



## Foster youth and drug use: Exploring risk and protective factors



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### ARTICLE INFO

#### Article history:

Received 27 September 2014

Received in revised form 9 July 2015

Accepted 9 July 2015

Available online 16 July 2015

#### Keywords:

Foster youth

Drug use

Disadvantage

Risk

Protective factors

### ABSTRACT

Substance use and misuse experiences of foster youth remain an under-researched area. Given that early use of drugs is said to be a common factor among 90% of those who develop substance misuse problems in their lifetime, this is an important area of academic study (Dennis, White, & Ives, 2009). By drawing upon primary empirical data from a mixed-methods study, this paper addresses an important gap in the literature and seeks to provide an improved understanding of foster youth, drug use and vulnerability. A total of 261 foster youth, who had exited care, contributed to a quantitative survey, and a further 35 provided qualitative narratives of their lived experience. Key risk factors including experience of homelessness, school exclusion and living setting are identified as strong influences that predict high levels of drug use among foster youth. Targeted social support and interventions in the form of pre-leaving care in the context of a strong practitioner/youth relationship are suggested to help ameliorate poor outcomes to obviate the problem of substance misuse among foster youth.

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### 1. Introduction

Youth leaving foster care face numerous and serious challenges in the process of transition. The negative experiences of instability among young people in and leaving care point to a range of severe disadvantage including housing, education and employment (Broad, 1998; Biehal, Clayden, Stein, & Wade, 1995; Wade, 2003; Barn, Andrew, & Mantovani, 2005; Courtney et al., 2011). Moreover, studies in Australia, USA, Spain and the UK have not only consistently documented a higher likelihood of risky behaviour among this vulnerable population (Barth, 1990; Barn & Mantovani, 2007; Barn & Tan, 2012; Chase, Maxwell, Knight, & Aggleton, 2006; Ward, Henderson, & Pearson, 2003) but also a problematic association between foster care, drug use and young people (Mendes & Moslehuddin, 2006; Del Valle, López, Montserrat, & Bravo, 2009; Allen, 2003; Braciszewski, Moore, & Stout, 2014). Thus, drug use which may become problematic is deemed to be yet another challenge among foster youth.

Although generalisations are often made about the high number of people with a care history among samples of drug users, understanding of drug use and foster care remains patchy. On the whole, many past studies have focused on prevalence and concluded that there are higher rates of drug use among foster youth than their peers in the general population (Jackson & Simon, 2005; McCrystal, Percy, & Higgins, 2008; Vaughn, Ollie, McMillen, Scott, & Munson, 2007; Ward et al., 2003). However, few studies have explored risks and protective factors specifically related to substance use/misuse and the care experience.

A U.S. longitudinal study found that poor quality foster care that included weak bonding, and a lack of supervision from caregivers were risk factors that resulted in increased drug use among young people in the care system (Cheng & Lo, 2011). Interestingly, although this study hypothesised an association between pre-care child maltreatment (risk factor) and drug use, this was not confirmed in its findings. However, the influence of pre-care experiences and risky behaviours among this group has been identified elsewhere (Darker, Ward, & Caulfield, 2008).

In a Canadian study, Guibord, Bell, Romano, and Rouillard (2011) found that while increasing age was associated with increased risk for drug use, protective factors that include perceived quality of youth-caregiver relationship appeared to protect youth against substance misuse. In particular, those who reported high caregiver monitoring were three times less likely to report moderate to high drug use compared with youth with lower caregiver monitoring (Masten & Reed, 2002; Wall & Kohl, 2007). Moreover, youth who reported greater problem-solving skills, positive emotion and behaviour regulation tended to demonstrate greater resilience when facing life adversity (Masten & Reed, 2002) and were less physically aggressive (Legault, Anawati, & Flynn, 2006). However, scholars have consistently noted that there is a lack of readily available services such as life-skill training or further education opportunities following young people's discharge from care and transition to adulthood (Stein, 2006). Thus, findings from these studies have demonstrated the significance of supportive networks, life-skill training and engaged relationship with a caregiver on reducing risk of drug misuse among vulnerable youth.

A multitude of vulnerabilities related to young people's experience in foster care is often described in terms of risk factors. This includes the social and psychological impact of placement instability, poor

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education outcomes, homelessness and youth crime (Allen, 2003; Taylor, 2006; Barn & Tan, 2012; Wincup, Buckland, & Bayliss, 2003). These circumstances could expose former foster youth to significant adversities during transition to adulthood such as unemployment and poverty, which have strong correlations with substance misuse (Feng et al., 2013; Henkel, 2011; Wincup et al., 2003). Specifically, research has indicated that the stability of placements appears to be important for the development of foster youth in that greater stability (e.g., fewer placements, and good quality care) is associated with less drug use (Aarons et al., 2008). Arguably, the cumulative effects of these risk factors may lead to higher rates of substance misuse among foster youth. However, a study by Iglehart (1993) failed to detect relationship between placement stability and drug use among youth in foster care system. Thus, the issue of placement instability and drug involvement among young people in the care system remain an open question.

In terms of ethnicity, there is some research evidence to show that White youth tend to be more vulnerable to substance misuse as compared with youth of African background (Guibord et al., 2011; Wall & Kohl, 2007). Specifically, it was found that youth of African background from poor families and living in high crime neighbourhoods tend to adopt tighter curfews which often promote resilience (Jarrett, 1995). Moreover, resilient adults who were former foster youth also reported better well-being, less school expulsion and fewer problems with the juvenile justice system while in care (Hass & Graydon, 2009). Youth living settings have been found to be linked to drug use activities. For example, in a study of over 400 older youth in foster care in Missouri, USA, Vaughn et al. (2007) reported that those in independent and congregate living settings were more likely to be using illicit substances. The nature of such settings (i.e. greater freedom, and behavioural issues/mental health) are said to generate their own risk factors that can contribute to high levels of substance use/misuse among youth in foster care (Havlicek, Garcia, & Smith, 2013).

Research literature has highlighted the relationship between mental health functioning and substance misuse among young people, in particular those involved in the public child welfare system (Havlicek et al., 2013; Vaughn et al., 2007). The rates of substance misuse were not only particularly prevalent among foster youth who were diagnosed with behavioural and psychological difficulties such as conduct disorder and post-traumatic stress disorder (Vaughn et al., 2007), but mental health problems and emotional difficulties were also often found to precede alcohol and drug use problems (Aarons, Brown, Hough, Garland, & Wood, 2001). Surprisingly, only a few studies have documented empirical evidence on the relationship between mental health status and substance misuse among youth in the public care system considering the relationship between increased period in out-of-home placement and prevalence of drug related problems (Guibord et al., 2011; Slesnick & Meade, 2001). Others have failed to establish a significant relationship between internalising problems (i.e. anxiety and depression) and drug involvement among young people (Helstrom, Bryan, Hutchison, Riggs, & Blechman, 2004; Stice, Kirz, & Borbely, 2002). Thus, the relationship between mental well-being and drug related problems, particularly among foster youth, remains unclear.

Studies on this particular population of foster youth are especially important, as these young people are preparing both for transition to adulthood and exiting the foster care system, where support networks and professional assistance may not be as readily available (Vaughn et al., 2007; Aarons et al., 2001; Barn, 2010). Previous research has sought to focus on key indicators that may generate risk or resilience understandings to help promote effective practice in working with vulnerable foster youth. However, our understanding of foster youth, drug use, and risk and protective factors remains rather fragmented. Crucially, there is also a lack of research that examines, simultaneously, the contribution of risks and protective factors related to in/post care experiences on family support, professional assistance, life-skill development and well-being on predicting drug use among foster youth.

Moreover, there is a dearth of a mixed-methods approach that captures understandings both quantitatively and qualitatively of this hard to reach group of vulnerable foster youth. This paper, therefore, seeks to make an important contribution to address this gap in our knowledge and understanding.

## 2. Method

Using a mixed-methods approach, this study sets out to explore the experiences and outcomes of young people transitioning from foster care to independence in six local authorities in England. A total of 261 young people who had left care participated in this study. The key focus of this paper is to understand the nature and extent of reported drug use among foster youth and the impact of in/post care experiences.

A quantitative survey method and purposive sampling approach were used to obtain a good cross-representation sample to ensure a range of young people from different age groups, ethnic backgrounds and gender distribution. The self-administered questionnaire included demographic, and other key questions about in/post care experiences and nature and extent of drug use in previous 30 days. The focus on previous 30 days was considered to be important in measuring current/most recent drug use. Risk factors measured included placement disruption, that is, a move from one foster home to another (1 = Once only to 4 = 10 times or more), homelessness since leaving foster care (1 = No at all to 5 = More than 1 year), unemployment since leaving foster care (1 = Yes, 0 = No), frequency of school exclusion during foster care, and current living situation (1 = Alone; 0 = Shared with others). Protective factors included completion of college education since leaving foster care (1 = Yes, 0 = No), support from family members as indicated by a total score based on frequency of contact with mothers, fathers, siblings and other relatives (0 = Not at all to 2 = Frequent), support from social service professionals in care based on a total score on help/advice on education, drugs and alcohol, sexual relationships, contraception, health and other matters (1 = Yes, 0 = No), and adequacy of preparation for transitions from foster care to independent living as indicated by a total score on assistance with budgeting skills, relationship concerns, career advice, housing, claiming benefits and cooking skills (1 = Yes, 0 = No). Higher scores in family support, living skills and professional support indicates more support from family members, greater life skills/help provided prior to and after leaving care, and stronger professional support in care. The respondents were also asked to report on perceived good physical and emotional health (1 = Yes, 0 = No). Questions on drug use were included in the survey where a list of legal drugs (i.e. alcohol and tobacco) and illegal drugs (i.e. cannabis, ecstasy, crack/cocaine, LSD, amphetamines, aerosol) was employed to record the nature and extent of foster youth's drug use in the past 30 days based on a 4-point Likert scale ranging from 0 (Never) to 4 (Almost daily). Higher total score in overall, legal and illegal drugs indicate more regular drug use among young people.

Predictive Analytics Software (PASW) Statistics Version 18 was used in the quantitative data analysis. Hierarchical regression models were computed to predict the likelihood of the involvement of foster youth in self-reported drug use – both legal and illegal drug use as a function of various types of risks and protective factors. Predictor variables were entered sequentially in blocks into the regression model. The analysis begins by first regressing young people's involvement in drug use on the demographical characteristics (e.g. age, gender and ethnicity) as control variables. In the second step, the various types of risks (e.g. total placement, homelessness, unemployment, school exclusion and living status) were added to the models. After controlling for these factors, the final step added the range of positive stimuli, namely family support (during and after care), professional support in care, living skills (during and after care), college education and well-being status.

Young people who engaged in the completion of self-completion questionnaires were invited to participate in one-to-one interviews and focus group discussions (FGDs). Focus group discussions (n = 8)

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