

Aging out of foster care: Strategies for supporting adolescents as they transition into adulthood



Justeen Hyde, PhD
Institute for Community Health

Research supported by NICHD
RO1 Career Development Award

Specific Aims of Research

- To understand the circumstances leading to out-of-home placements among adolescents
- To learn how adolescents understand experiences of maltreatment and neglect
- To identify the most pressing needs of adolescents involved with DSS and elicit recommendations for addressing these needs.
- To utilize finding to improve services for adolescents in out-of-home placements

Massachusetts Department of Social Services

3rd quarter 3/31/07

- 41,302 children had open DSS cases
 - 39% (n= 16,279) are between ages 12-17

- 26% (n= 10,874) of children in out-of-home placements
 - 53% are between ages 12-17
 - 14% are 18 +

} 60%

- 43% of adolescents (12-17) in out-of home placements are in congregate care settings

Sample & Methods

Sample:

- Professionals who provide services to adolescents in DSS care
- Adolescents, ages 16-18, living in out-of-home placements



Methods:

Open-ended interviews

- 22 interviews with professionals
- Series of 3 interviews with 17 adolescents

Participant Observation:

- Volunteer case reviewer for DSS
- Participation in local and statewide meetings

Coding and Analysis

- Interviews professionally transcribed
- Code book developed for interviews with professionals and adolescents
- Data organized and coded in NVIVO 7
- Review of codes to generate themes
- Additional detailed coding as appropriate

Contexts and Challenges for Adolescents

- Service delivery models are fragmented
- Instability in residential placements, services, & schools
- Inconsistency in interpretation and enforcement of DSS policies and procedures
- Child-centered philosophy challenged by rules and regulations set by services
- Supports for transitional age adolescents are catered to a few high functioning adolescents

Provide family-centered support

One of the issues with [our service delivery model] is that some of these places are 2.5 hours away from the communities of origin and don't involve not families. What you have is the car mechanic model in which you drop the car to be fixed and pick it up later... The families need to find their strengths and resources to help their kids and to stay together.

~ Community service provider

Work with families not just children

- Most adolescents return home if and when they can, even after aging out
- Families involved with DSS face complex problems
- Provide resources and supports for families, not just children
 - Need to move from a “social referral” agency to a “social service” agency
 - Work with parents may also shift perception of children that they are the problem



Invest in therapeutic relationships

Just telling kids that they need therapy is not helpful to them... What work is being done to make sure that they are able to develop a therapeutic relationship with a provider - rather than an intern that won't be around for very long... I know people have to get their hours but they should be doing it some other way. Not practicing on foster kids. There's enough people practicing on them.

~ Children's Lawyer

Build skills to attain mental health

We are just placating or medicating kids so they behave, rather than do the work that needs to be done to make kids feel safe and learn how to process their feelings. Kids will unravel – if they are not living at home, they likely have experienced a great loss... In a lot of ways the medications are like putting this lid on a double boiler that's trying to explode.

~ MH care provider and advocate

Meaningful mental health support



- Adolescents' experiences of grief and loss are often masked
- Focus on every day crises or "symptoms"
- Need to learn how to process feelings
- Stabilize in placements long enough to develop trust and relationships
- Train staff & foster parents so they can teach skills to process feelings

Time, Patience & Meaningful Support

With some behaviors the the agencies make it like, oh my God, we have to have him evaluated. We've got to hospitalize him... Come on! Kids do certain things. Listen, I have an 18 year old who's doing the same thing. He's coming in an hour late... Granted, you do have your kids that do have their issues. But they're also just like other kids and it's very, very clinical sometimes when it shouldn't be.

~ Foster parent

Time, Patience & Meaningful Support

- Medicalized view of adolescent behavior, especially in congregate care
- Need committed adults who will work with them during rebellious times, not kick them out of placements
- Caretakers need to find a balance between consistency in protocols and procedures and child-centered care

Time, Patience & Meaningful Support

You can't expect these kids to all of a sudden conform; it's going to take time... Sometimes it takes somebody to believe in you, to have certain expectations - the right type of expectations - and has the patience to help you move on. That's what it requires. It's not rocket science.

~ DSS case manager

Support after 18

- Start planning early
 - Adolescents need to hear their options multiple times
 - Need mentorship and guidance about next steps
- Apply eligibility requirements consistently across the state
- Increase supports for adolescents aging out
 - Housing, employment, continuing education
 - Lifelong connections



How can we meet the needs of adolescents in care?

- Develop family-centered vs individual-centered approaches
- Provide meaningful and consistent mental health support
- Create safe, experiential opportunities to exercise independence and learn from mistakes
- Critically assess protocols and procedures
- Must address the problem of fragmentation in service delivery