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Integrative Review: Delivery of Healthcare Services to Adolescents and Young Adults During and After Foster Care

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The purpose of this integrative review is to summarize evidence describing delivery of healthcare services to adolescents while in foster care and to young adults after they exit foster care. The long-term, deleterious effect of abuse and/or neglect by caregivers among youth who have been placed in foster care is grounded in empirical evidence demonstrating the relationship between long-term health needs and exposure to trauma in childhood. Evidence is needed to provide culturally-specific care and also to identify knowledge gaps in the care of adolescents and young adults who have been in the foster care system. Peer-reviewed research studies published between 2004 and 2014 that include samples of youth 12 to 30 years of age are included in the review. Eighteen studies met inclusion criteria for the review. Physical and behavioral healthcare needs among youth with foster care experience are significant. The ability to adequately meet health needs are inextricable from the ability to negotiate resources and to successfully interact with adults. Challenges that youth with foster care histories experience when transitioning into young adulthood are comparable to other populations of vulnerable youth not in foster care. Nurses must use each healthcare encounter to assess how the social determinants of health facilitate or impede optimal health among youth with foster care experience. The development of integrated intervention strategies to inform best practice models is a priority for current and former foster care youth as they transition into young adulthood.

Problem

Supporting transition into adulthood for adolescents who have experienced foster care requires nurses to be aware of the context of the foster care experience and resulting healthcare needs. Youth under 18 years of age are placed in foster care due to confirmed cases of maltreatment that include neglect and/or physical, sexual, or emotional abuse by caregivers responsible for their welfare (Child Welfare Information Gateway, 2013). Maltreatment among youth who were placed in foster care in fiscal year 2014 was largely due to neglect (75%), physical abuse (17%), or sexual abuse (8.3%) (United States Department of Health, & Human Services, Administration for Children and Families, 2016). Children placed in foster care are removed from their homes and placed in substitute care placements with relatives, foster families, or in congregate care such as a group home or institutions (Child Welfare Information Gateway, 2013). Nearly a half million (415,129) children were in foster care in 2014, and 34% of those were 12–20 years of age (United States Department of Health and Human Services, Administration for Children and Families, 2016). Youth in foster care who have experienced neglect or abuse may have cognitive and developmental delays, which are exacerbated by limited treatment from fragmented healthcare systems (Leslie et al., 2005). Health needs may be pronounced for youth who have experienced foster care.

Health needs for youth with foster care experience stem from the potential abuse and/or neglect that necessitate their

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placement in foster care. Empirical evidence supports the relationship between long-term health needs and exposure to trauma in childhood. Relationships between physical, sexual, and emotional abuse and neglect on physical and mental health pathology of youth are well established in the literature (Champion, Collins, Reyes, & Rivera, 2009; Ohene, Halcon, Ireland, Carr, & McNeely, 2005; Testa, VanZile-Tamsen, & Livingston, 2005). Seminal work has established relationships between experience of abuse or violence prior to 18 years of age and significantly higher psychopathology in adulthood, including depression and suicide attempts (Felitti et al., 1998; Silverman, Reinherz, & Giaconia, 1996) as well as medical needs such as ischemic heart disease and sexually transmitted infections as compared to those who do not report a history of abuse in childhood (Felitti et al., 1998). Recent meta-analyses confirmed significant relationships between physical and emotional abuse and neglect experienced in childhood with mental health illness, drug use, sexual risk behavior, and sexually transmitted infections during adulthood (Norman et al., 2012). Childhood histories of abuse or neglect have significant impacts on lifelong health needs.

The impact of abuse and neglect on health outcomes are apparent for youth in foster care. Of African American adult women sex workers, odds of being HIV positive were 3.7 times more likely among those who report histories of foster care than those who did not (Surratt & Kurtz, 2012). Additionally, data from Medicaid claims substantiate mental health needs among youth who have been in care. Harman, Childs, and Kelleher (2000) analyzed Medicaid claims from children living in one state and found foster youth to be 7.5 times more likely to use inpatient psychiatric services and 6.5 times more likely to have mental health claims as compared to youth receiving Medicaid through the Aid to Families with Dependent Children (AFDC) program. Poor physical and mental health outcomes are evident for youth who have foster care experience.

One vulnerable subset of youth in foster care are those placed in permanent custody of the state and are not adopted or returned to family upon turning 18 years of age (Institute of Medicine [IOM] and National Research Council [NRC], 2015). Youth who experience this type of transition from foster care, known as "aging out" of care, often lack health insurance, adequate housing, financial and social support and subsequently are known to experience poor health outcomes. Nine percent (21,441) of the 238,230 children who left foster care in fiscal year 2014 aged out of care (Child Welfare Information Gateway, 2016). Most youth who are likely to age out of care attend federally funded programs to learn skills in assuming adult responsibilities for employment, housing, healthcare, and education before they age out (Children's Bureau, 2012). However, despite receiving some training on adulthood responsibilities, youth who age out of care must still assume multiple responsibilities of adulthood without needed support. Youth who age out lack financial support, a stable social support network, and education or skills needed for employment (Fernandes–Alcantara, 2012a; Heflinger & Hoffman, 2008; Kruszka, Lindell, Killion, & Criss, 2012; Raghavan, Shi, Aarons, Roesch, & McMillen, 2009; Yen, Hammond, & Kushel, 2009). The lack of financial, social and educational health contributes to poor health outcomes for these youth. For example, of young women who aged out of care, those who experienced child sexual abuse or rape were nine times and almost four times (3.78) more likely, respectively, to have engaged in trading sex for drugs or money in the prior year as compared to others who aged out and did not report this form of abuse (Ahrens, Katon, McCarty, Richardson, & Courtney, 2012). A lack of preparation and support to assume adulthood responsibilities coupled with poor health outcomes suggests that youth who age out of care fail to receive adequate resources to support their transition to young adulthood.

Eligibility Criteria

The purpose of the integrative review is to synthesize evidence from research literature to describe types of healthcare services and quality of those services experienced by adolescents while in foster care as well as after transition out of foster care. The comparison group include general populations of adolescents and young adults receiving healthcare services. The definition of healthcare services includes any visit by a healthcare provider for physical or mental health needs. This integrative review was conducted following guidelines proposed by Whittemore and Knafl (2005).

A PICOT (population, intervention, comparison, outcome, time) question was used to guide the review. The PICOT question guiding this review is: Do the provided healthcare services (I) differ with regard to meeting health needs (O) in youth who have been in foster care (P) compared to those who are not in foster care (C) during adolescence and right after transitioning out of care (T)?

A computer-assisted search was completed. The following search terms were included: foster child, foster parents, foster home care, foster homes, child care, child welfare, family reunification, adolescent development, age out, self-care skills, self-care, healthcare services, healthcare seeking behavior, healthcare utilization, access to information, health services accessibility, information needs, health services needs and demand, patient acceptance of healthcare, health knowledge, attitudes, and practice. Search terms were combined to maximize the number of relevant results. Databases searched included CINAHL, PSYCHINFO, and Medline/OVID. Searches were limited to a 10-year time frame, from 2004 to 2014, and to manuscripts that are written in English, available in full text, and peer reviewed.

Inclusion and Exclusion Criteria

Inclusion criteria were manuscripts that

a) were written in English,
b) were published research studies,
c) were published in a peer-reviewed journal within the last 10 years (2004–2014),