

Reflections From Foster Care Experiences

Blair Nell

Orange County Department of Social Services

April 16, 2014

Author's Note

This research was made possible due to the coordination and assistance of many individuals. A special thank you to Holly Kunkel, Director of Second Family Foundation, for making this project and paper possible. Thank you to Nancy Coston, Duston Lowell, Crystal Mitchell, and Denise Shaffer, of Orange County Department of Social Services, for your support in completing this research. Any remaining errors contained in this report are the sole responsibility of the author. Correspondence regarding this report can be mailed to Second Family Foundation, 157 East Franklin Street, Suite 6, Chapel Hill, North Carolina 27514.

While there is a great deal of literature on various aspects of child development and foster care, there is little known about how adults who spent significant time in foster care are fairing in today's world. To learn from those with experience, and more importantly, how they would alter the foster care experience today, the Orange County Department of Social Services (OCDSS), in coordination with Second Family Foundation¹, ventured to reach out to former foster youth. Data was requested from the North Carolina Division of Social Services (NCDSS) including identifying information (name, date of birth, gender, race, social security number, etc.) for every individual, that was at least 12 years of age and spent at least 6 months in foster care, over the past 21 years², in Orange County, North Carolina. The intention was to interview these individuals and get their responses to the following 3 questions:

1. What was most beneficial to you while you were in foster care?
2. What was least beneficial to you while you were in foster care?
3. What would have been helpful that did not happen while you were in foster care?

Interviews were conducted instead of trying to use a survey since this is the first attempt at trying to gather such information and researchers didn't want to restrict participants' responses in any way. It was thought that a process with a little less structure would provide the best opportunity for the details and experiences of former foster youth to be captured.

Researchers had access to two people finding services, LexisNexis and Intelius, as well as various internal systems within OCDSS, which included the Independent Living Services Program, who is generally thought to be responsible for tracking youth once they exit foster care. Considering the amount of confidential information researchers had access to, which included

¹ Second Family Foundation is a private operating foundation that partners with OCDSS and focuses on character development with teens in foster care in Orange County, North Carolina. (www.secondfamilyfoundation.org)

² Data was requested for 20 years (1991-2011) but data was split into 21 fiscal years.

participants' social security numbers, there were high hopes that individuals within the participant sample could be found and interviewed; however, researchers soon discovered that locating these individuals, even with the assistance of advance technology, was very, very difficult. It is important to note that this study focused on one unique county in North Carolina, and more research needs to be conducted in order to determine what can be learned from larger scale studies across the state and nation. However, even within this focus group study, there are important "takeaways" that can be extremely useful in helping to determine where social workers, policy makers, politicians and other governmental officials might focus their attention next when looking at the foster care system.

Original Sample

The final sample³ consisted of 241 participants, of which 53% were female and 47% male. Fifty-five percent were Black, 41% were White, 2% were Hispanic, and 2% identified as a race or ethnicity other than Black, White, or Hispanic. The age of participants ranged from 18 to 39 with a fair distribution across all age cohorts, other than the ages of 36-39, which consisted of about half the number of participants than the other cohorts. The majority of the study sample (47%) entered care due to neglect, with dependency being the second leading cause for placement at 37%, and abuse resulting in 5% of entries into care.

Researchers reviewed participants' paper files to assist with data collection and for reference purposes when looking at data from the NCDSS. Only the two researchers had access to participants' detailed information. Appendix A presents further details of the study sample

³ NCDSS originally provided information for over 500 participants but the data contained numerous errors. Individuals were removed from the sample due to age, type of foster care placement, low IQ/developmental disability (file review of IQ evaluations, usually 65 and below, or documentation that participant was not verbal or extremely handicapped, etc.)

such as the reasons for leaving foster care, the number of moves participants experienced, and the number of years spent in foster care.

Obvious First Impressions

There are some important factors to note about the study sample, such as the disproportionate number of Blacks represented and the high percentage of adolescents in care due to dependency. The study sample is consistent with national and local statistics and shows a disproportionate number of Blacks in foster care. According to the 2010 Census, Orange County's racial composition consisted of 74% Whites and almost 12% Blacks (CensusViewer). During the state fiscal year 2010 (July 2009 –June 2010), just over 40% (40.35%) of kids entering foster care in Orange County were Black (Duncan, 2013). This is concerning considering that only 12% of the child population in Orange County at this point in time was Black. There is extensive research regarding the disproportionate number of Blacks in foster care and the efforts made to prevent this trend from continuing. It is thought disparate access to employment, housing, and mental health services are some of the main contributing factors to date (Knott, 2010).

Along with the disproportionate number of Blacks present in the sample, researchers noticed what was thought to be a high rate of dependency experienced by sample participants. A child is found to be dependent when there is no parent, guardian, or custodian available to care for the child due to various reasons including but not limited to physical or mental illness, substance abuse, arrest, or natural disaster (Forsyth County, 2014). According to the U.S. Department of Health and Human Services (USDHHS), the majority of children (79%) maltreated in North Carolina are determined to be victims of neglect (USDHHS, 2013). With 37% of the study's sample in care due to dependency, researchers decided it was necessary to

further examine this statistic. After consulting with Child Protective Services Supervisor, Crystal Mitchell, researchers were enlightened about the county specific dynamics related to the judicial system that seem to impact the dependency rates in Orange County. Ms. Mitchell informed researchers that judges within Orange County thought it was best to try and move child welfare cases through the system with proficiency and effectiveness, and one way to make this happen was to allow parents to consent to a legal finding of dependency instead of neglect. For example, this means that a parent's substance abuse or mental health issues that lead to the maltreatment of a child could result in a finding of dependency rather than neglect, due to the fact it prevents them from appropriate parenting. Researchers looked further into the data provided by the University of North Carolina at Chapel Hill Jordan Institute for Families, and discovered that other surrounding counties had comparable dependency numbers, leading researchers to realize that the study's sample dependency rate of 37% isn't unusually high (Duncan et al., 2013). For comparison, researchers tried locating national dependency rates and discovered that dependency is not normally tracked at the national level and rather dependency reports and findings are often included in neglect statistics. The USDHHS Administration for Children and Families (2014) lists the four major types of child maltreatment as neglect, physical abuse, sexual abuse, and emotional abuse or neglect. Also, dependency is not included as one of the maltreatment types in the U.S. Department of Health and Human Services' *Child Maltreatment 2012* report (USDHHS, 2012). Therefore, comparing dependency rates on a county or state level is very challenging.

Finding the Former Foster Care Teen

Four different sources were used to try and reach research participants, including two different people finding services (LexisNexis and Intelius), LINKS (Orange County independent living services for foster youth), and an internal system within the Department of Social Services

(DSS). This last system accessed various databases including but not limited to child support, new hires, Work First, and food stamps. Researches started with the people finding service, Intelius, where professional connections allowed for more in-depth services than what is offered online to be used to assist in locating former foster youth. Researchers then moved on to using another people finding service, LexisNexis, compliments of OCDSS. LexisNexis led to 5 additional interviews before researchers consulted with OCDSS to access internal systems to try and assist with locating participants. The internal systems within OCDSS led to a total of 24 interviews. During the course of the research, over 480 phone calls were made in attempt to try and reach participants.⁴ The majority of the numbers (55%) were found using LexisNexis, however the internal system at DSS yielded the highest number of interviews.⁵ In a technologically connected world, the fact that researchers were unable to locate or reach more than 20% of the participant sample⁶ leads researchers to believe that many former foster youth are struggling to successfully integrate into today's society.

Interview Sample

By the close of the study, researchers were able to interview a total of 39 participants (16%), 72% female and 28% male. Approximately half (51%) were White, 41% were Black, 3% were Hispanic, 3% were Bi-racial (Black and White), and 3% were unknown. The distribution of participants' age is similar to the overall study sample with 28% of the sample falling between

⁴ During the initial phone call, participants were asked to provide a time that researchers could call back that was convenient for the individual to make sure participants wanted to participate in the interview and didn't feel pressured to do so. Less than 5 interviewees scheduled their interviews for a later time, with other participants deciding to go ahead with the interview. Twenty-eight percent (136) of numbers called were disconnected and 21% (103) were the wrong number.

⁵ Overall, the number of participants' contact information provided by the 4 sources were: Lexis Nexis = 154 participants, Intelius = 101, OCDSS = 82, LINKS = 22.

⁶ Approximately 48 out of 241 (19.9%) participants were reached during the call process. This means either an interview was conducted or a message was left on a voicemail that stated the participant's name. In some instances, a relative answered and said the participant wasn't home at the time and researchers were unable to reach them with further attempts. Thirty-nine participants were willing to participate in an interview.

the ages of 18 and 21 and only 5% of interviewees being between the ages of 36 and 39. Neglect was the leading cause for entry into care within this sample, at 56%, with dependency following at 26%. The majority of the interview sample (56%) aged out of care and 18% were reunified with their family. The interview sample was fairly representative of the overall study sample with the exception of gender and race; both males and Blacks were underrepresented. Lastly, 42% of the interviewees were reached using DSS's internal system meaning that many are or were still relying on public assistance in some way. Please see Appendix A for further details.

What Former Foster Teens Had to Say

Responses to interview questions were recorded by a single OCDSS researcher in order to ensure confidentiality and continuity. Considering there were 115 unique answers to the three separate questions asked, the most commonly discussed ideas and concerns noted by interview participants will be reviewed. Appendix B lists further details about participants' responses.

Listening to the stories and memories of 39 individuals that experienced foster care was very moving and provided a great amount of insight into the challenges faced by all parties involved in making foster care a better place for kids. It was very clear that if an individual had a social worker that he/she felt was responsive to their needs, they noticed, appreciated, and remembered the services provided to them. Thirty-eight percent of interviewees felt a social worker was the most positive part of their foster care experience. Even after many years had passed, many interview participants could recall their social worker's name and some even remembered their worker's supervisor. Surprising to researchers, was the number of respondents (23%) that mentioned how their entry into care was the best thing that ever happened to them, making statements like, "Foster care gave me a real chance at life."

Interview participants noted many challenges faced while in care, but the most common response given related to being away from one's family, with 33% stating this as the most challenging part of foster care. Although many of the homes these youth were removed from were unsafe and often chaotic, the participants struggled with missing their families and having to adjust to a new home, along with a new family, with different rules and expectations. Many respondents (21%) discussed being unhappy with the overall conditions of the foster home and having difficulty getting along with other foster kids placed in the home. Several interviewees recounted a general sense of instability; discussing the feeling of never knowing where they were headed next or what school they would attend from week to week. Lastly, 15% of those interviewed mentioned that one of the most difficult things about foster care was not being able to have a typical teenage experience, which they felt included milestones such as sleepovers, participating in extracurricular activities, dating, going to prom, and learning how to drive.

Recommendations From Former Foster Youth

Participants made several recommendations and suggestions as to what could have made their experience in foster care better and how foster care can be improved. The most frequent recommendation, made by 44% of all respondents, was the need for more thorough investigations of foster homes. Interviewees detailed how foster parents were often deceitful, acting differently when social workers visited the home. Participants discussed being treated different than other biological kids in the home and often feeling as though foster parents only took kids in to get money from DSS. This recommendation was voiced by a wide variety of participants; some have gone on to complete college and graduate school, while others are unemployed or involved with the criminal justice system. Regardless of where they currently are

in life, these individuals were able to eloquently discuss their belief that foster parents need more extensive training and scrutiny before being trusted to care for foster children.

Where are They now?

Interviewees' information such as employment status, marriage status, whether or not one had kids, and where interviewees were currently residing was not collected. If participants offered these pieces of information during their interview, then the interviewer made note of these details; however, the interviewing researcher was required to stick to the three agreed upon questions listed at the start of this paper.

Completing 39 interviews shed light on the challenges faced by many former foster care youth and the resiliency and strength possessed by so many. Many interview participants were unemployed and discussed their desire to either find a job or go back to school. Some had attempted to complete additional education after high school but were struggling to juggle work and school, and sometimes being a parent. A few interview participants completed college and one participant completed graduate school. Many interviewees were parents and some mentioned being married or being in a committed relationship. A few discussed their criminal history and the desire to stay out of trouble, do what is right, and find work. Many interview participants mentioned either having little or no contact with their biological family and those that discussed having contact often described it as strained or dramatic.

It is important to remember that these are the participants that researchers were able to track down and speak with. One might find it very concerning to think about the others who were not located and the situations and challenges they might be facing. In the end, researchers along with

the child welfare community have limited information about how foster care alumnae are fairing as adults and the most effective way to reach them.⁷

Criminal Record

Research shows that youth transitioning out of foster care are not necessarily at an increased risk for criminal activity when compared to their peers but are at an increased risk of being arrested (Courtney et al., 2011). Within the first couple of years after aging out of foster care, 25% of youth are incarcerated (Krinsky, 2010). Researchers used the North Carolina public offender system along with LexisNexis to gather information related to participants' criminal history and found that a total of 86 (36%) participants had a criminal record. Sixty-nine participants (29%) had a criminal record in North Carolina, 10 participants (4%) had a criminal record in both North Carolina and another state, and 7 participants (3%) had a criminal record in a state other than North Carolina. Considering there are around 1.6 million people in North Carolina with a criminal record, equaling about 16.7% of the population, the study sample criminal record rate of 36% is quite concerning (North Carolina Justice Center, 2010). The majority of the participants (47%) with a criminal record had committed a combination of violent and non-violent and a total of 40 participants (17%) are either currently incarcerated or have spent time incarcerated since the age of 18. Please see Appendix C for more details.

Healthcare Coverage and Economic Services

According to the U.S. Department of Health and Human Services (2012), youth aging out of foster care are more likely than their peers to face significant health challenges and are less likely to have health insurance. A federal option became available through the Chafee Foster Care

⁷ The Administration for Children and Families created the National Youth in Transition Database (NYTD) to track the independent living services provided to youth and to capture the demographic and outcome information on certain foster youth over an extended period of time. There is Wave 1 data but no analysis information is available at this time.

Independence Act of 1999 that granted states the option to extend Medicaid coverage for youth aging out of foster care until the age of 21. Starting in 2014, the Affordable Care Act extends Medicaid coverage for foster youth aging out of care to the age of 26. Unfortunately, even with healthcare and dental coverage being offered to more foster youth, many of these individuals face challenges that prevent them from keeping healthcare coverage. States have differing rules and enrollment procedures related to Medicaid coverage for former foster youth. For example, North Carolina requires individuals to complete paperwork that is mailed to them on a yearly basis in order for Medicaid coverage to go uninterrupted. Research shows that youth aging out of foster care are a transient population that lack stable housing and often move several times within a year. If these individuals fail to consistently contact social services with their current address or if they move to another county or state, their Medicaid coverage will lapse. When considering the participants in this study, researchers found that 57% of study participants had Medicaid coverage at some point after leaving foster care and 26% currently have Medicaid coverage. The interview sample had a slightly higher percentage of both past and current Medicaid recipients with 49% currently having Medicaid and 74% having had it at some point in the past. Perhaps the individuals interviewed are more likely to have a phone, stable residence or job and this would make it easier for them to maintain Medicaid coverage.

In addition to healthcare coverage, many former foster youth receive government assistance such as Work First, North Carolina's Temporary Assistance for Needy Families program. Started by Governor Jim Hunt in 1995, Work First focuses on helping to keep families from relying on welfare for extended periods of time by placing emphasis on employment and other factors. In order to qualify for Work First, one must either be pregnant or responsible for a child under the age of 19, living in poverty, and either be unemployed or under-employed. The maximum Work

First payment for a family of two is \$236/month. This rate has not changed since 1996. Forty-one (17%) research participants have received Work First benefits at some point in time and 39 (82%) of these participants are women. One could assume by simply looking at the numbers that Black women are fairing worse than other groups since, according to the research conducted during this study, Black women are more likely to receive Medicaid and Work First benefits.

What We Learned

After researchers reviewed the data from the NCDSS, it was obvious that the data system was never designed with the intention to be queried. It appears that a lot of data was organized and tracked in a way that allowed funding and dollars to be followed but wasn't conducive to research. This same issue of finding reliable and valid data was noted by researcher, Mike Fliss, in a Second Family Foundation report titled, "*A New View of Foster Care Data: An exploratory report on using longitudinal analysis of North Carolina data to measure foster care outcomes*" (Fliss, 2013). In order for appropriate and effective interventions to be put in place to improve the foster care system, researchers must first be able to have accurate data to study and interpret. A current database that could accurately convey the most pressing issues faced by the foster youth of not only Orange County, but across the entire State of North Carolina, might save taxpayers, counties, and the state, significant amounts of money and valuable resources.

Another concern that must be addressed is the lack of available foster homes within communities. It is imperative to note that the focus cannot simply be on the number of homes available, but must also address the quality of the foster care experience that is being provided within the home. It is widely known that finding foster homes for children can be extremely challenging and fostering requires a tremendous amount of sacrifice and dedication. The child welfare community, including but not limited to social workers, law enforcement, educators,

medical professionals, policy makers, and government officials must work together to determine the most effective and appropriate ways to recruit and train qualified individuals and families to become foster parents. Foster parents play a crucial role in providing a sense of security and hope to many children and teens that have been let down by so many.

Lastly, this project was a great reminder of the importance of speaking directly with foster care alumni when assessing what can be done to improve the lives of youth in care. All participants that researchers were able to reach were more than willing to discuss their experience with the foster care system and make recommendations about how the system can be improved. It is imperative that child welfare professionals and policy makers prioritize working with current and former foster youth when looking to improve foster care.

References

- CensusViewer. (2012). Retrieved July 17, 2013, from <http://censusviewer.com/county/NC/Orange>.
- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at the University of Chicago.
- Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2013). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.1). Retrieved July 19, 2013, from University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/>
- Fliss, M. (2013). A New View of Foster Care Data: An exploratory report on using longitudinal analysis of North Carolina data to measure foster care outcomes. Retrieved February 14, 2014 from http://www.secondfamilyfoundation.org/Contact_Us.html.
- Forsyth County. (2014). Retrieved February 14, 2014, from http://www.co.forsyth.nc.us/dss_child_protect_abuse.aspx.
- Knott, T. (2012). African American disproportionality within CPS and disparate access to support services: Review and critical analysis of the literature. *Residential treatment for children and youth*, 29, 219-230.
- Krinsky, M.A. (2010). Disrupting the pathway from foster care to the justice system – a former prosecutor’s perspectives on reform. *Family court review*, 48, 322-337.
- North Carolina Justice Center. (2010). Retrieved February 24, 2014, from <http://ncjustice.org>.

U.S. Department of Health and Human Services: Administration for Children's and Families.

(2013). Retrieved July 22, 2013, from <http://cwoutcomes.acf.hhs.gov/>

[data/tables/mal_typeofchildvictims?states\[\]=34&state=®ion=](http://cwoutcomes.acf.hhs.gov/data/tables/mal_typeofchildvictims?states[]=34&state=®ion=).

U.S. Department of Health and Human Services: Administration for Children's and Families.

(2012). *Child Maltreatment 2012*. Retrieved February 14, 2014, from <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012>.

[gov/programs/cb/resource/child-maltreatment-2012](http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2012).

U.S. Department of Health and Human Services: Office of the Assistant Secretary for Planning

and Evaluation. (2012). Retrieved January 15, 2014, from [http://aspe.hhs.gov/hsp/13/](http://aspe.hhs.gov/hsp/13/ChafeeMedicaidReport/rpt2.cfm)

[ChafeeMedicaidReport/rpt2.cfm](http://aspe.hhs.gov/hsp/13/ChafeeMedicaidReport/rpt2.cfm).