



In their own words: Overcoming barriers during the transition to adulthood for youth with disabilities who experienced foster care



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ABSTRACT

The transition to adulthood can be especially challenging for youth who experience the foster care system. These challenges are magnified for youth with disabilities, who account for at least 40–47% of all children in foster care (Powers et al., 2012). In order to move from a deficit-based to a strength-based approach, this qualitative study focused on understanding the lived experience of transitioning to adulthood for alumni of foster care with disabilities. Semi-structured interviews were conducted with seven young adults who had exited care over a six-month time period. Participants described their journeys from foster care to independence and articulated a vision for a successful adulthood. Key themes that emerged included a desire for stability and personal fulfillment in adult life. Participants also identified common barriers encountered including unmet mental health needs and lack of disability awareness or the implications of mental health diagnosis. Personal strengths that helped overcome those barriers included resilience, advocacy, and self-determination.

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1. Introduction

The transition to adulthood is a challenging process for individuals with and without disabilities (Halpern, 1994; Samuels, 2015). For youth who age out of foster care, this transition can be especially difficult. More than 24,000 young adults emancipate (or “age out”) of foster care each year in the United States (U.S. Department of Health and Human Services, 2015). Youth who age out of foster care often have an abrupt transition from being supported within a system to being completely on their own; this leads to significant risks of negative outcomes including; underemployment, low educational attainment, homelessness, early parenthood, involvement with the justice system, and mental health issues (Daining & DePanfilis, 2007).

The Casey National Alumni Study reported that household income levels of young adults who had transitioned out of foster care were 35% lower than young adults in the general population and that one in five had experienced at least one night of homelessness (Pecora et al., 2003). In a study of 659 young adults previously in foster care, Pecora et al. (2006) found that post-secondary completion rates were low, one-third were living below the poverty line, one-third had no health insurance, and more than one in five had experienced homelessness.

Data from one of the largest studies of youth that experienced foster care, the Midwest Study, demonstrated that by age 25 or 26 one-fifth of the participants were still without a high school diploma or GED, and whereas 40% had completed at least one year of college, only 8% persisted to obtain a post-secondary degree at either a 2- or 4-year college (Courtney et al., 2011).

At least 40 to 47% of all children in foster care also have an identified disability, magnifying the challenges of the transition to adulthood. (Powers et al., 2012) Youth with disabilities that have been in foster care are less likely to be employed, graduate from high school, or have social support than youth without disabilities that experience foster care (Geenen, Powers, Hogansen, & Pittman, 2007). For youth in foster care with a primary disability label of emotional disturbance the outcomes are especially bleak. For this group, one study found that the high school graduation rate was 16% and 18% of students left school due to incarceration (Smithgall, Gladden, Yang, & Goerge, 2005).

Geenen and Powers (2007) conducted focus groups with youth in foster care, child welfare professionals, education professionals, Independent Living Program (ILP) staff, foster parents and other key stakeholders. Focus group interviews revealed that barriers to services and instability of placements were exacerbated for youth with disabilities in foster care compared to those in care without disabilities. Participants also reported that youth in foster care who received special education services weren't adequately taught basic or academic skills needed for adulthood (i.e., diminishing competence). Additionally, parents and

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professionals reported being worried that youth would not be able to access adult disability services once they aged out of the foster care system (Geenen & Powers, 2007).

Although there is a growing body of literature about the transition to adulthood for youth with disabilities and those who experience foster care, there is a minimal research on the transition experiences of youth in foster care who identify as having a disability (Geenen et al., 2007). The research that is available suggests that youth with disabilities in foster care have lower educational achievement and are at greater risk of poor transition outcomes than youth in foster care that are not eligible for special education (Quest, Fullerton, Geenen, & Powers, 2012). Several of the seminal studies seeking to understand transition outcomes for youth in foster care excluded those with disabilities. During recruitment, the Midwest Evaluation study excluded those with development disabilities, severe mental illness, and those incarcerated or in a psychiatric hospital (Courtney et al., 2005).

This study is unique because it provides a platform for young adults with disabilities that experienced foster care (YADFC) to describe from their perspective what helped them during the transition to adulthood. Additionally, what constitutes a “successful adulthood” is defined by these young adults in their own words. This may be particularly informative as service providers may postulate what success means to youth and create transition plans based on conventional goals, rather than what youth want for themselves. This paper intends to fill a critical gap in the literature to help professionals understand what facilitates a successful transition to adulthood for YADFC. The study was guided by two primary research questions.

- (1) What are the lived experiences of young adults with disabilities that have experienced foster care as they transition to adulthood?
- (2) How do young adults with disabilities define a successful adulthood?

2. Methods

We used a qualitative case study approach to provide an opportunity for YADFC to describe in their own words their transition to adulthood after leaving foster care. Additionally, we invited participants to define what successful adulthood meant for them. This approach was selected because it created a methodological framework for participants to share their experiences and for researchers to understand individuals' inner perspectives (Brantlinger, Jimenez, Klinger, Pugach, & Richardson, 2005; Patton, 2015). We use the evidence imparted by the participants as the foundation for analysis since “what could be truer, after all, than a subject's own account of what he or she has lived through?” (Scott, 1991). We strove to maintain “empathetic neutrality” during the study to authentically understand the participants' experiences and perspectives without judgment, thus building rapport and trust (Patton, 2015).

2.1. Participant demographics

Purposeful sampling was used to locate potential participants that made a “successful transition” as defined by transition literature (i.e., had completed one year of post-secondary education or a consecutive year of employment); this approach was taken because the bulk of extant literature addresses the barriers and poor adult outcomes of this population and we wanted learn from young adults who were able to overcome those barriers. All participants were referred for the study by professionals (e.g., social workers, independent living specialists, university staff, and youth advocates) working with the target population. Inclusion criteria for this study was communicated to the referral sources as: (a) received special education or were identified as having a disability, (b) graduated from high school or received a GED, (c) were in foster care for more than 6 months during high school, (d) were between the ages of 18–24. While not all participants met every inclusion category, they were accepted into the study because the referral source believed they had “successfully transitioned”. By broadening the inclusion criteria, potential bias based on a preconceived idea of successful adulthood was reduced. After receiving the referral, interested individuals contacted the researcher by phone or email to ask questions and/or set up a time for the interview. All interviews were conducted in a private office in a community building that provides social services or at the participant's university, based on participant's preferences.

Seven young adults participated in the study. The average age was twenty-one; five identified as female and two identified as male. All participants in the study identified as having a disability and five received special education services. One participant did not disclose the length of time she was in care, for the remaining six participants the length of time in care ranged from four to nineteen years. At the time of the interview, three were in a post-secondary program, two had completed associate's degrees of which one had transferred to four-year university, one was working towards her GED (this was not disclosed during the phone screening), and one participant was not currently engaged in an educational program. Three of the participants were employed. Two participants identified as African American, three identified as Native American and Caucasian, and two identified as Caucasian (see Table 1).

2.2. Study procedures

Young adults ($N = 7$) shared their personal narratives of high school experiences and transition to adulthood through semi-structured interviews. Each participant was interviewed twice by the lead author and interviews generally lasted 60–90 min. Two interview sessions were scheduled to provide the opportunity for the researcher to ask follow up questions, to allow the participant ample time to answer questions, and to reduce the possibility of participant fatigue from a long interview. The interview protocol included questions about a) experiences in high

Table 1
Self-reported demographic characteristics of participants.

| Participant | Gender | Ethnicity | Age | Years in foster care | Disability | Diploma/GED |
|-------------|--------|------------------|-----|----------------------|-----------------|-------------|
| Mona | F | African American | 21 | 16 | SLD/ED | Diploma |
| Tammi | F | African American | 22 | N/D | Epilepsy/ADHD | Diploma |
| Manny | F | Native/Caucasian | 19 | 4 | PTSD | GED |
| Sandra | F | Native/Caucasian | 19 | 4 | SLD | N/A |
| Matt | M | Caucasian | 19 | 4 | SLD, depression | Diploma |
| DD | F | Native/Caucasian | 22 | 19 | MH | Diploma |
| Rex | M | Caucasian | 23 | 11 | ADHD/BP | Diploma |

Notes. Attention deficit and hyperactivity disorder (ADHD), emotional disturbance (ED), mental health (MH), specific learning disability (SLD), post-traumatic stress disorder (PTSD), bipolar disorder (BP).

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