Child Abuse & Neglect 81 (2018) 322–331

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

Health out of foster care as young adults age out of foster care: A phenomenological exploration of seeking healthcare services after aging out of the US foster care system

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ARTICLE INFO

Keywords:
Phenomenology
Adolescents
Young adults
At risk
Lived experience
Health seeking
Foster care

ABSTRACT

Some adolescents in the United States who have been abused and/or neglected by caregivers and placed in permanent custody of the state leave, or "age out" of foster care at 18 years of age. Poor health outcomes among individuals who age out are notable, yet few studies describe the phenomenon of seeking healthcare services after leaving foster care. The investigators specifically queried the phenomenon of seeking healthcare services after foster care drawing from the Phenomenology of Practice approach. We interviewed 13 young adults who aged out of care. Investigators extracted lived experience descriptions (LEDs) from interview transcripts and analyzed under phenomenological themes. Healthcare experiences were marked by avoiding self-disclosure, having no choice but to wait, missing family history, and relying on the kindness of strangers. Healthcare providers who integrate the findings into care delivery models will engage young adults with more understanding and sensitivities of ethical practice.

The obligatory transition into adulthood upon turning 18 years of age is challenging for most individuals and even more so for young adults without family support. Difficulty transitioning to adulthood is amplified for young adults who leave foster care at 18 years of age since they are less stable than their peers who are vulnerable for other reasons. Youth who were brought up in foster care characteristically do not have the stability that comes from attachment to a family that other disadvantaged youth do (e.g., high school dropouts, the poor). Throughout their young life, they have had various placements, schools, healthcare providers, and caregivers. Inevitably, when they turn 18, the cycle continues—making the beginning of adulthood hardly a celebration and more the beginning of an obstacle course. The manuscript will address how difficulties addressing health needs are amplified for those no longer under the state's care because their healthcare and social support diminishes.

1. Literature review

Documented exposure to trauma increases the vulnerability of individuals who have been in foster care. Entry into foster care is a traumatic event compounded by the reason for entry into foster care. The most common reasons for entry into foster care in Fiscal Year 2016 in the United States were due to neglect (61%), parent drug abuse (34%), caretaker inability to cope (14%), physical abuse (12%), child behavior problem (11%), and housing (10%) (United States Department of Health & Human Services, Administration for Children & Families, Administration on Children, Youth & Families, & Children's Bureau, 2017). Associations found between trauma and poor health outcomes related to foster care experience provide a compelling argument to address this public health crisis. In fact,

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https://doi.org/10.1016/j.chiabu.2018.05.012
Received 7 November 2017; Received in revised form 9 April 2018; Accepted 10 May 2018
Available online 26 May 2018

entry into foster care can be considered a sentinel event (i.e., epidemiologic term signaling disease from a preventable event) (Zlotnick, Tam, & Soman, 2012). The direction and nature of the relationship between foster care experience and substance use, anxiety and depression, unplanned and teen pregnancy has been found to be significantly and positively correlated (Bronsard et al., 2016; Courtney et al., 2007; Kääriälä & Hiilamo, 2017; Zlotnick, Tam, & Soman, 2012). Rates for learning disabilities, asthma, anxiety and depression were higher among foster care youth than nonfoster care peers even after controlling for sociodemographic characteristics associated with poor health (Turney & Wildeman, 2016).

Rates of disparate health outcomes as compared to peers continue into young adulthood. A preponderance of descriptive research links foster care history in childhood with poor health outcomes in adulthood (Zlotnick, Tam, & Soman, 2012; Kääriälä & Hiilamo, 2017), much like seminal research linking adverse childhood events with chronic illness throughout the life course (Felitti et al., 1998; Norman et al., 2012). Pregnancy, infrequent use of contraceptives, and daily use of illegal drugs (Courtney et al., 2007; Stott, 2013), chronic illness such as diabetes and asthma, and mental health issues were higher among young adults with foster care histories as compared to peers (Centers for Disease Control & Prevention, 2017; Hornor, 2014). Evidence indicates poorer health outcomes among young adults formerly in foster care as compared to nonfoster care peers worldwide (Brännström, Forsman, Vinnerljung, & Almquist, 2017; Heneghan et al., 2015). The impact of social determinants compounds inequity. Compared to their peers, youth with foster care histories have higher rates of unemployment due to disability and lower incomes due to fewer educational degrees (Kääriälä & Hiilamo, 2017).

Disruption in social networks and attachment to caregivers, and struggle to develop social competency is common for youth in foster care health outcomes as compared to vulnerable peers. Disruptions in social competency and impaired attachment to caregivers intensifies the vulnerability of youth in and after leaving foster care. Impaired attachment to caregivers due to foster care placement, specifically nonrelative foster care placement in group homes and treatment facilities has been noted (Villodas, Litrownik, Newton, & Davis, 2016). Multiple placement disruptions are associated with inadequate treatment of anxiety, depression, and other mental and chronic health illnesses (Ellermann, 2007; Hornor, 2014) along with poor development of social competency (Tarren-Sweeney, 2013). Health outcomes may suffer as a result of disruptions associated with foster care history.

Young adults who have been in foster care may experience inequities similar to nonfoster care peers in lacking health insurance and experiencing unemployment, housing instability, anxiety, and depression. However, inequities are amplified for young adults who have been in foster care. For as much as evidence might suggest that those who have been in foster care may be similar to peers, an equal amount of evidence suggests that poor health outcomes are more pronounced than that of their peers. Evidence suggests that pregnancy, infrequent use of contraceptives, daily use of illegal drugs, chronic illness such as diabetes and asthma, and mental health issues were higher among young adults with foster care histories as compared to peers even when controlling for demographic variables associated with inequity (Centers for Disease Control & Prevention, 2017; Courtney et al., 2007; Hornor, 2014; Stott, 2013; Turney & Wildeman, 2016). Further, these young adults have a team composed of a social worker, an attorney, foster parents, and other advocates managing their health appointments and many life activities during foster care. Whereas nonfoster care peers may continue to have support after turning 18, leaving foster care at 18 years of age is accompanied by the shock of the responsibility of doing work that others have previously managed for them.

Understanding the context that surrounds poor outcomes of children in foster care, their families, and communities must be taken into account. A scoping review that described individual, family, and placement setting characteristics of youth in foster care worldwide revealed factors that are telling of the systems that contribute to poor outcomes (Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016). Chronic and behavioral health problems, coming from broken families characterized by poverty, mental illness, neglect, violence, and incarceration of at least one parent were common for elementary aged children in foster care around the world (Leloux-Opmeer et al., 2016). For this reason, many issues experienced by those in foster care many be shared by other vulnerable populations. However, and importantly, differences in health outcomes for those with foster care histories above and beyond their vulnerable nonfoster care peers need additional exploration.

A substantial body of research highlights the failure of the foster care system to protect the health and wellbeing of youth and the extension of this failure throughout the life course. Research that explores how young adults fare in addressing their own health and wellbeing after foster care is limited. Research, moreover, has not adequately considered how these young adults first experience seeking healthcare as adults. This study addresses this gap by exploring the lived experiences of young adults seeking healthcare services after they leave foster care. Understanding these experiences will provide richer insights on health outcome data for individuals formerly in foster care, enabling healthcare providers to better understand their experience and to better serve this population.

2. Purpose of the study

The purpose of this study was to explore the experience to seek healthcare by young adults who aged out of foster care. This study used van Manen's (1990, 2014) Phenomenology of Practice. A phenomenological study seeks to capture an experience in such a way that the description resonates with and provides the reader with insight about the experience. Description of the phenomenon of seeking healthcare among young adults who have been in foster care will lead to intervention development for young adults after leaving foster care. Further, healthcare providers who are aware of how young adults newly departed from care systems experience healthcare seeking can provide culturally sensitive care more relevant to the needs of their clients.