself living in a shelter. Due to her sending district's lack of follow up, she was unable to go to school for an extended period of time. Kate recalls the commitment of an English teacher who consistently provided her with educational support and made sure she stayed on track with her schoolwork.

> *My final semester in high school, my English teacher home-schooled me every time I went in to shelter placement....So each time I went to the shelter, I'd be there for 28 days or more; and I would just be sitting during the day because my sending school that sent me to the alternative high school would refuse to bus me*

from the shelter to my school…. So my English teacher came and home-schooled me…. She would come with like John Irving's "A Prayer for Owen Meany," the fourth time I was in the shelter. God, that was the perfect book to give to me when I was 16, it's still one of my favorite ones. There was just like a series of really good literature, not crap stuff, that she would bring and say, "I think you should read this," along with helping with all my other assignments that I had; which were projects. So they were really creative on being able to figure out I could write a 10-page paper sitting in the shelter during the day, just as much as I could in the community college. She really kept me on the track.

The influence of her CMO worker pushed Kate to apply to a four-year college, where she was accepted and consequently received her Bachelor's and later a Master's degree. Although Kate felt she was capable of succeeding at a four-year university, she credits her CMO worker for cultivating her self-confidence to do so.

It was the CMO who came up with the idea of convincing me to transfer from community college, which is where I was actually, to a four-year school, where I could have housing because they knew DYFS wasn't going to do anything for me once I turned 18. So she said "If you get in, you don't have to go." I thought "God, that's too logical," right? Because I was like, "I don't even want to apply. I'm not interested. There's no way I'll get in…." Once I got my acceptance letter, she was like, "Let's go down and visit," because they decided [name of school] campus would be local enough and that they could still come visit me. It's a smaller campus not too much trouble — as much trouble to get into. So once I got my acceptance letter (…) she convinced me to go down for a visit and that was kind of like round two of her manipulating me and we joke about that to this day, because I wasn't interested.

Jennifer found educational support in her foster home. Her foster parents sent Jennifer to a Catholic high school, as they believed it would provide a higher quality education. At the time Jennifer was not aware that they paid tuition for her to attend the school. Once she graduated and expressed a desire to attend college, her foster parents took pride in the fact that she was "the first one in the family to go to college." Due to the foster parents' lack of knowledge regarding the college application process, Jennifer utilized her peers and teachers in asking for guidance with the paperwork. However, she

shared that her foster parents provided encouragement and assured Jennifer that she could

live at their home when attending school.

> *They were just very supportive of the fact that I wanted to go to college. Like again they didn't guide it. Well, how could they?   So they were just encouraging like you know, "Yeah that's great." They told me if I needed to, they would have given me a house…. I would have still had a home somewhere. I never felt like I would be homeless.*

Jennifer describes her decision to attend college as driven by observation of her

school peers and their families. Additionally, she felt that the school culture and

expectation for students was that they attend college.

> *It was the school. It was me at school, like my high school, the friends I guess I had made. It just was the logical, I don't know, yeah it was the logical next step. It was the population I was amongst I guess. They were all looking towards college and so, and I wasn't particularly a great student, either. You know, I was an average student only because I didn't give it my fullest potential….I think I more followed a lead like that, you know, I guess they had parents who were showing them, you know. It was just what everyone was doing at the time….Like it was understood; this was the popular thing. This is what you do. Now we go and look at colleges.*

Tangible Support

Tangible support refers to providing support in a physical way that assists an

individual in meeting their role responsibilities and meeting their personal goals

(Hirschman & Bourjolly, 2005).

The majority of the participants reported receiving tangible support in the form of

financial assistance, school supplies, housing, assistance with transportation, job

placement and other concrete assistance that enabled them to accomplish their goals.

Kate shared that she benefited from working with mentors who were assigned to

her case. She called them "Rent-A-Friend" and utilized them in various practical ways,

such as going to the movies or mall. Although they were helpful within their roles, there

weren't many with whom she formed a lasting connection.

> *So I had many mentors assigned to me. Well, and if included in that also is the aftercare case managers I was assigned to, then I would say more than one. There's a different quality than that when you have an assignment where they're usually their volunteers or paraprofessionals and they have a particular very loosey-goosey role to play. Most of them I was just like, "You know what? I'm using this time. I know you're my rent-a-friend. I know you've got a little stipend, please take me to the movies or the mall or to the library." I used them more for transportation and just as an escape than anything else.*

Kate shared that her CMO and aftercare worker provided her with practical

support when putting programs into place and coordinating living arrangements for post

transition. The coordinated efforts allowed Kate to benefit from the various tangible

supports as a result of being part of the programs.

> *When my care manager convinced me, bribed me into applying for Rutgers and helped me fill out the application and all that other stuff. Yeah. That was good. When I landed my butt in the dorms and was in a graduate apartment because I got accepted so late there was no other place to put me — and I was an EOF [Educational Opportunity Fund] student. I was an EOF and honors college student, so both of them guaranteed me housing. I ended up in graduate housing and I'm like, oh crap I need to figure this out. I had to figure stuff out and that's when they gave me aftercare and my aftercare worker would come over and be like, "Okay what do we need?" And I'm like, "This is what I need." They provided real case management; and the visits of kind of checking in on me and then whatever skills that I really needed; but we kind of figured it out together.*

Kate recalls identifying and creating a support system within her university that

directly provided her with tangible assistance or with information on how to access

concrete resources:

> *One of the upsides of getting accepted at [name of school] and in the honors college and EOF was that I had $700 left over after tuition fees, board, and books that I could make stretch over the semester; and the EOF worked. I became best friends with the financial aid officer at my school. We became buddies. She came to both of my graduations and gave me significant graduation gifts. One of those people I just connected with over time because I kept on showing up at her office….I would show up and be like, "Can we do this? Do you have this? I hear*

that there's summer aid?" And between her and the EOF we got really creative. Then they would do things like max me out at work study at a level above the level that I should be at. So by the time I was a junior undergrad, I was receiving the graduate student rate for work study, which was nice. I was making like $14 an hour at whatever I did — and them giving me really meaningful, yet not too stressful positions. Everything from working in the library to being a research assistant to one of the criminal studies professor.

Angie credits one of her caseworkers for creating a system of care around her needs, which included access to tangible resources. Angie's caseworker helped her with applying for the New Jersey Scholars financial support for college students. She was accepted and is grateful for the support.

NJ Scholar gives me a scholarship for school and $5,000 a year so it helps out a lot.

Angie is the first person in her biological family to attend college. She felt very overwhelmed when going through the process of getting all her requirements in place to be able to apply to college. She did not have knowledge of the application process or the financial aid process, and her caseworker was a key supporter in assuring that Angie was able to navigate through this complex system.

My caseworker held my hand through it all. She was there every step of the way. SATs. College applications. College fees. SAT fees. SAT prep. College tours. Application deadlines. It was a lot.

Angie also recalls how her caseworker and staff at Community Access Unlimited, who delivered the transition services, provided her with support when she started college.

They call and check on me and see how I am doing and things like that.... I've got a laptop, printer; actually, I got two laptops from them. I was always getting my state money every month once I turned 18. If I wanted to go see my family, they helped me go see my family and they really did a lot. I actually miss it.

Sara recalls a very difficult time with admitting that she needed tangible help. She had a difficult time forming trusting relationships and she was overly self-reliant.

Most of the time it was with adult people that mostly were older than me, that would help me (…) and it took a long time to even admit that I was abandoned; so I had to find a way; I was able to do that and then — when I was able to do that — I was able to ask for help.

She recalls only one foster family that she felt more comfortable with and

accepted their offer to spend time with them during the holidays.

There was one family when the group homes closed down, they were like holiday family. I did hang around with them during a couple of holidays and I did like them. By the time you get to be a teenager, it's too hard to connect with anyone, because you know that you are not going to get adopted and you are just there temporarily. I do see that family every once in a while now, but not anything deep or anything.

Preparation For Life Skills

Casey Family Programs defines Life Skills as behaviors and competencies youth

need in order to achieve their long-term goals. Specific examples include work and

vocational skills, educational and study habits, planning and goal-setting, using

community resources, daily living and functional activities, financial skills and computer

literacy (Casey Family Programs, n.d.).

Participants' experiences with life-skills training varied significantly. Jennifer

learned practical skills from her foster parents. Sara had to count on herself to acquire

those skills and even today she feels unprepared in some areas of daily living. Kate and

Angie had a formal training coordinated for them by their caseworkers. Although Angie

recalls her experience as positive, Kate felt that learning life skills in a classroom-like

environment is ineffective. She believes acquisition of life skills should occur in a natural

environment rather than taught through a manual.

To imagine that the life skills training is ever that neat, oh my goodness, no. The ideal is any foster parent provides basic experiences. Teaches kids how to fold their laundry, to do the things that you do in a house and to some extent possible do other things that any parent would do for kids. And that is your first, and

honestly, your most effective and should be your last experience with preparation for transition. Practical, hard, life skill transition. But kids often don't have that because either their foster parents don't want to or they're in a residential or anything else like that.

Angie identified her counselor as a person who coordinated services and provided comprehensive transition training that led to her achievement of life skills competencies.

I'd say in my case they definitely did help out a whole lot and the services were great. Everything that I did from 16 to now is because of them. I went to school. I got my permit. I got a job. I got my state ID.

Angie shared that she participated in a formal life-skills training and attended a class every other Saturday at Community Access Unlimited. The training was part of her official discharge plan and focused on developing skills in various areas.

I learned budgeting and money management and different things you need to know how to do. Cooking, I think those are very good skills that you need to know. They helped me find job, they helped me where they take us and help us so you have the right attire and stuff. I worked at Jeepers, which is like a little kid party place, and the YMCA and what else? I had a few jobs, so it's hard to remember but I've done a few things and volunteering and things like that too; and the closer I got to graduating, they focused on getting into school and stuff so I didn't work as much.

Jennifer did not participate in formal life skills training and credits her foster parents for modeling life skills for her. She feels that learning life skills naturally through observation of others is more effective than being taught in a class. Jennifer shared that she learned to take care of the household from her foster mother.

I'm a great cook, and my foster mother was a fantastic cook. She changed my life in different ways. Like, if the house I grew up in was messy, it was a different household. She was a clean freak at the time. She had a baby and so she was mopping the floors at 12 at night every night, and I didn't know what that was about. I was like that's crazy, but that was her style, and it rubbed off. But definitely the cooking; she was from Italy and so she gave me a lot of recipes. I definitely learned how to cook from her and am actually a better cook than her now. Everybody says that, and it's terrible. I feel so bad, but I learned a lot; like I never had butter before. These silly little things; like, until I went to their house, you know, definitely different traditions. You know, all kinds of different foods and

cultural things; yeah they exposed me to a different way of life for sure, you know, and it's something that I have today.

Jennifer also shared that her foster parents taught her about other areas of life that she would need in order to be independent.

You know I had to open a bank account and learn how to keep track of my money and balance my checkbook, they definitely showed me how to do those things.... I had a car. Eventually I bought a car, and I paid my car insurance, you know. Those values were instilled by my foster parents, like they were like, "You have to get a job." There was no question about it. I had a job always, like from the time I was 16, yeah 15 1/2 or 16. They helped me because they drove me. For a little bit; eventually I had to take the bus and stuff; but yeah, they supported that just as any other parent would. You know most parents do that.

Jennifer also credits her foster father for teaching her practical skills:

I got a car. They helped me with that. I learned how to drive. My foster father taught me how to drive.

Sara shared she did not have much support in training for independent living. During her foster care experience she was not exposed to models of practical skills that she could learn and apply to her life. Because she spent most of her foster care stay in group homes, she did not have the opportunity to see families utilizing these skills in a natural setting. She did not recall any formal training that would prepare her to live on her own.

Sara shared that once she was placed in a transitional living program she did not have basic skills to live independently. She did not know how to shop for food or to cook; she lacked money budgeting skills and would frequently run out of funds provided by the state. She feels one of the reasons she became homeless is due to lack of those skills. Although mostly self-taught, Sara credits her friends for teaching her some of the daily living skills.

My friends, they helped me with my book and they have given me advice on basic

things. Like how to cook and things that I didn't know.…We shop. My friend Dan helps me food shop.

Intrinsic Factors

All of the participants shared stories of tremendous drive to succeed despite all odds. Rather than accept or internalize negative stereotypes of foster children (Kools, 1999) or fall victim to self-fulfilling prophecies, they utilized their inner strengths to combat many barriers. Many of the participants spoke of possessing internal factors such as relatedness to people, internal locus of control, positive self-concept and flexibility when dealing with change. Participants spoke of self-reliance and self-efficacy as well as the desire to share their skills with others, which led to development of a survivor identity and a sense of empowerment. The following themes emerged in this section: (1) Self-Advocacy and Self-Efficacy, (2) Cultivation of Talents and Passions, (3) Sense of Commitment to Help Others.

Self-Advocacy and Self-Efficacy

The majority of the participants reported that, throughout their foster care experience, they had to advocate for their rights as they did not have the backing of their family to help them maneuver the complex matrix of laws, rules and procedures. Frequently, the participants expressed anger that many crucial decisions occurred without their input or knowledge. Additionally, some participants felt that those decisions did not consider their individual needs and were done haphazardly. Because of the lack of outside advocates, the participants were forced to become self-reliant and vocal about advocating for themselves.

Kate recalls her frustration with an experience when her caseworker placed Kate's mother on her team as part of the "family involvement" model. Kate had a strained

relationship with her mother and was extremely upset when this decision was made

without her consent.

> *My favorite moment was when I turned 18 and (…) I had CMO involvement at this point. So now my DYFS worker was like a member of the team and was happy to just show up for them. I've done my assessment and I'm like, "Hold on a second. Family involvement is central to the system of care thing…. I'm 18, I'm now my own family."… I didn't talk to my mom for two years, but now all of a sudden she's a member of my team and getting to come up with a family decision for me…. So when I turned 18, "I'm like I'm a family of one, I'm kicking my mom off the team." They fought that.*

Kate takes pride in the fact that she instinctively knew to create a network of

supportive people in her life as she recognized the importance of continuity of resources

as a pathway to successful transition.

> *I realized that I'd survived care because I built a team around me before anyone was talking about teams. I never actually got them in a room together and I never wrote down, "So and so provides this, so and so provides that for me," but I knew who my team was and I carried that team with me wherever I went; even if I didn't want to speak to them for months and months. When somebody finally came to me and said, "We're going to this thing and it's called 'Child and Family,'" I was like, "Wait, hold on. Cool, you're going to bring them all in a room together and pay for dinner, all right." It was instinctive to me.*

Kate shared that her character traits and values were also responsible for being

able to create a supportive network of people in the community who provided her with

access to resources. Not only was Kate actively seeking information about her rights in

foster care but she also had a "likeability" factor that made it easier for her to maintain

lasting connections.

> *A friend of mine, who's a clinical psychologist, who was like, "You have that recruitability thing. Some kids just have recruitability." So we need to teach kids who don't have that to recruit and then once they do recruit we need to say, "Okay, how can we keep you there?" That goes, again, back to caring adults, right? Whoever it is and sometimes it has to be someone who truly feels it about…. Any DYFS worker can tell you about their three kids; that they'll stay in contact with for the rest of their life.*

Kate was very inventive in her ability to seek out resources that allowed her to

meet basic needs. She was creative in coordinating community connections that provided

her with the security of housing and food. She built a network of friends who would offer

her a place to stay during summers and holidays. She befriended a university housing

employee who put her in touch with a soup kitchen so that she could get meals during

breaks when the university cafeteria was closed.

> *Urban studies professor runs a community soup kitchen/half-way house and he was like, "Come, stop by during the break." And I was like, "Can I help?" I didn't want handouts. So, sure, I worked in a soup kitchen over my winter breaks in exchange for both meals there and food there. I figured that one out myself.*

Kate was a ferocious researcher. She was able to find ways to fund her education

and pay for travel through looking up programs that were available to make her goals and

dreams possible.

> *I managed to graduate with my master's with $16,000 of student loans, which is nothing when you think about it. All of which except $3,000 were paid off by loan reduction act in place in New Jersey. I pay $50 a month on like the last grant that's left now. Ultimately paid out of pocket $3,000 in student loans and part of it was because I was persistent and I was willing to say, "Hey listen, I 'don't need a sob story; but I was a foster kid, I have no family and I really want to do this." Whether it was taking a travel trip to Egypt or what I really want to do is take summer classes and folks would be like, "Okay, let's work out how we can do this." And I would say, "I heard about this and from what I understand you can do..." And they're like, "Well we can't do that anymore but..." so it was very collaborative. Financial aid was really what sustained me.*

Besides creating connections to programs and resources that allowed her to get

her education and secure housing, Kate took on an active role in reforming one of the

programs to improve its efficacy.

> *One of the cool things that happened was them helping me once the scholarship program started with getting connected to that. When the scholarship program first started and the e-mentoring program at [name of the school] first started, I was the first client of the e-mentoring program; and then, I helped reshape the program as well.*

Although Kate was very persistent in advocating for her rights in foster care, she

reflected that it came with a price. Not only was she discouraged from being an active

participant in managing her care, she also reported negative consequences of self-

advocacy.

> *I think the system actively discourages us from knowing our rights (…) because I was a pain in the ass because I asked questions; I paid attention; I read up on things. I went to the library. I figured things out when I was in care. I was like, "Hold on, you can't do this." So I got a whole string of new labels mostly having to do with "manipulative" and "borderline" because I wasn't going to let people fuck me over. They did. They would put me in more restricted places and send me to a group home and said: "She's a trouble maker." But the people that I connected with were the ones who were like, "You know your shit. I don't want to get in your way."*

Jennifer also took initiative to learn about the process of applying to college and

navigated the system successfully with little or no guidance from people. Although her

foster parents supported her goal of going to college, they were not knowledgeable about

the financial aid procedures and resources available for incoming students.

> *I mean as far as student loans and that, I did all of that on my own. Again, my foster parents didn't know about that. I researched scholarships and applied for aid. I did a lot of that on my own.*

Jennifer took ownership for her choices and at the same time takes credit for

turning her life after a run-in with drug addiction. She contributes it to her strong will and

takes pride that she was able to combat her unhealthy habits on her own.

> *I actually had a long run with alcohol and drugs throughout my college career. And you can't blame people. I don't blame them. I'm just thinking that, like everyone had that knowledge of what I did. Nobody was saying, "Let's sit down." There was no TV show intervention. My life was falling apart around me (…) but I was functioning, still I was going to work. I had already finished grad school at that point too. When, when I stop I feel like I bottom out on everything. It's all or nothing. And then it's like I just stop. So it was kind of inner drive more than anything.*

Out of all of the respondents, Sara reported to be least likely to ask for help in times of need. She coped with difficulties by teaching herself to be self-reliant as she did not feel she could depend on support from others.

> *I think I was very angry and very determined. I think that I wanted to make sure that everybody knew that I was not a loser. I just set out and did it myself. I went to the library. I read, I got informed. It was difficult to ask strangers or friends and people for help. It was very hard when I was like 18 to 26 years to even form relationships.*

Sara shared that dealing with emotional needs has been most challenging to her. She did not form trusting relationships while in care and coped with her trauma by internalizing it. She avoided discussing her experiences with anyone.

> *The problem in some ways is that we all hide our feelings. We don't want to come off as if we are complaining or anything. It's really rough.*

Sara found early on that writing is her strength and used it as a way to nurture her talent and express her experience. She found journaling to be her therapeutic vehicle for addressing her emotional and creative needs. She recalled that she tended to isolate herself from people as she tried to avoid further victimization.

> *I think I am a brilliant writer. I just went and wrote stories and stayed away… I guess I did block people, and I guess isolated myself and danced and journaled and did whatever I did. I just made sure I never let any negative influences in. I can't drink; but I made sure that I didn't have any drug problems or anything…. After so many ways you being put down so much that you are so determined to make it that you're going to block everyone away from you.*

She added:

> *The reason why I think we (…) go above and beyond, like some people on my account that speak five different languages and the reason that we do that is, because we have been put down so much that we overachieve. I think we go from one extreme to another. We'll either, if we fall, we'll fall deeply. If we are going to do something, we are going to make sure that we do it better than anybody else.*

Cultivation of Talents and Passions

Some of the participants shared how involvement in social activities, sports and an ability to pursue their hobbies provided them with normalizing experiences and an opportunity to build connections in the community. This involvement was a great bridge linking them to natural mentors and a vehicle to fostering their potential and by extension their self-esteem.

Angie recalled a positive experience when she joined a rugby team. She felt that recognition of her abilities allowed her to feel good about herself and provided her with a feeling of belongingness.

> *I did do rugby at one time. That really was big. It made me feel like a regular kid and be part of the team. I was really good and it felt great to be told you are good.*

Angie also found that exploring her talents through participation in community programs allowed her to build relationships and learn from positive role models and created opportunities.

> *When I was younger, I did Big Brothers and Big Sisters and the YMCA. Like, I used to do arts and crafts, which I loved and stuff like that.… There were a lot of connections — like, they used to have this summer program where they would make contracts with certain companies to let you work. So you learn really good work ethic and just get to see great examples.*

Jennifer is very passionate about traveling and enjoys visiting new places and learning about different cultures. She always had a great interest in exploring new countries but wasn't able to do so until she lived in her foster parents' home. She takes pride in her ability to coordinate her finances and establish goals that enable her to pursue her love of travel. She also credits her foster parents for encouraging her to follow her passion.

They encouraged me to go and do things.…I was allowed to go to Cancun when I graduated high school because I had saved some money; and they had money for the prom; like, they had some money if I wanted to go to the prom. My friends were going to Cancun, and they all had money to do both. And I made the decision; they gave me the choice; like, it was going to cost me the same to go to Cancun for a week or to go to the senior prom. And I went to Cancun, and they supported that.

She adds:

I always loved to travel and never could have those experiences before. At my foster home, I was able to have them. I followed my dream and it was important. They didn't squash them, but helped me figure out how to do it and make that choice.…

Sara is a gifted writer. She was able to recognize early on that journaling provided her with a sense of control over her chaotic experiences and putting her thoughts on paper has been very therapeutic and empowering for her. It symbolized the only constancy in her life. She nurtured her talent throughout her life and developed it into a profession. She has written five books about foster care experiences and uses her talent to spread awareness surrounding issues of child welfare. She shared:

I think in my case, I was very fortunate to be able to write. I became very resilient.… Writing got me through some rough times.

Similar to Jennifer, Kate loved to travel. She felt a sense of accomplishment for being able to create opportunities for herself to take various overseas trips. Kate reflected that having a chance to travel provided her with normalizing experiences that other college students living with families are able to access more readily.

I figured that one out myself. The summers that I wasn't in England or in the parts of the summers that I wasn't in England or just doing crazy stuff across Europe, which was a great experience. One of my alumni friends from Colorado said, "Everyone should leave foster care and have a chance to go sail the Mediterranean or swim naked in the Mediterranean." Whichever you prefer. So, yeah, I was kid who left foster care and traveled to Egypt in a travel class because they had traveling funding; and were like, make sure, and spend the winter in the lodge with a professor in the Poconos; and spent my summers in England because

I would literally just buy a ticket. I would save up enough to buy a ticket three months before for 600 bucks round trip with set of dates and…it worked really well; and I had a lot of really cool experiences. In my eyes I feel like I had kind of a normal college experience because of those things — because there is a fine line. I meet so many alum that either just want to bury it and be like I'm normal and there's nothing; or those that will want to wear it on their sleeve and get as much as they can. And, if you can find a balance of just, yeah, it is part of who I am and it should be considered. I do actually deserve special consideration.

Sense of Commitment to Help Others

A majority of the participants reported a great drive to help others and to share their skills and talents. Their contributions vary from individual levels of assistance and advocating on someone's behalf to assisting in the design of programs aimed at helping other foster care youth and changing policy. Many of the participants shared a sense of responsibility to improve the child welfare system in order to help their foster brothers and sisters who are currently in care. Participants expressed gratitude towards the people who helped them on their path to becoming adults, and they feel that they want to "give back" as a tribute to the invaluable supports they received.

Kate is active in the child welfare system. She helped design training programs for caseworkers and supervisors addressing the process of transitioning. She does it not only to help the worker be more effective, but to also make the aging-out process easier for future foster care alumni. She shared:

I've learned even more the older I get. That, and having been able to give more than I've received — the giving feels good. I think I sensed that in college. There is a difference between pitying someone and wanting to share and give; and every one of these experiences were ones that people, I can honestly say, I'm sure they got more out of sharing their time with me, than I got having been the recipient of that kind of opportunity.

Kate is committed to reshaping how the people outside of the child welfare system view foster children. She pointed out that caseworkers and other stakeholders tend

to over-pathologize and over-react to behaviors that are a product of traumatic

experiences. She hopes for a change to the methods of service delivery to include trauma-

based theory as she believes this would allow for an effective approach to working with

children.

> *I am really, really, really committed to expanding and completely injecting our child welfare system with the principles of trauma in care. Understand that the kids we serve have experienced trauma and the only label that really serves them is one that's trauma-based, because it's the only one that really allows us to treat them. The most powerful months of my experience have been, both in care and since I left care, have been ones where my experience has been normalized. Where someone had said, "This whole entire thing you're going through is a complete absurdity and you're absolutely right to be feeling the way you're feeling right now.*

Similarly to Kate, Sara dedicated her energy to advocating for and helping

children in care. Through her writing Sara hopes to "give voice" to children in care and

raise awareness about their unique needs and circumstances. Sara collaborated with

community organizations that help transitioning youth access opportunities for learning

skills that can be generalized to their daily lives. She worked with local banks and created

programs to help foster care youth learn money management skills. She also collaborated

with driving schools to provide free driving lessons to youth in hopes of facilitating their

independence. Sara has been instrumental in amending laws in New Jersey as they relate

to rights of biological parents, and has provided the opportunity for kids in foster care to

become legally free for adoption. She recalls:

> *The first law I helped change was that after six months if the biological parent does not return back, your rights are automatically terminated. Period. Because it's not fair to keep a person until 18 years old when there's people that don't want to be found basically. The other thing was in 2000…. I created Foster Children's Day. We are working on it to be national. It's a day for us because there's Foster Parent Day, there's Social Worker Day. There are all sorts of days. And we don't have a day. It's a way to open the door for us to start to be more equal and have rights to just as much and to help prevent homelessness. In New*

Jersey, it's very successful. Congressman Pallone is now working with us to make it national.

Jennifer has a strong sense of connection to her foster family. She recognizes their contributions to her and she strives to add value and support to them.

They exposed me to a different way of life for sure, you know, and it's something that I have today. They think that I also added to their life, you know, they talk about it, different things I have added for their children, their own children who are my brother and sister. But they're like, Tom is 18 and Amy is 17, now; but they were babies when I was there. I take them with me. I just called my sister, Amy, to ask her if she wanted to come away with us for a week this summer; and I expose them to things they weren't; like, I like hiking and camping and things like that. They didn't do those things and it feels good to share that with them. You know it all trickles down.

Environmental Factors

Participants also shared systemic and environmental factors that enabled them to develop resilience and promoted their self-sufficiency. They fell into three categories: (1) Placement Stability/Permanency, (2) School Stability, (3) Access to Programs.

Placement Stability/Permanency

All of the participants spoke about placement stability as an important factor fostering independence. Having a secure and consistent placement was pointed out to be a very important factor when trying to build relationships, connecting to resources and supports, and meeting basic needs.

Angie changed placements a few times; but, as she pointed out, she had to move less than some of her peers. Additionally, her caseworker was able to coordinate her placements to remain in the same community, that allowed her to stay connected to the same services and resources throughout her foster-care life. She was able to stay in

placements for extended periods of time, providing her with an opportunity to participate

in community activities, hold a job and build friendships.

Kate had an extremely fragmented placement experience and reported that having

a place to live was one of her main concerns when in college and during the aging-out

time period. She pointed out shortcomings in the aftercare program that did not have a

plan for placement during summers and holidays. Kate pointed out that child welfare

agencies implement very shortsighted planning as it relates to placement.

> *Yeah, I feel like there's clock. Anytime I start a new relationship I feel like there's a clock. When things get comfortable it's like, "Okay, it's time for this one to end." Even Bryan Samuels, the commissioner of ACYF [Administration on Children, Youth and Families] says this, "We plan for kids in at most six months to a year increments." Whatever the next court date is, the next review anything else like that. We don't think about "Who are these kids?" We don't do what parents do, right? Which is, "Who is this person going to become and how can I help them become it?" We just think about, "Where are they going to be placed? Are they safe in a short run?"*

Sara blames her multiple placement changes for her inability to connect with

people who could potentially be of support to her.

The most stable placement was reported by Jennifer who in contrast to the rest of

the participants was not preoccupied with having a place to live because of the

commitment of her foster family to provide a home for her after she aged out. Jennifer

reflects:

> *My foster family, which was very unique, and they really just embraced me as part of the family — and so, I don't think I was really aware;I wasn't really concerned with what was going to happen to me. They let me know, like, I stayed there that summer. It wasn't even like there was; I didn't have to question anything. They didn't make me feel like they were doing me any favors. It was like I was going to stay the summer. I was going to go to college, and I was going to come home during winter break. At that point I had really become a part of the family.*

School Stability

The participants addressed the need for providing school stability for children and youth in foster care. Changing schools disrupts the educational process and can create academic challenges in the long run. It can sever crucial bonds created with adults and peers and cuts children off from their social groups and their community.

Kate discussed the stress of needing to adjust to new rules and the pressure to fit in with new peers. While in the group home, she changed her high school three times. She was a capable student, however the emotional distress that accompanied each of her school changes contributed to her school failure. She shared:

> *Three of my five educational placements occurred when I was in the group home. I went from moving from my home high school — well, kind of my home high school to the public high school that was near the group home. I was one of only two kids to go to the public high school, but they enrolled me late semester in classes that academically I could handle; but in my third placement in foster care, emotionally I did not have the support. So I was thrilled with the academics, but everyone's like, "Who are you? Where did you come from? You live in that group home." — and managed to bomb out after 6 weeks.*

Kate attributes her academic success to the decision to maintain her school placement at her home school, regardless of where she lived. The principal of one school recognized Kate's potential and came up with a creative way to nurture that potential by providing an appropriate and stable educational placement for Kate.

> *They finally sorted out a way — the school (…) figured out a way to transport me back to my home high school. So I managed to stay at my home high school through all the next placements that I had…. It was a very supportive environment. When I moved halfway across the state; they would just hold my slot at that school.*

Sara reported multiple school placement changes and she shared that she would at times be unable to attend schools for extended periods of time. Her frequent changes in school placement resulted in inconsistent social supports and lack of bonds with peers

and adults. She feels that child welfare agencies should place more focus on assuring educational stability for children in care.

> *It's very difficult to go through schools changes. School alone is difficult with peers and academics, but when you change so much, it's just hard to get a foundation, you get lost in a shuffle, you become invisible.... DYFS has a responsibility just like parents to assure that kids have what they need and one of the most important things that they need is education, they need to make sure that when they are moving kids it doesn't affect their educational placement.*

Access to Programs

A majority of the participants viewed access to programs as a factor facilitating successful transition. The benefits accessed through programs included life skills preparation, financial help, housing support and vocational support.

Angie utilized Community Access Unlimited, a program management agency, throughout her placement in foster care. Angie praised this particular agency for being able to shape and adjust a menu of programs depending on the individual needs of a child. During various stages of her development, Angie utilized services that were relevant for her at that time. Collaborative partnerships throughout the community allowed Angie to link up with social service providers, employers, recreation programs, vocational counseling and independent living programs that not only prepared her for successful transition, but also created a network of supports she is able to carry with her as she begins her life as an adult. Angie stated:

> *I think honestly because I was in CAU that is a really good program so my counselors were really like telling me, you got to get it together, you are about to get out of care and then you are not going to have as many assets or resources so you need to get prepared. They really helped me and my caseworker was trying so hard to get the most help she could before I aged out because she knew once I aged out it was going to be over basically. I used pretty much every program they offered.*

Angie also participated in community sports coordinated through her local

YMCA, where she also enjoyed doing arts and crafts. She has fond memories of

participating in the lacrosse team through her high school and that being part of the team

normalized her experience of foster care.

Kate listed numerous programs in which she participated. Some of the programs

were formally arranged by her caseworker and CMO, but others she researched and

applied for them independently. While in care Kate participated in vocational training

programs and daily living skills programs. Examples of programs that Kate utilized while

in college include EOF, NJ Scholars Program, and educational vouchers offered through

the aftercare program. Kate described some of the programs as useful, but she pointed out

that in many cases these programs are offered to everyone without consideration of

individual needs and abilities to learn certain skills. Frequently, programs taught in the

classroom have little or no practical application to real life situations. She shared:

> *When I get in a room with a bunch of alumni we laugh about the things that we
> don't know how to do. It's like, "I know how to cook for 10, but nobody ever
> taught me how to cook for three." Cause I had to cook for 10 at the group home
> on an industrial gas stove and so when I moved into my first apartment and there
> was this little electric range and I didn't know how to turn it on.*

Recommendations for Practice and Program Reform

The participants had several ideas regarding changes to policy and practice as

well as specific recommendations for improving services for youth who are transitioning

out of care. Their responses fell into five categories: (1) Training, (2) Collaboration, (3)

Considering individual Needs of Children, (4) Building Connections, (5)

Recommendations For Programs and Professionals Working with Children.

Training

All participants expressed concern regarding training offered to caseworkers. Additionally, the participants brought up issues regarding relevant knowledge as it pertains to meeting the needs of children with traumatic backgrounds. The participants recommended not only a strong educational backgrounds as necessary for being an effective worker, but they suggested that workers be more compassionate and more flexible with boundaries to allow foster youth to connect with them. The caseworker's role can be multidimensional and not just that of a file manager. Jennifer pointed out:

Obviously they need a degree, right, so they had experience, so maybe just even relating their own personal experience. I think social workers particularly, I don't know about psychologists, but in school it's drilled in your head like not to share personal information. No disclosure. Well that goes out the window, like that's the worst advice to give anyone because people really relate to like your own experiences. So I think that even if they had shared rather than I'm managing your file and coming every two weeks…. A mentorship role would have maybe probably forced them, would have been better management actually for themselves, probably would have made their job more rewarding, I think.

Jennifer believes that allowing caseworkers a level of self-disclosure, would not only improve their effectiveness with young people, and make them appear more genuine, but it would also provide higher satisfaction with the job and more flexibility with how they define their roles.

Well it depends on how they're being trained, too. I think that, if the social workers are being trained that this is your[only] role then you kind of get stuck in that role…you get disenfranchised or like you start to feel bogged down you know you're just trying to get the bare minimum done. Whereas if your training from the beginning is that this is your role, you know, you're a mentor, it's completely different.

Angie shared that she believes some caseworkers don't have the training necessary to be effective. She observed that some caseworkers go into the field of child

welfare not properly equipped to deal with children with traumatic backgrounds and they

do not have a passion to advocate for these youngsters.

> *I wonder what education do they get because sometimes they really don't know*
> *what they are doing. I think they just see the money sign and they don't know*
> *what they are truly into. The training, I don't know how long it is or whatever, but*
> *I feel as though it needs to be more hands-on and taken very seriously. You can't*
> *be going into this, don't just do it for the money, you should have a passion for it*
> *and I really mean that like you have to be driven, have patience and really want*
> *to do it because you will burn out very easily.*

Kate pointed out that many caseworkers do not have the mental health

backgrounds to adequately serve children with complex psychological issues. She

pointed out that only recently, and very minimally, have caseworkers been exposed to

trauma-based principles and there continues to be resistance to changing how treatment

planning occurs.

> *There are too many forces at play that maintain a status quo approach, a reactive*
> *approach, a lazy approach to all of that. I've developed training for them and I've*
> *trained them and there were a few stars, but then their supervisors or the local*
> *office managers, who are just convinced that all of these changes we're trying to*
> *make are just another swing on the pendulum and they'll get to go back and do*
> *what they've been before again.*

Kate shared that the Care Management Organization utilizes a model of training

that has been effective. Kate pointed out that the CMO adopted family-oriented and

community-based practice with an emphasis on strengths of the child and a needs-

specific focus. Additionally, she highlighted the need for caseworker accountability as it

relates to the outcome for children, rather than shortsighted planning with no specific

goals and measurable results. She recommended that DYFS train their workers to

understand this multidimensional approach to care.

> *Asking DYFS caseworkers to do a family team meeting, they don't get it, they'll*
> *never get it. Family team meeting is a CMO child-family team meeting, it's the*
> *same thing. CMO's do it really, really well because they're trained in an entire*

different philosophy of care. You can do a family team meeting on a kid who is DYFS. CMO's do it all the time. DYFS workers just think it's about ordering the pizza and getting people to write their goals (…) and ultimately it's still ineffective. CMO sees it completely differently. This is about the vision and they really believe in it and then if you change the plan, that plan is broken; the team is not broken, the team works, just change the plan, right? Obviously we haven't landed on the right strategy yet.

Kate recommended that there be fewer people involved in the care of the child, as this would provide a higher level of accountability. Her critique of the current state of affairs in the child welfare system is that there is not one person entirely responsible for the outcome of the children in care. She proposed that an effective approach is to assure that children have someone who oversees their case in every aspect, such as Court Appointed Special Advocate (CASA) volunteers who advocate for the children's rights and needs.

One is having fewer people involved, honestly, right? I think it's why you see such better outcomes when a kid has a CASA because CASAs own the case of that kid…. Meaning, there's no one person [responsible] and I compare this again to being a parent. As a parent I'm responsible for my kid. There's lots of other people in his life, there's his teacher and his principal, there is the aftercare program, there's the aunts and uncles, there's all of that, but ultimately I'm responsible for my kid and if I fuck up, somebody's going to tell me. The courts will get involved and say, "You've been irresponsible." Once a kid enters care, there's no one person who's responsible. There's actually, depending on the course of a child welfare case, even in just one year that can be 25 or more people who have some level of responsibility for a kid. Case managers ultimately say, "I'm just coordinating care. I'm not delivering the service, so I can't—I only see kid twice a month or every 3 months. It's not my fault if stuff goes wrong." Agency says, "Yeah, I might have the kid placed with me, but ultimately it's the foster parent." Foster parent says, "I'm just providing them a roof and a shelter. You other people need to come in and do all this." No one actually owns the outcome for the kid.

Kate proposed a solution to this dilemma by formally delineating specific responsibilities for each entity working with a child. Everyone involved with the care of that child, whether they are the foster parents, caseworkers, therapists or mentors, should

know what is expected of them. They should target specific, measurable goals and that

necessary adjustment to goals should be made to address the changing needs of the

children.

Collaboration

Most participants brought up the need for collaboration with the youth in care.

They feel it is crucial to consider the wants and preferences of children in foster care to

facilitate successful transition. Participants shared having a sense of lack of control over

decisions that impacted their placement and future. Many spoke of not having a voice and

not being seen as partners in the planning of their own care. Although recently there has

been a turn in the method of service delivery and case management towards utilizing the

family centered approach, in reality input of the youth in care is rarely considered.

Kate recalled how her caseworker, in an attempt to implement the family centered

approach, included Kate's abusive mother as part of the team without first consulting

with Kate. She also attempted to make recommendations regarding her placement and

living with her grandfather in another country. However, the adults involved in her care

decided that placement in foster care was a better alternative for her. She said that her

repeated attempts to participate in the decision-making process were discounted and she

felt unheard. She recommended that caseworkers and other professionals take notice

when a child is attempting to communicate her needs.

> *There's really a lot of good things to learn from outside of child protective*
> *services. One is, "Let the child tell you who their family is," right? If I could*
> *have a conversation and somebody had asked me, the only person in my family I*
> *would have named as family would have been my stepdad, who was the first*
> *person they roll off because he wasn't related to me.*

Jennifer shared that, although she was rarely included in the decision-making process, she did not see it as detrimental to the quality of care she was provided. She trusted that the people involved had her best interests at heart; and, most importantly, she had foster parents who looked out for her interests. She recalled her first experience in care, where she felt that her involvement in the placement decision was minimal.

Jennifer: I didn't initiate it. When I was in a psychiatric hospital, they weren't going to send me home. They asked me if I wanted to go home, and I said "no I don't want to go home." And then the nurses there didn't feel like I would thrive, so that's another influence. They didn't feel like I would thrive in a group home environment. They thought it was not the right type of environment for me. And they made that decision for me. That wasn't a decision I made.

Interviewer: And how did you feel when they made that decision for you?

Jennifer: I don't know. I didn't question it. I wasn't like, "Yeah I want to go to a group home." I didn't know. I was letting other people make those decisions for me at that point…. All of the nurses got to know me, and they made that decision really.

Kate shared that, even when she was attempting to collaborate with her caseworker on making educational decisions, she was enrolled in classes she did not want and her personal interests were not considered.

Kate: After 6 months of golden behavior and playing by their rules and going nuts inside, they finally said, "You know what, we are going to let you enroll." But they even had control of the classes I took. I wanted to take anatomy and physiology along with the other classes, and they said taking American Sign Language and anatomy and physiology would be too much and I better only take one or the other along with the English. I mean, I took a full course load to 4 classes. Statistics, American sign language, English 101 and probably psych 101. And I wanted to take A&P instead of psych and they said, "No, that's too heavy duty, you're going to overwork yourself." And I can now blame them for the fact that I didn't become a scientist, I should've, because I'm surely not a social worker even though I have the degree. So, yeah. I was told what courses I could take and when I could take them. So how was this plan created? It's not based on me obviously.

Interviewer: Did you have any input in terms of creating this plan?

Kate: No. They came to the meeting and said, "here's your plan."

Considering Individual Needs of Child

Participants recommended that programs and interventions that are provided to youth in care be individualized to address the specific needs of individual children. They felt that the various transition initiatives were administered haphazardly without consideration of a child's individual needs. Frequently, programs that were administered to children in care, were offered to everyone in the same manner regardless of their developmental level, age and abilities. Lack of natural learning made the training harder to be generalized into a real life setting.

Kate recalled being placed in a daily living program, where she had to participate in a training that was not relevant to her as she already possessed the skills that the training was attempting to target.

> *An agency was subcontracted to provide therapeutic foster care…. So, while I was there, apparently life skills was part of my treatment plan and I remember the first one where they were like, "Kate will open a checking account and she will learn to do her laundry." And I'm looking at them in the treatment team meeting and saying, "I've had a checking account since I was 10-years old…. I can show the statement, I have $1000 in it right now.", "Oh, well we'll revise that at the next meeting review." , "And I've been doing my laundry and my whole family's laundry since I was 7." So for the first 6 months I was there, the program was useless.*

Kate pointed out that, because most of the decisions in care are made without any input from the youth, an area that needs to be addressed, is a disconnect between services offered to the children and what they actually need at that point in their lives. State agencies adopted a formulaic approach to treatment planning, and services that are generalized rather than individualized. More importantly, issues of medical care, continuity of services and placement decisions for children lose out on behalf of life skills

training that may not be developmentally appropriate for some children. Rather than

creating connections for the youth before they age out, there is pressure on caseworkers

to adhere to the manual and meet the goals that are not always aligned with needs. Kate

shared the following recommendation:

> *We have to inform youth when they turn 18 from foster care of their right to choose and name a healthcare representative. Someone who legally can act on their behalf if they are incapacitated. We have to educate them about it and if they wish to designate one, we have to provide them with the form so that they can designate one and we actually teach that to DYFS workers as another tool to help understand connections. "Who's the kid picking? Why are they picking them? Who is this person in their life? Who should they be picking?" And about contracts. So those are all the things that kind of happen. In reality, it's a lot more haphazard than that because your caseworker decides if and when they think that maybe a transitional living program would be good for you and everyone thinks that it's better to go to a transitional living group home than to just have life skills. But not every kid is cut out for group living…. Ideally, you would start at a level that was appropriate to an environment that meets, kind of like special education. Least restrictive, most appropriate environment. For some reason lots of folks want everyone to start at the group home and then transition out.*

Kate recommends that caseworkers and professionals working with foster care

youth take the time to learn about the children on a personal level rather than solely

relying on reports and opinions of other professionals. She shared that decisions were

made only based on her case file and without any regard to her input.

> *Consider whole child and not just file. There is more to know than just bunch of stigmatizing labels attached to your name. I was in this sub-contracted specialized foster care because the DYFS foster homes wouldn't take me. They did for certain emergency placement sometimes and I never did anything in a DYFS foster home, but it was just my face sheet they wouldn't even consider me…. You look at a kid who comes in at 14 and who's had multiple placements and sub-behavioral issues. They're like, "Yeah, not going to happen."*

Kate recommended that caseworkers take the time to reshape their understanding

of behaviors of children in care and try to find the meaning of the behavior. She proposes

that caseworkers adopt a holistic approach to serving a child.

All behavior has meaning, you just have to understand what it is that somebody's telling you through that behavior. We tend to not think about what someone's actually saying. When the kid is running away from placement and they're showing up at their home. You might want to think about that, right? We might not like what that family does, but clearly that kid wants to be there. Let's provide the family with support. Let's try to figure out a way to keep them safely there. When the kid's running away, when they're placed back home, that's really when you really scratch your head and about and be like, "There could be something here. Maybe we can't substantiate it, but maybe there is something to it."

Sara echoed Kate's sentiment that children's well-being is not always taken into consideration when planning for placement and reunification:

I don't understand how you tell a battered woman that she is being abused by her husband or by her boyfriend to get out of the situation and go to a shelter, but you're telling these kids that they have to stay in these homes that are abusive to them.

In addition to identifying specific needs of each child, Kate recommended that caseworkers "think outside the box" when trying to address the needs. She pointed out that, when caseworkers do not think creatively and only follow the rigid structure of a manualized treatment, this approach not only fails the child but also is cost ineffective.

I remember reading a case at work about our kids who apparently is severely DD [Developmentally Disabled] but she's actually quite smart. Her mom had a seizure and her and her siblings were removed, and all she said throughout the case record, you see this, "I want to go back to my mom." We're not letting her go back to her mom because she's high needs and mom might have a seizure. So this kid now is in a $600-a-day intensive residential and we want to place her in another state that can work with her, because she won't even dress herself and she spreads feces everywhere. But she has said over again, "I will not cooperate. I want to go home…."Actually I think if we placed with her mom none of this stuff would happen …. Of all the people who've read that case, nobody wants to consider "maybe we should send this kid home." Everyone said, "We can't send this kid home because mom has epilepsy." It'll be much cheaper for us to have an overnight watch caregiver in the house with mom, than to pay $600 or $700 a day for this kid to be in a residential treatment center that I would say she doesn't need to be in.

Similarly to Kate and Sara, Angie felt that service planning for children in foster care is too mechanical and lacks connection to specific needs. Angie acknowledged that

high case loads and burn-out contribute to substandard case management, but she

recommended that workers need to focus more attention on better preparing their youth

for independent living.

> *I think it starts with the caseworker. If the caseworkers are not into it then the kids are not into it. They feed off of your vibe. So I feel as though you have to come in with a positive attitude, no matter what the case file may say, no matter what others say, you have to think positive and think "I want to help this child." A lot of times it [life skills training] is so generalized I think it is better to really truly affect one person than to be just throwing a whole bunch of unprepared people out [of care].*

Sara pointed out that the timing of some services does not match the

developmental level of a child and, because the child may not be ready to address a

specific area at a prescribed age, these services end up being ineffective. Sara

recommended that the child's background and history be taken into account when

introducing programs.

> *I think some services are being introduced too early and I think that a 13-year-old should be a 13-year-old. I don't think that they should have to worry about some daily living skills at that age. They already have enough issues when they are in foster care, to worry about food shopping. I think that a lot of people that create these programs, and don't get offended, but I think a lot of the people who create these programs are people that have families. They have no concept really of what the needs are.*

Building Connections

Because the participants in this sample experienced significant losses related to

severed relationships, separation from community supports and fragmentation of school

experiences, they placed great importance on building and sustaining permanent

connections prior to aging out. Many of the participants recommended that a process of

active identification and recruitment of potential resources occur in an effort to provide

continuity of support after aging out.

Sara suggested that caseworkers need to be more involved in creating opportunities for youth in care to naturally connect with community, resources and mentors.

> *If a kid is aging out, they may not know anyone on the outside of the system. But if you expose him to enough people and enough environments, you give him enough opportunities to connect with normal people, preferably outside of child welfare because preferably we shouldn't have to get these people to be responsible.*

Kate pointed out that child welfare professionals do not always take the time to investigate resources in the communities where children are being placed. She felt that they are usually focused on what is being provided through the agency and may miss valuable supports available at their doorsteps. Kate recommended that, in order to create a network of helpful sources, caseworkers and others who work with foster care children, need to have a more active role in exploring the potential for valuable services.

> *Go walk your town. Just on foot and write down everything that's there and then go to the library and write down everything they're telling you that's there and then do it with the kids you work with. What's this building? I don't know, let's go figure it out. There's a Y here? It's the best way to figure it out and then that also involves the ability to provide other connecting experiences because if you're part of a community you have a chance to connect with people who aren't paid professionals who might actually like you because they see a different side of you. We think about services in stupid ways. When we think about services in child welfare we think about what child welfare can offer that kid, when we don't think about the fact that community theatre might be the perfect service for a certain kid.*

Kate proposed that, in addition to practitioners' roles in identifying possible supports for youth in care, they need to clearly define the responsibilities of people involved in providing these supports. This involvement needs to be framed in the terms of permanent commitment. She advocates that agencies and professionals adapt the permanency pact widely used by various foster care clubs.

Then you just got to ask from the place of not saying, "Will you take this kid in?" but "Will you be there for this kid?" It's really ridiculous to say to somebody, "Please make room in your home," and when somebody says, "I can't do that" or, "I can't do that now," we write them off. But when we say, "Is there a way you can be here?" this would be long lasting. I love the permanency pact.... Foster Club has a great tool that really is just like a 5-page way of thinking about the different things that people do for each other and formally or informally documenting it. So, "Can you have this kid over for dinner once a week?", "Can they come and do laundry in their house?", "Do have the room for them to store their stuff when they're between placements?", "Will you call them each week?", "Do you know a decent lawyer and maybe would be able to help them navigate their legal system?"

In addition to creating new connections, Kate recommended that relationships

created in care be sustained.

We have to figure out a way to do that and most importantly we have to make sure kids stay as much in their communities as possible, whatever their community is. Not necessarily the place came from, but where they feel comfortable at home; which could be a stepparent, it could be the third foster parent, it could be the school that's committed....

Kate proposed that hypersensitivity with maintaining appropriate boundaries can

be counterproductive for foster children who are trying to build lasting relationships. She

feels it re-traumatizes children who have already experienced broken bonds and reaffirms

the notion that all relationships eventually end. She argues that time-limited therapy

without a possibility of continuing has the potential of being harmful.

I honestly think it's completely unhelpful, dangerous for grad students to work with kids in foster care. It's dangerous for kids in foster care. I don't think it's so healthy for grad students either. That's a pretty intense population. Too many could actually be burnt out on that population from experiencing that as their first clinical experience. From a flipside, you're going to spend two semesters with them? You might say, "Oh, no it's fine because we're going in and we're making it clear to them that we're only going to be with them for 10 months." So, we're going to replicate the experience that they had before, but we want this relationship to be therapeutic. When I think about what actually happens to the kid in that experience, I think it's detrimental. Even if you're coming in and you're saying, "We're managing this because they know all we're doing," is we're teaching them that helpful relationships are temporary.

Kate recommended that concerted efforts be made to assure continuity of therapeutic services.

> *You want your services to be from a community. I want my kids to be able to see the same person after they leave here. It's not really that hard, especially under the Medicaid structure. Professionals need to find a way to maintain services across the placement episodes. Finding ways to support that so that we can teach kids that actually relationships do last and can last and it's okay, or if you can't see me for a while, you can see me again. The other thing is never, never, never lie to a kid in care. Which means never, ever, ever promise them something that you can't deliver on, which is really nothing.*

Angie also pointed out a need to allow for continuation of services. In addition, similarly to Kate, Angie felt that the child welfare system expects rigid boundaries between foster children and foster parents. She pointed out that once a placement ends the relationship is typically broken as well. Angie recommended that rules be amended so that children in care have an opportunity to continue benefiting from the support of their former foster parents.

> *I connected with foster mom that I spent 8 months with, but that placement with the agency ended and because she was through the agency, I was forbidden from having contact with her and she was too. I found out from her daughter a couple years ago, I ran into her daughter in some grocery store, that she wanted to reach out to me and try to figure out where I was but was forbidden by the agency. I mean, system should be allowing to continue relationships created in care for support in the long run.*

Jennifer continues to have a close relationship with her foster family and she recommended that this should be a common practice for children in care.

> *Don't make them let go of things that they don't have to let go of. When relationships are formed, we need to do everything in our power to sustain those relationships; whether it's a relationship with a school teacher or it's a sibling or it's a foster parent or a foster sibling or it's the janitor at the residential facility.*

Recommendations for Programs and Professionals Working with Children

Participants were asked to provide recommendations for professionals and specific programs that could help foster successful transition and empowerment of youth in foster care. Although no cohesive themes emerged on this topic, the following is a summary of the participants' recommendations:

1) Focus on children's strengths and avoid placing stigmatizing labels.

2) Assure foster care youth are familiar with their legal rights in care.

3) Provide each child with a formal advocate such as CASA (Court Appointed Special Advocate).

4) Give every child in care a pocket-size pamphlet that includes the telephone number of the governor's office, the state advocacy person, and their local DYFS bureau.

5) Promote health and wellness skills.

6) Provide foster care children with free or reduced gym membership.

7) Coordinate and encourage healthy socialization.

8) Require volunteer opportunities for foster care youth as a way of developing a good work ethic.

9) Provide college counseling from the beginning of high school.

10) Teach children in foster care how to deal with being alone during the holidays and birthdays.

11) Organize events for foster care youth during the holidays so they are not alone.

12) Create a 24-hour foster care hotline manned by former foster care youth.

13) Provide $20,000 along with budgeting support to provide financial means for

aging out youth to facilitate their entry into independent living.

14) Provide free driving lessons to all foster children regardless of placement.

15) Provide employment placement assistance.

16) Monitor adoption dissolution laws so that children are not chronically returned

back to the system.

17) Provide assistance with continuation of medical and dental insurance.

18) Amend laws pertaining to termination of parental rights and opportunity for

adoption.

19) Maintain and provide access to complete health and birth records for the children,

especially as it pertains to the biological family's medical history.

20) Place more accountability foster parents by providing a "job description".

21) Assure that life-skills programs occur in a natural environment to assure

generalizability.

CHAPTER V

DISCUSSION

The purpose of this study was to provide insight into specific experiences that foster care alumni identify as empowering and promoting resilience. By looking at these powerful narratives, this research attempts to inform practitioners, policy makers and other stakeholders as they attempt to move towards best practices of effective service delivery. The findings may inform the establishment of guidelines and standards for transition planning and training for child protection providers and foster parents. One of the main contributions of this study is its shift away from the deficiency model that prevails in the current outcome research in the field of child welfare to a focus on identification of positive factors that foster resilience and self-sufficiency. Moreover, applying a qualitative approach provides data that is rich in details as offered by the voices of foster care alumni. This section will discuss major points that emerged from this study as well as limitations of the study and future implications of the findings.

Connections with Others

All of the participants discussed the importance of creating and maintaining connections with people both in and out of the foster care system. Resiliency research has shown social bonds, positive relationships and mentoring to be a critical protective factor (Cusick, Havlicek & Courtney, 2012; DuBois, Holloway, Valentine & Cooper, 2002; Hass & Graydon, 2009; Munson & McMillen, 2008). Participants identified at least one person who had provided some form of assistance during the time of transition. This social support came from a variety of sources, including teachers, principals,

caseworkers, therapists, school and university staff, foster parents and peers. Participants

discussed various types of support, including emotional support and practical or

instrumental help. Emotional support included guidance, encouragement and being

available in times of need. Participants shared that the most helpful aspects of their

relationships included consistency, nurturance, compassion, respect, and genuineness.

Participants pointed out that relationships with the most impact were characterized by the

helper's willingness to extend support beyond what the expectations were. Beyond the

emotional, participants also identified tangible and practical supports provided to them by

caring adults. Those included: life-skills training, financial assistance, school supplies,

housing, assistance with transportation, job placement and training, and help in applying

for and attaining sources of academic funding. Some of the participants credited adults in

their life with pushing them to pursue educational goals. Participants shared that the

attention and encouragement of their mentors fueled their drive to overcome academic

challenges. Study participants stressed the importance of having a positive influence as a

factor that fosters successful outcomes. They argued that exposure to role models and

having an opportunity to witness healthy values empowers one to adapt and apply these

values in life; it also provides individuals with a level of accountability that pushes them

towards making appropriate choices.

Research suggests that a close, long-lasting relationship with an adult will

generally produce better outcomes for youth (Rhodes & DuBois, 2006). A meta-analytic

study conducted by DuBois, Holloway, Valentine and Cooper (2002) suggests that at-risk

youth benefit from mentoring especially when a strong personal relationship is formed.

Munson & McMillen (2008) in their study of older youths in foster care found that young

people who had been in natural mentoring relationships for more than one year reported

better psychological outcomes, such as fewer depression symptoms, less stress and more

satisfaction with life. Another study by Ahrens, DuBois, Richardson, Fan, and Lozano

(2008) found that mentoring relationships are associated with positive outcomes during

the transition to adulthood in regards to physical and psychological health, educational

attainment, physical aggression, suicide risk, and risk of sexually transmitted diseases.

Personal Characteristics

As noted above, the majority of the participants cited social support from the

school, foster family and community sources as factors contributing to their positive

outcomes. Additionally, participants mentioned internal characteristics as sources of

empowerment and resiliency. Alumni shared stories of determination to succeed despite

all odds by utilizing their inner strengths to overcome many difficulties. The internal

factors discussed by the participants include relatedness to people, internal locus of

control, self-advocacy skills, positive self-concept and flexibility when dealing with

change. Participants spoke of self-reliance and self-efficacy as well as their desire to

share their skills with others that led to the development of survivor identity and

empowerment.

Participants reported that throughout their foster care experience, they had to

advocate for their rights and were forced to become self-reliant and vocal about their

rights. The women in this study recognized the importance of continuity of resources as a

pathway to successful transition and took an active role in seeking out resources and

creating community connections that provided them with an opportunity to reach their

goals. Alumni were able to independently find ways to fund their education and travel

through researching programs available to youth in foster care. Kate spoke of a

"recruitability" factor that allowed her to build a network of caring people who were

willing to provide her with housing and address her other basic needs.

Self-advocacy was often expanded to advocacy in general, and participants reported a

strong drive to help others and to share their skills, talents and knowledge. Their

contributions vary from individual levels of assistance to involvement in program and

policy reform for the services offered to youth in foster care. Participants spoke of their

sense of responsibility to improve the child welfare system in order to improve the

experience for their foster brother and sisters. Two of the participants dedicated

themselves to careers that directly relate to supporting youth in foster care. They felt that

through their work they can give purpose and meaning to the experiences they endured

while in care. Hass and Graydon (2009) proposed that when foster care youth go beyond

participation and become active in giving back to their schools, families, or communities,

they have the opportunity to become agents in their lives as they move from "victims of

circumstances to individuals who thrive despite their circumstances" (p.462).

Alumni identified participation in community, school and family activities as an

important vehicle for fostering resilience, building social skills and bolstering a sense of

competence. Leisure-time activities, volunteerism, hobbies, and sports offer an

opportunity for youth to have access to potentially nurturing relationships and positive

role models (Gilligan, 1999). Participants said that involvement in social activities

provided them with normalizing experiences and with an opportunity to build

connections in the community. One of the participants described how her passion for

writing proved to be a therapeutic vehicle for addressing her emotional and creative

needs while providing her with a way to have her voice heard. It allowed her to experience a sense of control over the events of her life. Another discussed that recognition of her talent in sports boosted her sense of self-efficacy and provided her with a feeling of belongingness. Most of the participants stressed the importance of providing venues for youth to practice valuable skills, including social skills, problem solving, advocacy and leadership, and expression of creativity and talents.

Hass and Graydon (2009) argue that interacting with the community though volunteerism or other activities leads to a sense of belonging, and helps practice pro-social skills, such as leadership, altruism, and autonomy. More importantly, these activities allow youth to transform from being "passive recipients of services" to "active contributors" to their families and their communities (Hass & Graydon, 2009).

Environmental Factors

In addition to positive relationships and intrinsic factors, the participants point out some environmental and systemic factors that influenced their outcomes. Having a secure and consistent placement was instrumental when trying to build relationships, connecting to resources and meeting basic needs. Those who were able to maintain their placements for extended periods of time were more likely to participate in community activities, hold a job and build friendships. The participants emphasized the need for providing school stability for children and youth in foster care. Changing schools can create educational challenges, and jeopardizes bonds formed with their friends, caring adults and communities. More importantly it can create more distress to children who are already experiencing traumatic circumstances. Alumni discussed the importance of maintaining

school stability independent of placement change to promote consistent social supports and allow for formation of bonds with peers and adults.

The majority of the participants viewed access to programs as a factor in facilitating successful transition. The benefits accessed through programs included: life skills preparation, financial help, housing support, recreation programs, independent living programs, educational support, and vocational support. Participants pointed out that these programs need to be flexible and should be created based on the individual needs of the child — with emphasis on practical application, rather than offered as a one-size-fits-all.

Research points to an urgency of achieving placement permanency for youth prior to aging out of the foster care system. Placement instability often results in increased risk factors for negative outcomes, such as homelessness, incarceration, victimization, and poverty (Avery, 2010; Courtney et al. 2005). Placement changes result in multiple losses and they re-traumatize youth: the young person is removed from all that is familiar. Relationships with friends, family, teachers, coaches, and mental health providers are severed and personal possessions are frequently lost or discarded. Frequent placement disruptions can result in a child's unwillingness to engage in relationships (Stott & Gustavsson, 2010). On the other hand, placement stability and continuity of environmental and relational permanence liberates youth from anxiety about future sources of support, freeing them up to develop skills necessary for a successful future (Schofield & Beek, 2005).

Implications for the Field of Child Welfare Services

The results of this study suggest that, when assisting youth during transition, stakeholders and policy makers should focus on the child's specific strengths and needs. The data highlights the importance of fostering supportive relationships with caring adults who are willing to mentor and provide various supports to youth on their pathway to independence. Permanent and nurturing connections are essential to youth successfully transitioning from care. Youth in foster care should be encouraged and allowed to participate in identifying members of their support system and building a team of caring adults who can provide help in the times of need. Professionals must investigate an individual youth's foster family, family of origin and people in the community (i.e. neighbors, teachers, religious officials, CASA workers, mentors) for potential and existing relationships; then they must follow through by providing opportunities for youth to create and grow supportive relationships.

Youth in transition should be encouraged and provided with an opportunity to cultivate their interests and talent via participation in extracurricular programs, such as volunteerism, sports, creative activities, and social and cultural events. Involvement in various extracurricular activities nurtures a sense of purpose, helps develop social competence, bolsters a sense of efficacy, and increases the potential of encountering fruitful relationships. After a child transitions out of care, efforts should be made to ensure youth continue to participate in these activities and programs.

Transition plans should be developed through a comprehensive needs assessment that addresses the foster care youth's developmental level, abilities, interests, strengths and future aspirations. They should include goals relating to placement, education,

vocation, health, financial planning, and cultivation of talents and hobbies. To promote

ownership and responsibility — and by extension empowerment — young people should

be equal collaborators in their transition planning. In addition to giving strong

consideration to young people's voices, an effort should be made to share information

and collaborate with all agencies involved in the care of the youth. Those may include

community agencies, mental health systems, educational agencies, caring adults, and

religious agencies. Efforts should be made to ensure that the services and programs that

address individual needs and strengths are also available to youth upon transition.

Stakeholders should identify similar programs in the child's community so that the

supports are continued if needed.

Specific training programs should be designed to arm the youth with life skills,

such as daily living, housing, education, vocation, and accessing health services. The

programs should emphasize practical skills that will serve them throughout their lives and

not only during the period of transition. To achieve this goal, programs should provide

realistic opportunities to learn and practice various skills in natural settings to allow for

generalizability into real life situations. Consistent access to programs should be offered

independent of placement changes. Fragmented training should be avoided as it could

lead to insufficient development of skills.

Transition planning must be facilitated by trained professionals and foster parents

who have an understanding of adolescent development; trained professionals are more

likely to correctly place behaviors in a context of trauma and loss. They should possess

knowledge of the processes of major life transitions and cultural awareness and

sensitivity. Professionals must be realistic and honest about potential issues that the youth

will face. The understanding of these issues will allow for adequate preparation and will help anticipate potential solutions to challenges.

Communication among stakeholders — including the foster child and various agencies working on behalf of the youth in transition — should be strengthened. It is imperative that agencies serve transitioning youth holistically when making plans. There should be an effective information exchange and integration of services between systems of care. Agencies will need to collaborate on coordinating services and communicating details to ensure the needs and strengths of the youth are addressed. Additionally, the youth should be granted access to information about their past, including information about their birth family to allow for a process of meaning-making and closure.

A critical component of an older youth's successful preparation for adulthood is addressing permanency needs. Stakeholders should connect them to a family or caring adult who is committed to them for life. When appropriate, goals for reunification, adoption, and legal guardianship should be made. Youth should be encouraged to identify stable and caring adults who are committed to provide a permanent home and assume guardianship prior to transition. Those may include former and current foster families or biological relatives. In order to make this option feasible and to encourage support, additional funding may be necessary. Currently the Adoption Incentive Program provides financial support to families who adopt children from foster care. A newer program, Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) offers even greater funding to families who adopt older children and children with special needs. Currently, there are no financial supports available to families that offer placement to youth who have officially aged out of foster care.

Educational stability is an important factor impacting long-term outcomes for youth. Stakeholders should assure that youths attend their original school or remain in the same school throughout placement; this minimizes disruption in learning, maintains academic achievement and preserves the bonds and relationships already formed. Additionally, youths who receive special education services must be informed of their rights in special education, and caseworkers should assist the youth in advocating for the implementation of their Individual Education Plan or a 504 plan. If a disruption in educational placement is unavoidable, stakeholders must assure that all educational information is being shared among schools to provide continuity of services to the student in foster care. Youth should be encouraged and prepared to pursue post-secondary goals. Stakeholders should support the youth with developing a career plan and education plan; additionally, these adults should assist them with developing clearly defined objectives and procedures that would allow the youth to achieve their goals.

Limitations of the Study

The primary goal of this study was to gain insight into foster care alumni's experiences during transition out of care. By using semi-structured interviews, the researcher was able to learn more about their perspectives and experiences while having the flexibility for discussion. However, taking this approach resulted in several limitations, including sample size, selection process, participant demographics, and lack of other stakeholders' perspectives.

Although the small sample of four adults allowed for a deeper investigation of the data, it also limited the extent to which the findings can be generalized. These results may

not be applied to a broader population because all the participants were from the same geographical region and their experiences may be different from youth in other states.

The selection process of the participants created a possible bias for recruiting more successful individuals. Hence, these results may not be representative of all foster youth or how they view their transition process.

Additionally, the participants' ethnic backgrounds are not representative of the ethnic make-up of children served in the foster care system. Three of the participants in this study were Caucasian and one was African-American. Currently, 41% of children in the foster care system are Caucasian, 27% are African-American, 21% are Hispanic and 11% are of other ethnicities (U.S. Department of Health and Human Services, 2012).

All study volunteers were female; hence, the results may not be representative of the experience that males have faced while in care. Males can offer additional insight into factors that promoted resilience and successful entry into adulthood. This perspective should be investigated considering that 52% of children in foster care are male (U.S. Department of Health and Human Services, 2012).

Moreover, the perspectives of all the stakeholders have not been included. Additional information could be obtained from caseworkers, foster parents, biological parents, siblings and policy makers to inform recommendations and best practices. The interviews were read, analyzed, coded and interpreted by one researcher. This study did not rely on inter-rater reliability methods, inter-observer reliability methods or other reliability checks commonly used when analyzing qualitative research. As a result, caution should be used in generalizing the findings.

Implications for Future Research

This study points to several areas of future research. First, future study could be enriched by expanding the sample size to obtain a more diverse pool of participants in regards to ethnic and cultural background, gender and geographical location to allow for better generalizability of the results. It would be beneficial to investigate whether individuals from various ethnic and cultural backgrounds identify other factors that relate to empowerment and resiliency. Future research looking at the challenges of ethnic and racial minority foster care alumni during out-of-care transition would help establish an understanding of whether significant differences exist.

It is possible that foster care youth in other areas of the country may face other challenges and may have access to other supports that are particular to their region. Including male voices in the future study would allow for additional perspective and could offer valuable implications for best practices.

The research on identifying empowering factors could be expanded by examining perceptions of other parties during the foster care transition. Researchers may be interested in exploring how caseworkers, foster parents and siblings, biological parents, grandparents and other family members experience the child's resiliency and empowerment during the transition into adulthood. Research topics could include: the foster parent's experience of caring for a foster child and their perceptions of empowerment and development of resilience; the caseworker's experience of assisting and providing services to children in care that may contribute to resiliency and positive outcomes; and the biological family's experience of having a child in care transitioning into independence and exiting the foster care system successfully.

Because this study was retrospective, involving adults who are no longer receiving transition services, future study could be enriched by data involving youth who are actively participating in transition programs. Having an understanding of current issues and concerns transitioning youth face while in care may yield valuable data to inform future programming and policy.

Conclusion

This study provides a unique insight into the perceptions of foster care alumni regarding sources of resiliency that promote positive outcomes. The sample of former foster youth identified several elements as crucial protective mechanisms for their transition into adulthood. Participants pointed out various external factors as well as internal factors — highlighting the fact that in order to achieve successful outcomes, a dynamic interplay of elements must take place. There are several implications for the development and restructuring of policy, programs and training aimed at improving the outcomes of foster youth. An emphasis needs to be placed on eliciting and cultivating of supportive and permanent relationships for youth. Additionally, youth should be encouraged to participate in extracurricular activities that address their interests and talents. Transition plans should be developed collaboratively with a focus on individual needs and strengths of the youth. Services and programs should be implemented with consistency and with a focus on continuation after aging out. Transition training will be more effective if it has real life application and when it is implemented with integrity. To achieve that objective, caseworkers and professionals working with youth in care must be provided with training that will emphasize understanding of developmental and socio-

emotional needs of youth with traumatic backgrounds. Agencies and professionals must strengthen their communication and information-sharing efforts in order to provide appropriate services to the youth in care. A critical component of a successful transition is obtaining placement and educational permanency prior to aging out. Concrete and attainable permanency plans should be made and caring adults should be provided with assistance to make those plans feasible. Above all, youth in foster care should be given a voice in all plans and decisions impacting their lives.

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APPENDIX A

Informed Consent Form

You are invited to participate in a research study that is being conducted by Ewa Lavin, Psy.M., who is a doctoral student at the Graduate School of Applied and Professional Psychology at Rutgers University. The purpose of this research is to gain an understanding of the experiences of foster care youth during transitioning out of care and to learn what factors were helpful during that time.

Approximately four to eight foster care participants will take part in the study, and each individual's participation will last approximately three hours. You will take part in two interviews that will be scheduled two weeks apart, and will last about 90 minutes each. The interviews will be recorded so that the responses from all participants can be coded and common themes can be identified. You do not have to agree to be recorded in order to participate in the study.
The interviews will include questions about your experiences during the transition process and how you perceive supports that facilitated your transition from foster care.

If you agree to take part in the study, you will be assigned a random code number that will be used on the interview. Your name will appear <u>only</u> on a list of subjects, and will <u>not</u> be linked to the code number that is assigned to you.

There are no foreseeable risks to participation in this study. For completing the interviews, you will receive information on resources and services available in the community, as well as an opportunity to ask questions related to transition process and procedures. Furthermore, you will be contributing to the research on transition practices and which factors are most crucial in a successful facilitation of youth empowerment and independence. The knowledge obtained from your participation, and the participation of other volunteers, may help better understand the experiences of foster care youth and how to best work with them.

Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

This research is confidential. The research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and the response in the research exists. Some of the information collected about you includes your gender, age, marital status, educational history and employment history. I will keep this information confidential by limiting individual's access to the research data and keeping it in a secure location in a locked cabinet. The researcher and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, unless you specifically give permission in writing to do otherwise. No reference will be made in oral or written reports which could link you to the study. If a report of this study is published, or the results are presented at a

professional conference, only group results will be stated, unless you have agreed otherwise. All study data will be kept for three years and will be destroyed after three years. Please note that the list of names of participants will be shredded promptly after the interviews are transcribed, in order to further protect your confidentiality.

                                                        Subject's Initials

_____,
If you have any questions about the study procedures, you may contact Ewa Lavin at (908) 397-6675. If you have any questions about your rights as a research subject, you may contact the Sponsored Programs Administrator at Rutgers University at:

Rutgers University Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza
New Brunswick, NJ 08901-8559
Tel: (848) 932-0150
Email: humansubjects@orsp.rutgers.edu

You will be given a copy of this consent form for your records.

Sign below if you agree to participate in this research study:

Subject _____ Date _____

Principal Investigator _____ Date _____

APPENDIX B

Consent for Recording

You have already agreed to participate in the research study entitled: Empowerment of Youth in Foster Care: Foster Care Alumni's Perceptions of Transition Supports During Aging Out of Care conducted by Ewa Lavin. I am asking for your permission to allow me to digitally record the interviews with you as part of that research study. You do not have to agree to be recorded in order to participate in the main part of the study.

The recordings will be transcribed and used for analysis by the primary investigator.

The recordings will include your responses to the interview questions regarding transitioning out of foster care, and may include your marital status, educational and employment history. You will not be asked to state your name on the recording and the digital file will be assigned a code in order to protect your identity. The list of names linking the subjects to the codes will be destroyed after the recordings have been transcribed.

The recordings will be stored in a locked file cabinet with no link to subjects' identity. All recordings will be kept for three years and will be deleted after three years.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recordings for any other reason than those stated in the consent form without your written permission.

Subject (Print) _____

Subject Signature _____ Date _____

Principal Investigator Signature _____ Date _____

APPENDIX C

Interview Guide

Education:
How many times have you changed schools?

What was your foster parents' involvement with your education?
        Caseworker/law guardian involvement in education
        Caseworker collaboration with systems (school, health facilities, foster parents,
        youth)

Foster family questions/ caseworker questions
Were you ever made aware of your rights while in foster care? If yes, when, by whom?

How do you perceive commitment of your caseworker/law guardian/foster parents was to
you when you were in care?

How many caseworkers have you had?

How many changes of schools have you experienced?

Did you always stay in the same state?

How old were you when you first entered the care?

How many years have you spent in foster care?

Biological family, kinship questions

Have you had contact with your biological parents? If yes, how often have you been in
contact?

Have you participated in any form of therapy? If yes were you mandated or did you seek
therapy? And, was your experience positive, helpful?

What kinds of foster care placements have you experienced: kinship, individual's home,
group home? If it was a group home, how many foster care children were in your home?

Did you form friendships with other youth in foster care?   Did you use them as a
support?

Do you have siblings? If yes, were you placed with your sibling(s)?

Did you have any family or friends available to you for support? Do you have any mentors, teachers, therapists or other adults that served as support?

Transition supports

Did your foster parent support your interests, dreams? If yes, how?

Did you participate in any community activities such as YMCA, Big Brothers/Big Sisters of America, church or charity?

Did you undergo any formal preparation for transition?   If yes, describe the process?

Did you feel prepared when you exited the care? If no, why not?

Have you had any practical experiences while in care such as after-school jobs, volunteering opportunities, vocational training?

Did you feel empowered and emotionally ready to take care of yourself?

What level of education have you completed?

What types of jobs have you held?

What was the longest job you've had?

Did you enjoy any of your jobs?

Describe your life during and/or after transition process: what did you do after aging out of care, jobs, school, etc.

What do you feel was most helpful to you when you were transitioning out of care? (financial/material supports, emotional supports, etc.)

What if anything hindered your transition process?

What suggestions for facilitating transition do you have for agencies, caseworkers and other individuals who work with children in foster care?