

Issues Among the Youth Aging Out of Foster Care

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CHS 105: Human Services & Social Policy

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September 30, 2020

What should a teenager have experienced by the age of 18 or 21? According to society, a teenager should have experienced prom, a homecoming football game, their first love, should have graduated high school, and should have enjoyed family time before heading off to college. However, not all teenagers have the luxury to do so. Youth within the foster care system lead a very abnormal life compared to their peers in society. Youth are often placed in foster care because their caregiver or guardian has lost the capability to properly take care of them. Though the goal of the child welfare system is to reunite foster care children with their original families or to get them adopted, statistics show that a child at the age of 8 and certainly at the age of 12 will age out of foster care rather than the latter (Ahmann & Dokken, 2017, p. 43).

Children formerly in foster care are at a higher risk of health problems, mental health concerns, and criminal behavior, especially if they have suffered greater adverse childhood experiences like neglect, abuse, violence, substance abuse, or poverty (Rebbe et al., 2018, p. 503). A team of researchers conducted a longitudinal study to study the relationship between adverse childhood experiences and health problems in which they surveyed 732 former foster care children. 29.7% of these children suffered maltreatment and adverse household factors as a child and reported more depressive symptoms, homelessness, psychosocial problems, and criminal behaviors like being arrested (Rebbe et al., 2018, p. 504-05). 13.7% of these children were exposed to harm in their environments like natural disasters and physical fighting and reported similar issues to the previous group (Rebbe et al., 2018, p. 504-05). Regardless, both groups reported criminal-like behaviors, psychosocial problems, sleep problems, smoking addictions, asthma, ADHD, obesity, poor health, disabilities, and cardiovascular issues (Rebbe et al., 2018, p. 504-05). The last 56.6% of these children suffered the least amount of adversity and reported less health problems compared to the mentioned groups but more than the general population (Rebbe et al.,

2018, p. 507). Children aging out of foster care are often victims of poor mental and physical health because of their childhood experiences and their unintended results. In fact, 25% of children who age-out of foster care suffer from post-traumatic stress disorder (Sorrell et al., 2020). Circumstances like these create needs for therapy, health care, mentorship, stability, and proper nutrition amongst the foster care children *before* they even leave foster care.

Former foster care children often inherit more problems once they officially age out of foster care on top of their existing circumstances. Children aging out of foster care who have not managed to develop a consistent and stable relationship with an adult like a mentor, a previous caregiver or guardian, or an adoptive parent are more likely to experience homelessness, poverty, and lack of education. Statistically, many former foster care children often do not form stable relationships and experience the unintended results (Ahmann & Dokken, 2017, p. 43). While only 50% of 100 children aging out of foster care leave with a high school degree, less than 3% of the 23,000 children aging-out each year will earn a college degree in their lifetime (Sorrell et al., 2020). In fact, 1 in 4 former foster care children will age out and not graduate high school or pass their GED (Sorrell et al., 2020). This population is less likely to find stable and consistent employment compared to their peers. Out of 100 former foster care children surveyed for a study, 55% reported they were fired at least once and 26% reported they did not have steady employment (Ahmann & Dokken, 2017, p. 43). 41% within the same study reported not having enough funds to meet their basic needs like food, water, shelter, and clothing once they aged out the foster care system (Ahmann & Dokken, 2017, p. 43). Erich Pitcher from FosterClub mentioned how jobs currently available with little to no education requirement expose employees to a higher risk of contracting Covid-19. Consequently, former foster care children pursue these high-risk jobs because of their lack of education and increase their potential to contract Covid-19 to meet their basic needs.

Impoverished communities are often hotspots for Covid-19 due to the community's lack of proper health care, lack of funding, and underlying health conditions. Since 20% of former foster care children immediately become homeless after reaching the age of 18, many of them are at risk in these hotspot, impoverished communities (Sorrell et al., 2020). The buildup of these circumstances over time create a need for employment opportunities, health care, food banks, shelters, therapy, and access to consistent education. Although, sometimes the existence of resources is not enough to help this population as these children also need help breaking through mental barriers that built up over time.

In addition to traumatic pasts, health issues, and limited basic needs, many former foster care children struggle with drug and alcohol addiction as well as risky sexual behaviors. Out of 100 former foster care children surveyed, 24% within the mean age of 20 reported to dealing drugs once they left foster care, while 11% reported exchanging sex services for money (Ahmann & Dokken, 2017, p. 43). The most used substances among former foster care children are marijuana and alcohol (Stott, 2011, p. 70). Nevertheless, former foster care children are 12% more likely to use illicit drugs than children who were never in foster care (Stott, 2011, p. 64). In fact, statistics show that one out of every two children that age out develop a substance dependence (Sorrell et al., 2020). Drug use can impact job placement, increase the likelihood of interaction with the police or other criminal behaviors, and can lead to dangerous addictions. Risky sexual behaviors like early pregnancies are also common among this population. In fact, 7 out 10 girls that were formerly in foster care become pregnant *before* the age of 21 (Sorrell et al., 2020). In 2005, a Midwest study conducted among former foster care children recorded that 37% women became pregnant within the last two years while 18% of the same group became pregnant more than once (Stott, 2011, p. 66). Pregnancies at a young age are even more of a problem when the parent, which in this case is

a former foster care child, is struggling with poverty, lack of experience, an instable household, lack of education, and lack of proper health care. Another example of risky sexual behaviors is contracting a sexually transmitted infection or disease. Often the communities in which foster children age out into do not have proper sex education or resources. In fact, within the 2005 Midwest study, only 27% of women reported using a condom consistently within a year (Stott, 2011, p. 67). Out of the 732 former foster care children that were surveyed to study the relationship between adverse childhood experiences and health problems, 471 children contracted a sexually transmitted infection while 647 agreed to having sexual intercourse with an infected partner (Rebbe et al., 2018, p. 506). Since risky sexual behaviors are often a result of instability, attachment issues, insecurities, or abuse at a young age, foster care children are more likely to experience risky sexual behaviors compared to their peers given the patterns found within the foster care system (Stott, 2011, p. 62). For example, 51% of the children that aged out of Washington's foster care system reported that they experienced sexual abuse as a child (Stott, 2011, p. 67). Altogether, issues among former foster care children often build on one another and one usually intensifies the other. As a result, health care professionals often have to offer many resources to one former foster care child as the problems are most likely layered.

Though the problems seem immense and the number of people affected seems large, there are agencies who work with children aging out of foster care and provide different services based on the child's needs. Some agencies are need focused and provide direct or indirect access to basic needs (Ahmann & Dokken, 2017, p. 46-47). For example, some agencies provide food, shelter, some form of money, or clothing directly to the former foster child whereas some provide contact information or a list of resources for that individual to pursue within their area. FosterClub is a great example of an agency that works during the summer and focuses on outreach and meeting

the basic needs of former foster care children. Other agencies focus on creating opportunities for former foster care children currently in foster homes or shelters to build personal connection with adults (Ahmann & Dokken, 2017, p. 46-47). The goal of these agencies is to provide these former foster care children with adoption or healthy adult relationships through mentoring. Family & Youth Initiative is a great example of a mentor-focused agency that is constantly working to create personal connections with and for the former foster care children. Other agencies like The Nsoro Foundation provides college scholarships, internships, and other programs to children aging out of the foster care system (Ahmann & Dokken, 2017, p. 46). The National Foster Care Alumni Association like many other agencies also focus on using the stories of former foster care children to impact current policies within the foster care system (Ahmann & Dokken, 2017, p. 46). Children aging out of foster care also indirectly receive help from other agencies that help communities riddled with homelessness, poverty, drug addiction, abuse, substance dependence, and single young mothers since children aging out of foster care often struggle with the same issues. The extension of Medicaid is another avenue that positively impacted children aging out of foster care (Ahmann & Dokken, 2017, p. 44). For example, since 2014, former foster care children can receive Medicaid benefits up to the age of 26 like their peers who can stay on their parent's health insurance until the age of 26 (Child Welfare Information Gateway, 2015, p. 4). The extension of Medicaid differs by state and its benefits depend on the former foster care child's age, income, and whether he or she is a parent (Child Welfare Information Gateway, 2015). Nevertheless, the extension of Medicaid was an impactful change of policy that benefited many former foster care children in recent years along with existing agencies.

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