



## Defining and achieving permanency among older youth in foster care

Amy M. Salazar<sup>a,\*</sup>, Kevin R. Jones<sup>b</sup>, Jamie Amemiya<sup>c</sup>, Adrian Cherry<sup>a</sup>, Eric C. Brown<sup>d</sup>,  
Richard F. Catalano<sup>e</sup>, Kathryn C. Monahan<sup>c</sup>

<sup>a</sup> Department of Human Development, Washington State University, 14204 NE Salmon Creek Ave., Vancouver, WA 98686-9600, USA

<sup>b</sup> Dorothy Day Social Work Program, University of Portland, 5000 N. Willamette Blvd., Portland, Oregon 97203-5798, USA

<sup>c</sup> Department of Psychology, University of Pittsburgh, 210 South Bouquet Street, Pittsburgh, PA 15260, USA

<sup>d</sup> Department of Public Health Sciences, University of Miami, 1120 NW 14th St., Suite 1014, Miami, FL 33136, USA

<sup>e</sup> Social Development Research Group, School of Social Work, University of Washington, 9725 3rd Ave. NE, Suite 401, Seattle, WA 98115, USA



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### ABSTRACT

Permanency is a key child welfare system goal for the children they serve. This study addresses three key research questions: (1) How do older youth in foster care define their personal permanency goals? (2) How much progress have these youth made in achieving their personal permanency goals and other aspects of relational permanency, and how does this vary by gender, race, and age? and (3) What transition-related outcomes are associated with relational permanency achievement? Surveys were conducted with 97 youth between the ages of 14 and 20 currently in care. Over three-fourths of participants had an informal/relational permanency goal; however, only 6.7% had achieved their goal. Of eight additional conceptualizations of relational permanency assessed, the one associated with achievement of the highest number of key transition outcomes was *Sense of Family Belonging*. The transition outcomes with the most associations with permanency achievement were physical health and mental health. Relational permanency is a highly personal part of the transition process for youth in care, warranting personalized supports to ensure individual youths' goals are being addressed in transition planning. Permanency achievement may also provide a foundation for supporting youth in achieving other key transition outcomes.

## 1. Introduction

### 1.1. Background

Permanency is an important concept for children and youth with child welfare system involvement. The Adoption and Safe Families Act of 1997 laid the foundation for establishing permanency as one of three critical child welfare system goals, as it, along with child safety (Goal 2), is considered crucial for achieving child well-being (Goal 3). Permanency involves ensuring that children and youth having meaningful, enduring connections to a family or other long-term caring adults. In many cases permanency is a legal status, such as in the cases of adoption, legal guardianship, or reunification with one's biological family (i.e., *legal permanency*, or *formal permanency*). In fiscal year 2015, of the 243,060 children and youth who exited the foster care system, approximately half were reunified with their biological parents or primary caretakers, while an additional third were adopted, placed under legal guardianships, or were placed into the care of other relatives (US

Department of Health and Human Services, 2016). Approximately 9% of youth emancipated from the foster care system (or "aged out") without achievement of legal permanency. Youth who do not achieve legal permanency prior to aging out of the foster care system sometimes develop more or less structured *relational permanency* (also known as *informal permanency*) arrangements with relatives or other caring adults, such as those living with or receiving support from friends or family members but without a court order or other legally binding commitment. Relational permanency can come in many forms (for example, FosterClub's Permanency Pact tool offers 45 different types of supports caring adults may consider committing to providing youth, from providing a home for the holidays to being someone to talk to and discuss problems with; FosterClub, 2006), and can involve a wide variety of people, including biological relatives, non-kin supportive adults, people who have in the past been or continue to be paid service providers, peers, and romantic partners (Samuels, 2008).

Regardless of the type (legal or relational), permanency is a way to provide a secure foundation from which youth can engage meaningfully

\* Corresponding author.

E-mail addresses: [amy.salazar@wsu.edu](mailto:amy.salazar@wsu.edu) (A.M. Salazar), [jonesk@up.edu](mailto:jonesk@up.edu) (K.R. Jones), [jaa141@pitt.edu](mailto:jaa141@pitt.edu) (J. Amemiya), [ecb41@miami.edu](mailto:ecb41@miami.edu) (E.C. Brown), [rico@uw.edu](mailto:rico@uw.edu) (R.F. Catalano), [monahan@pitt.edu](mailto:monahan@pitt.edu) (K.C. Monahan).

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with the world around them. For older youth, it can provide the groundwork for preparing for and participating in adulthood and pursuing life goals. Studies have found that having meaningful, enduring relationships with caring adults is associated with a variety of positive adult outcomes for youth with foster care experience including increased postsecondary educational attainment (Salazar, 2012), having a bank account (Greeson, Usher, & Grinstein-Weiss, 2010), reduced risk of homelessness (Dworsky & Courtney, 2009), improved psychological well-being (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Johnson, Pryce, & Martinovich, 2011), and improved physical health outcomes (Ahrens et al., 2008). Furthermore, having at least one stable relationship with a committed, caring adult has been found to be the single most common factor in youth who develop resilience (Harvard University's Center on the Developing Child, 2016). Taken cumulatively, permanency achievement may play a key role in youths' successful transitions to adulthood.

Older youth in care are much less likely than younger children to achieve legal permanency (Bass, Shields, & Behrman, 2004). Because of this, much of the focus in the case management for older youth in care often shifts from working toward reunification and/or adoption to preparing youth to live independently following their transition from foster care to adulthood. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires the development of personalized, youth-directed transition plans for youth in care 90 days prior to emancipation (and some programs support youth in developing and working on these plans much earlier than this). Transition plans often address several key transition areas, including employment, education, housing, physical and mental health, financial stability, and enduring connections to caring adults (i.e., relational permanency) if legal permanency is unlikely. Thus, youth often must think about what permanency means to them and what permanency-related goals they want to set for themselves, and more actively seek out this support from caring adults who may or may not be related to them. One study of youth who left care without legal permanence (Samuels, 2009) found that creating one's own personal definition of permanence was one strategy that youth used for dealing with the instability and "ambiguous loss of home" that they commonly experience during their journey through and exit from foster care. However, while there is strong support in the field for helping youth build relational permanency (at least in principle), little is known about what permanency goals older youth in care have for themselves, or how they perceive their progress toward permanency achievement. In addition, while the importance of caring adults in youths' lives for meeting many transition-related goals is well established, little is known about what types of permanency achievement are related to the achievement of other key transition-related outcomes.

In addition to age (older youth less likely to be adopted, more likely to achieve reunification or guardianship), race (White youth less likely to reunify, Black youth less likely to be adopted), disability status (youth with disabilities less likely to reunify or have guardianship, more likely to be adopted), kinship placements (those placed with relatives more likely to have guardianship, less likely to be adopted), placement with siblings (those placed with siblings more likely to achieve all types of legal permanency), establishing early stability while in care (associated with higher likelihood of reunification and adoption), runaway episodes (youth with episodes less likely to achieve any legal permanency type), and mental health challenges (youth with challenges less likely to be reunified or adopted) were all factors significantly associated with legal permanency achievement (Akin, 2011). These findings are consistent with earlier studies that have identified race, gender, age, and disability as factors affecting the duration of children's stay in the child welfare system (Becker, Jordan, & Larsen, 2007; Kemp & Bodonyi, 2002). However, it is less clear how these factors impact relational permanency achievement.

Finally, as was stated previously, permanency is one of many transition-related outcomes that are given attention to as part of the

preparation of youth for the transition to adulthood. In fact, over the last several years, the Children's Bureau has begun collecting longitudinal data on cohorts of youth over the course of their transition from foster care to adulthood to assess how well youth are faring in these outcome areas through the National Youth in Transition Database. All of these outcomes (housing stability, educational attainment, employment, connectedness to caring adults, physical and mental health quality) are considered indicators of a successful transition to adulthood (Foster Care Independence Act, 1999). However, it is still unclear how youth-defined and other types of relational permanency achievement relate to various transition-related outcomes, or if achievement of certain conceptualizations of permanency, especially those that are relational rather than legal, are more strongly associated with positive transition outcomes than others.

## 1.2. Current study

This study addresses three key research questions: (1) How do youth transitioning from foster care to adulthood define their personal permanency goals? (2) How much progress do youth feel they have made in achieving their personal permanency goals and other conceptualizations of relational permanency during this transition, and how does this vary by gender, race, and age? (3) What transition-related outcomes are associated with various conceptualizations of relational permanency achievement among these youth? For Questions One and Two, we had no specific hypotheses as these questions were highly exploratory. For Question Three, we hypothesized that the farther along youth are in their permanency achievement, the more positively they are faring on other transition-related outcomes.

## 2. Method

### 2.1. Participants

Youth eligibility criteria for the larger study included (a) being between the ages of 14 and 22, and (b) being in the foster care system for at least six months in one urban county in the northeastern United States. This included youth who had already left the foster care system, but had spent at least six months in care in that county. Youth who met these criteria were identified by the county child welfare system. In order to facilitate a rapid data collection period, potential participants were contacted on the basis of proximity to the university where the majority of participant surveys occurred. There were two exceptions to this distance rule. First, group homes with eligible youth were invited as a whole to participate. Second, all individuals who had aged out of the system were eligible for enrollment regardless of distance from the research site.

A total of 330 youth (307 youth in care, 23 youth out of care) were contacted. Most (62.4%) of these individuals did not have valid contact information. Of those who were able to be reached ( $n = 124$ ), 84% ( $n = 104$ ) agreed to participate in the study. Basic demographic comparisons of the youth who refused to enroll in the study and those who agreed to participate revealed that the youth who refused to participate in the study were more likely to be in kinship care, but did not differ on age, gender, or whether they were currently in foster care.

This research was reviewed and approved by the Institutional Review Board of a large university in the northeastern United States. Because the county child welfare system is the legal guardian of these youth and gave permission for their participation, the Institutional Review Board provided a waiver of parent consent for this study, meaning that only youth had to agree to participate in order to be included in our sample. Surveys were conducted one-on-one by trained research staff and took approximately 1.5 h to complete. Youth received \$100 for their participation.

In-person surveys were conducted with 104 youth between the ages of 14 and 22. For the current paper, only those currently in care

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