DISSERTATION

YOUTH AGED OUT OF CARE: THEIR PERCEPTIONS OF THEIR EXPERIENCES IN OUT-OF-HOME CARE

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ABSTRACT

YOUTH AGED OUT OF CARE: THEIR PERCEPTIONS OF THEIR EXPERIENCES IN OUT-OF-HOME CARE

Child out-of-home care in the United States is dating back to the early nineteenth century. Since then out of home care has taken different forms and shapes. This journey of evolution has been combined with a lot of controversy due to the ongoing debate over the best interest of child within the continuum of care. This continuum of care ranged from the most restrictive approach represented by residential care, to the least restrictive approach, represented by kin ship care or foster family. Ironically, the out-of-home care literature in The United States as well as in the other western countries, indicates its poor outcomes when it comes to education, employment and housing. This study drew attention to the importance of social support, educational support, and family-like practices to improve outcomes for youth aging out-of-care. Suggestions by the youth on how to improve out-of-home care were also collected and reported. Significant differences were found between each of the concepts of social support, family-like experiences and total support and the length of time in out-of-home care. Those youth with fewer years of out-of-home care reported more support. Social relationships also were stressed among children, peers, caregivers, and professionals due to the influence they may have on cared-after children lives. Findings may fill some of the gap in the literature available on social relationship dynamics in out-of-home care environments. Findings may also help caregivers and professionals understand social relationships dynamics and their effects on ageing out of care youth outcomes.

Suggestions were provided to policy makers and decision makers in providing the needed services to children in foster care.

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CHAPTER 1 – INTRODUCTION AND BACKGROUND

Historical Background

Traditionally, in most societies, when parents are unable or incapable of providing care for their children, informal care, typically, care by kin, fills the void. Although an informal type of care gets the job done, in some cases, foster care, in its different forms, progressively takes the lead providing formal supervised care.

In the United States, foster care can trace its roots back to the nineteenth-century and the 'boarding out' of children to district schools and penitentiaries as institutional care (Davies, 2000). After World War II, and with growing disappointment with institutional care, the family style alternative began to gain prominence. Initially, the emerging family style was considered a long-term alternative and depended on the charitable nature of foster families.

> Foster care is intended to be short term. However, missed reunification and other permanency timeframes often extend a child's stay in the system. Children generally stay in foster care either for less than one year, or for three years or more. Around 15% of children who enter foster care remain in care for less than five days. A similar percentage of foster children spend more than six years in care (Foster, 2001, p. 25).

After World War II, foster care provided short-term, focused care. This move followed more closely with professionals' preferences of earlier decision making and more permanent foster care to provide continuous relationships and care stability. Later, there was a shift in order to secure good psychological parenting that allowed for continuity of consistent relationships and nurturing secure and healthy childcare (Davies, 2000). Those conditions paved the path for more professional and therapeutic treatment styles. Foster care began to emerge as a contractual interaction, when caretakers were monetarily compensated. According to Ruch, Turny and Ward (2010), what was achieved was to change the ethos of the professional intervention from one of

trust, to that of a contract culture where everyone involved, from providers and purchasers customers (people), only related to each other through contractual obligations that had been agreed upon with guidelines and procedures. A manual acted as a defense against the anxiety of not knowing.

Today, foster care tends to integrate traditional child-rearing with therapy. This approach represents a shift toward supporting the family rather than replacing it. However, tensions in foster care still are far from being wholly resolved. As Davies (2000) states, debates about placement and duration of fostering still remain. A child may stay in care for several days or years. Davies added that long-term placement success is associated with age, pre-placement history, culture, and the child's sense of personal identity.

Child welfare, in general, is known as a resource for families facing difficult conditions caused by natural disasters, loss of a breadwinner, and concerns with neglect and/or abuse. Since the early 1970s, child safety, reunification, and permanency continue to be the ambitious goals of the United States' Child Welfare System (Bates, English, & Kouidou-Guiles, 1997). This raises a policy dilemma of choosing between two goods: family preservation versus child protection. Another example, based on data from statistics regarding children in foster care in the United States shows that there was an increase in the foster care population in the last decade of the last century from 400,000 in 1990 to 567,000 in 1999. However, number decreased in 2012 to about 397,000. By the year 2014, the number increased again to around 415,000. This means children's rate in foster care was 6.2, 8.1, 5.4, 5.6 per 1.000 children in 1990, 1999, 2012, and 2014 consecutively. Statistics also showed that 46% of the U.S. foster children in 2014 were in non-relatives' homes; 29% were in kinship foster homes, 14% were in group homes or institutions, 4% were in pre-adoptive families, while others were in other type of facilities (child trends data

bank foster care indicators on children and youth 2015. (n.d. p. 3). Retrieved December 31, 2017, from file:///C:/Users/User/Desktop/Articles%202018/12_Foster_Care.pdf)

Considering the need to protect children from neglect and abuse, however, the magnitude of the problem should be noted. It is imperative to show the size of the problem and the extent to which American children are placed in out-of-home care, even though removing a child from his family into out-of-home care can potentially be emotional and agitating for all involved. The residuals of such an encounter can have lingering effects that can influence life performance, no matter the age. The after effects can certainly manifest themselves in the feelings of guilt, shame, abandonment, and isolation. Consequently, failure can certainly influence children's personal behaviors and performances from childhood, to adolescence, and into adulthood (Crosson-Tower, 2013).

Child care history is incomplete without a review of this ongoing, decades long debate about the trade-offs between institutional care, residential care, and less restrictive alternative forms of care. More importantly, the author believes that foster care providers should pay more attention to ensure children feel a sense of family, regardless of the type of care in which children are placed. Children should be aware of the importance of family-like experiences, including social and educational support on an everyday basis, as this has the potential to secure youth's positive education, employment, and living status outcomes. Colburn, Fahlberg and Lodge (1990) pointed out, "Only with the support and permission of the family is the child free to resolve the past and move forward with positive change" (p. 222).

Social factors. Historically, residential care is negatively perceived as punitive separation. Workhouses in England are a good example, which stopped only around the mid twentieth-century (Care of Children Committee, 1946). Another drawback for residential

children's homes is that they have historically been considered to be an option mostly for children from low social classes. The anti-institutional movement in the 1960s asserted this stigmatization issue (Goffman, 1961).

Background on Residential Versus Foster Care

Children's life experiences in residential facilities and group homes are more than merely a one-hour therapy intervention per day or per week. It should be seen as a whole experience of life, involving family-experiences, educational support, and social support that builds cared-after children relationships with professionals, care workers, staff, and peers. It should focus on the positive role that personal social relationships may play, especially in residential facilities as well as less restrictive types of foster care. Trieschman, Whittaker, and Brendtro (1969) indicated that residential care was said to:

> bridge somewhat the gap that exists between the theoretical expertise of the professional clinician on the one hand and the very practical, often mundane problems of those who live with the children for the 23 hours apart from the therapy hour (p. xii).

Residential Group Care

According to Downs, Moore, and McFadden (2009), in the public arena, the term residential care is linked with large orphanages which prevailed in the nineteenth century and the first half of the twentieth century. They added,

> residential care, broadly defined, includes any congregate care facility that is owned or leased by an agency and licensed or certified by the designated state organization. In most cases, these facilities are staffed by rotating shifts of employees on a 24-hour basis. (p. 300).

As cited by the Child Welfare League of America (2005), the authors present family-staffed residential care facilities with concentrated staff support as a way that may reduce what they called the policy bias that favors family care over institutional care. This is due to the

capacity of these facilities to meet children's needs who are unable to do well in traditional family foster care. They point to examples of these facilities, including:

> group homes within residential communities, campus-based group homes or cottages, boarding schools, residential treatment facilities, emergency shelters, short-term diagnostic care, detention, and secure treatment facilities. These facilities provide a range of services to children with varying conditions or behaviors--counseling, education, health care, mental health services, daily living skills training, advocacy services, and general support for positive youth development (p. 300).

Agency group homes. Group homes mostly serve adolescents, classically in a large house owned or rented by an agency in a residential area in the community. Staff are viewed as counselors more than foster parent; some group homes are owned by married couples which provide young people with family-like environment (Downs et al., 2009). Additionally, group care facilities encompass these categories: correctional institutions, treatment facilities, residential drug and alcohol programs, facilities for children and youth who have developmental disability, and private boarding schools (McFadden, 2009).

Family Environment and the Need for Human Relationships

Family is the natural social unit that offers what is identified as a normal environment for human rearing development. According to Gumińska and Zając (2015), the family is leading a process of structuring and restructuring experiences that fashion its members' development process. The family does this as a life environment for its members through their different life stages. The authors added, "family members relate with each other, live together, experience and take care of each other. They lead to the optimal satisfying [of] their needs and [of] harmonizing them" (p. 33). Gumińska and Zając (2015) highlight that:

> The systematic approach defines family as a complex structure of a group of people depending on each other, creating their own reality. Connecting their emotional ties, they form individual and total interactions fulfilling common aims and tasks. In order to interpret a family in the systematic approach the family members have to be known, the changes in their development need to be understood and the relations between them have

> to be noticed. The family interaction has a special meaning for its members' and an individual's development due to its length, intensity and repeatability… Additionally, close relations in a family create optimal conditions for a cognitive, affective experience and evaluation of an individual in a family unit (p. 33).

Social Skill Gaps. Children in out-of-home care may miss the opportunities to learn about the social skills they need for proper interactions with others in every developmental stage in their lives. This is supposed to be filled by intervention, treatment, or therapy programs in different settings in which they may be placed. As Colburn, Fahlberg and Lodge (1990) explained, a regular family setting offers a learning environment for children to communicate, to share, to solve differences, show feelings, exchange ideas, take risks, and trust. The author added that in most residential settings, children may not be able to learn these essential skills.

Normal families may be successful in transferring these social skills to their children because they are committed to their children's discipline process on an everyday basis. They will not allow for this learning process to be interrupted by peers, the media or any other intrusive influence. Also, this happens in a secured and supportive environment with follow up from family members' contribution to the achievement of shared goals.

Relationship-based social work practice with children in out-of-home care.

Children in out-of-home care may have a greater need for relationship-based social work. When removing children from their family, friends, neighborhood school and community, children miss many social relations that they might have in these settings. They are placed in a different environment where it may take them an extended time to build new relationships. This situation may require more attention from all professionals; not only from social workers to sustain human relationships with children in foster care settings. One may also notice that the more restrictive the setting, the more children look for social relationships. For instance, children

in residential or institutionalized care may be in greater need of relationships than children in kinship, or adoption care.

Ruch et al. (2010) concluded that relationships are fundamental to effective social work practice, but are emotionally arduous because it calls for engagement, openness, and a commitment of oneself. They added these needs require proper preparation for social workers from social work education. Relationships go beyond technical competencies to the imagination and the capacity of working with human relationships. They emphasize empowering relationships that can help susceptible or emotionally injured people to positively challenge themselves to improve their lives. The authors believe in a relational method to direct practice. They end their book with this quote from a social worker, "Relationships are crucial; it's not about structures, it's about making it work out there for children" (Ruch et al., p. 246).

Gumińska and Zając (2015) conducted a narrative interview with a female respondent, aged nineteen, who had left a care system three months prior to the interview. They shed light on her perception, experience, and thoughts about her family. Emphasizing the importance of authenticity and not the number of the respondents, the authors thought that a narrative interview enabled them to show the meaning, sense, and quality that this young woman gave to her family life. Her family had a chronic crisis due to her father's addiction and her mother's suicide when the respondent was nine years old. The study's aim was to understand how the respondent perceived and valued her life before, during her placement, and in the future before she had her own family. The young woman described her experience as:

> [W]e wanted to be altogether. I knew that it was poorly, we had nothing to eat, we were dirty, it was really cold at home but we would rather to stay at home. I thought that my father was not bad because he had never hit us. When we were already in the centre my brother was important for me. He was the youngest and I realised that he hurt the most because he really loved and respected our father. I wanted to come back home and I truly believed that our father would change for us (Gumińska & Zając, p. 38).

Due to the nature of professional staff working in shifts, Downs, Moore and McFadden (2009), believe that compared to family home settings, youth in group care may develop diluted relationships with adults that result in their feeling that they do not need close personal relationships. The energy here is directed towards the learning processes. However, it is time to ask youth, themselves, whether or not they have an interest in developing close human relationships with adults while being treated in group settings. The authors gave more weight for the development of peer relationships in group care to build fruitful relationships. This can also be verified through hearing from youth about their experiences.

Client-professional boundaries and relationship in out-of-home care settings.

The issues of the client-professional relationship are more studied in the field of nursing than social welfare, particularly related to children in out-of-home settings. In western countries, professionalization is clearly valued in many fields and foster care is one of them. Kjeldsen and Kjeldsen (2010) indicated,

> The term 'professional' is being increasingly used in Denmark to describe the work of foster carers. To some observers, this is seen as provocative since foster care is supposed to provide a surrogate family but when current developments are viewed dispassionately, it is clear that the professionalization of foster care is already underway (p. 58).

Social work practice and human services relationship-based practice cannot be denied in helping to get its task done. However, as Ruch et al. (2010) concluded, "Developments over the past two decades have pushed the relational aspects of practice to the margins, the limitations of practice that fails to embrace sufficiently the role of the professional relationship are beginning to be recognized and responded to" (p. 28).

Therapeutic Focus in Foster Care

As described by Frances and Jones (2014) the therapeutic work in the child care system mainly relies on manuals like the Diagnostic and Statistical Manual of Mental Disorders (DSM). While a manual like this has been reviewed and improved upon almost every year, there are critiques to its use. The authors stated:

> Up until now, social workers have depended on the Diagnostic and Statistical Manual of Mental Disorders (DSM) as the primary diagnostic classification for mental disorders. However, the DSM-5 revision includes scientifically unfounded, inadequately tested, and potentially dangerous diagnoses that may lead them to question its integrity and to find alternatives (p. 11).

Among the cases of professional disciplines which use the DSM, social workers comprise the biggest sector. As cited in Frances and Jones, 250,000 social workers use the DSM out of 500,000 mental health professionals in the U.S. (Center for Health Workforce Studies, 2006); compared with 120,000 mental health counselors (American Counseling Association, 2011); and 38,000 psychiatrists (American Psychiatric Association, 2011). The authors concluded that the increased number of social workers using the DSM has its effect on the process of assessment, diagnose, and treatment plan.

The DSM may cast its shadows on the practice of therapy in foster care. Unquestionably, this will affect the relationships among professionals and children in foster care. How professionals respond to children's needs can be molded by manuals like the DSM. Therefore, therapeutic approaches must pay more attention to social relationships that could be involved in any practice of therapy. Flood (2010) investigated the use of therapy in school using the Life Space Interview (LSI) in a New York public high school and showed that it is extremely important for students who have social/emotional, problem solving, and self-regulation problems to have a chance to make their voices reach adults in within the school system (Flood, 210).

This can be true for youth aging out of care who were students in public schools and might have been in urgent need for caring social relationships in the school environment, as well as in their placements. Their need for relationships may be greater than their counterparts from students who still live with their own families.

There is an array of therapeutic approaches in foster care like "individualized psychotherapy, trauma therapy, behavior modification, play therapy, milieu therapy, group work, and positive peer culture" (Downs et al., 2009, p. 301). Therapeutic programs may have the potential to improve the quality of work of people who work with at risk children. According to the Family Life Development Center (2010), the Therapeutic Crisis Intervention (TCI) is one of many programs provided by The Family Life Development Center (FLDC) in New York whose mission is to improve the lives of children at risk and to support their families and the agencies that help them. The program helped direct staff increase their knowledge, techniques, confidence, and team work that facilitated a decrease in children's most aggressive behaviors and reduced the use of physical restraint interventions. While indicating that 404,425 American children were placed in foster care, quoting the 2010 Adoption and Foster Care Analysis and Reporting Systems, Lewis (2011) noted that:

> Many of these children wind up in therapists' offices during some point of their foster care stay, sent by well-intentioned caseworkers who are hopeful that therapy will minimize problematic behavior. The therapists, told to "fix" the problem, often have minimal information about the emotional and litigious process of foster care and the crazy-making paradoxes that are inherent to the system's structure. Without a guide, frustration and resignation are often accompanying feelings for therapists, as symptom reduction is hard to come by and the work feels more inert than transformational (p. 437).

Colburn, Fahlberg and Lodge (1990) pointed out that in residential treatment, a diversity of therapeutic services are provided such as "individual therapy, family therapy, academic remediation, recreational therapy, and peer group socialization skills" (p. 10). They added that

this helps children's development when these services are provided in a way that allows for close interpersonal relationships and brings to mind family life. Reflecting on a camping experience in the Rocky Mountains, the authors believed "the most important ingredient in the successful treatment of emotionally disturbed children is the development of close interpersonal relationships" (p. 11).

Medication. There are concerns in the foster care literature about the use of medication with cared-after children, when compared with children living with their families. While using drugs to deal with psychological issues may help children, it is crucially important to think about some other creative paths to deal with these problems and spare the children the side-effects of the excessive use of medicines. "The use of psychotropic medications by children and youth is an issue confronting parents, other caregivers, and health care professionals across the United States" (Texas Department of Family and Protective Services, The University of Texas at Austin College of Pharmacy, 2013, p.3).

The Texas Department of Family and Protective Services, and The University of Texas at Austin College of Pharmacy (2013) noticed that, on the whole, children and youth in out-of-home care have various needs, together with those related to emotional or psychosomatic stress. The authors stress the factors and difficulties that should be taken into account when dealing with cared-after children due to the multiple problematic elements they are facing, like attachment problems, mood regulation, and behavior regulation as examples of areas of malfunctioning. They also add unavailable birth family history, unavailable child psychiatrists in some areas of the state, difficulties in building rapport, and the need for immediate decisions indicate the requirement for "treatment guidelines and parameters regarding the appropriate use of psychotropic medications for children and youth in foster care" (p. 3).

As cited in Cohen, Lacasse, Duan and Sengelmann (2013), Raghavan et al. (2005) stated that "Children residing in foster care have been found to receive psychotropic medications 2–3 times more frequently than other children of similar ages" (p. 284). After a two-year investigation of approximately 100,000 foster children in Florida, Massachusetts, Michigan, Oregon and Texas a report showed that more than 25% of these children were prescribed at least one psychiatric drug. The report added: foster children were prescribed drugs five times more than their peers in non-foster children.

In 1960s, there was a significant scientific and cultural shift in tackling psychological issues from depending on drug usages to what now is known as talking therapies (Walker, 2012). This may reflect the diversity of the fabric of out-of-home care and its nature of everyday relationships and interactions among children, professionals, and caregivers.

Understanding Out-of-home Care Children Characteristics and Outcomes

Characteristics of children in residential care. Children in residential care have a variety of traits that contribute to their special needs. According to Malia, Quigley, Dowty, Danjczek, (2008) most of these children:

> have come to care having faced multiple adversities. Sexual and physical abuse are certainly heinous acts perpetrated against children, but a lack of attention to emotional needs, poor educational experiences, and environments characterized by crime, poverty and drugs also contribute to the myriad of issues and anxieties these children face (p. 46).

Child abuse and child neglect are primary reasons for removing children from their homes and for placing them in out-of-home placements.

Out-of-home child care outcomes. The problem of negative outcomes for youth leaving the child care system (CCS) is a very important issue. While U.S. history of out of home child

care has seen many reforms, legislative acts, and improvements, the child welfare literature still shows this system has many negative outcomes. Knorth, Harder, Zandberg, and Kendrick (2008) point out that research on child foster care and residential child care (RCC) indicates these systems are doing more harm than good for children that should be cared for. However, the current child welfare literature says very little about the reasons behind these negative outcomes. As cited in Gabrielli, Jackson, and Brown, (2014), cared-after children often have poor mental health (English et al. 2005). Based on national research studies, children in out-of-home care are more apt to drop out of school and are more likely to not attend and or graduate from college. Wise, Pollock, Mitchell, Argus, and Farquhar (2010) agreed with the previous research that children in out-of-home care have poor academic achievements. Other studies associated with out-of-home care show these children suffer from intensification in behavior problems (Lawrence, Carlson, & Egeland (2006). Furthermore, youth leaving child care system could have issues with having housing. Curry, and Abrams, (2014) articulated:

> Youth who age out of the foster care system often experience a difficult transition to adulthood in several important domains, including housing. Although high rates of homelessness are well documented, scant research has examined how youth navigate housing and living arrangements in the immediate years following emancipation. In addition, little is known about the relationship between social support and housing stability for this population (p. 143)

Curry, and Abrams, (2014) added: while some of the research body emphasized self-sufficiency and self-reliance can work as a shield for youth from homelessness and housing instability, we must also consider these youths' experience of missing social support and connections with supportive people in the times of need. The authors recommended, staff in childcare system must be attentive about the risk of homelessness and address the issues of housing plans in advance beforehand of leaving care.

> Staff in childwelfare agencies and transitional programs must be aware of the risk of homelessness after foster care and be held accountable for addressing youths' housing plans prior to emancipation or prior to leaving a housing program. If it is not already the case, organizations serving youth aging out of care may also choose to adopt a different discourseabout ''self-reliance,'' one that holds independence and interdependence as mutual goals (p. 150)

Leaving Foster Care.

"Emancipation from foster care occurs when young people have 'aged out' of out-of-home care and left the foster care system" (Casey family programs, 2010, Np). Cared-after youth may leave care systems for reasons like reunification with biological family, adoption or reaching the age of 18. As mentioned in ("Extending Foster Care Beyond 18," 2017)

> Approximately 26,000 youth who "age out" of foster care at age 18 each year face significant challenges in meeting their needs for health care, education, employment, housing and emotional support. Although all states provide independent living services to ease this critical transition, an increasing number of states allow youth to remain in, or return to, foster care after they reach age 18. (N.P)

When youths leave the system because they "age-out," they may face problems like homelessness and unemployment simply because the problems that brought them into the system have not yet have been solved (Human Rights Watch, 2010). In 2013, among 238,280 children exiting foster care in the US, 10% or approximately 23,090 children aged out of care (The AFCARS Report, 2013). Human Rights Watch (2010), listed these key recommendations to help youth achieve successful leaving care experiences and fruitful adulthood: To continue to provide support after the age of 18; secure beneficial leaving care plans; produce real opportunities for the development of independence skills; and assist youth in building relationships that extend after their leaving of care.

Table 1.1 Mandatory emancipation from foster care, by state

Age	State
18	CA, FL, LA, NM, RI
19	NE, NV, VT, W
20	AK, IA, NH
21	AL, AR, AZ, CO, D.C. DE, GA, HI, ID, IL, IN, KS, KY, MD, ME, MI, MN, MO, MS, NC, NJ, NY, MT, ND, OH, OK, OR, PA, SC, SD, TN, UT, VA, WA, WV, WY
22	MA, TX
23	CT

Forenza, B. & Happonen, R.G. Child Youth Care Forum (2016) 45: 107. https://doi.org/10.1007/s10566-015-9321-2

Richardson (2016) drew the attention to the social worker's role as adviser into helping youth make informed decision and choose to take benefit from extended care for youth in different states. He stated:

> foster youth who exit the child welfare system at 18 struggle in multiple domains during the transition to adulthood… extended foster care supports through age 21 are associated with improved adaptation. However, there remains a need to clarify factors that influence policy uptake… Youths' and workers' satisfaction with the foster care service provision process may influence youths' decision making regarding whether or not to opt out of extended care and the quality of social workers' service (P. iv)

Youth may connect their exiting care system with the age of 18 years old without complete information about what policy may really offer them.

Independent living services. Administered by the Chafee Foster Care Independence Program, it offers youth independent living at this critical time of their life and the age of 16-21

and still in out-of-home care as well as former out-of-home care youth who aged 18-21(Aging Out Institute, July 11, 2016).

Independent living services for youth aged out of care come as a plan to fill the gap that may exist in the child care system and seeks to spare the children the risk of homelessness. The youth may leave care to find himself or herself without a place to go to, or without a job to secure his financial needs, and without a family to support him. Therefore, many youths aged out of care end up on public assistance (Allen, Bonner, & Greenan, 1988). The Independent Living Initiative was established by Congress in 1988, and it offers funds for youth aged out-of-care to help them obtain a high school diploma, vocational training, life skills, and use of individual or group counseling (Allen et al., 1988).

Purpose of the Study

Instead of just listing negative outcomes, this study explored the effects of family-like experiences like social support and educational support, on youth who had left care in terms of their current status of education, employment, and living status. It considered positive perspectives in studying out-of-home care. The U.S. child care system has started to pay more attention to supporting families and communities to help in providing more positive out-of-home care. Family-like styles have been appraised in the recent literature. However, therapeutic styles are the prevailing domain of out of home child care in general, and in residential child care in particular, with child foster care to a lesser extent. This study intended to draw attention to the role of personal human relationships within the diverse types of foster care (Being with own parents, kinship care, foster care, group home, and residential care center) and the changed environments that children are exposed to, day-in and day-out throughout segments of their lives' journeys.

The purpose of the study was to explore the relationships between family-like experiences, educational support, and social support and types of care. Based on youth's perceptions of their experiences in approaches of child care, the family-like approach and the therapeutic-based approach, light can be shed concerning youth's preferences. The current study explored approaches as they were implemented in the child out-of-home care system. Different agencies are providing different social services for children. They differ on the levels of focus on therapeutic and intervention approaches on one side, or on paying more attention to social relationships and human interactions between clients and other people in their placement settings. Furthermore, this study explored how each approach provided social relationships and positive care conditions that went beyond daily routines, to more humane relationships. The types of care that participants may have experienced included: kinship care; family foster homes, care provided in child placement agency; group homes; in independent living; residential child care facilities; and through adoptions. This continuum of care varied in the way each type of care allowed for the building of social relationships, which was reflected by how much the youth was prepared for independent living. This may shed light on youth's education, employment, and current living status outcomes.

The sample initially was divided into several groups. 1. Youth who have were placed only in (traditional) foster care. 2. Youth who were in and out of foster care. 3. Youth who were in residential care only. 4. Youth who were in kinship care only. and 5. Youth who were in family settings. 6. And youth who were in a mixture of one or more types of placements.

Based on the sample that was actually obtained, the researcher decided to subdivide the sample into groups. The goal was to divide the sample into 3-4 groups based upon the number of youth who were placed with families, in institutions, or in mixed settings.

This study explored the youths' aged out of care perceptions toward their experiences, in settings that tended to be more family-like or more therapeutic-based. The study setting was in three counties in a western state and examined the out-of-home child care system.

Statement of the Problem

While most of the studies on out-of-home child care, in general, and residential child care, in particular, strived to answer questions about their negative or positive outcomes, this study south to answer how family practices, educational support, and social support in out-of-home care affected youth's education, employment, and current living status outcomes. It was important to explore the effects that took place on an everyday basis. It was essential to know which of these settings had a greater desired impact on youth's outcomes. Hence, youth who were placed in out-of-home care were the paramount eyewitnesses of the pros and cons of family practices used in these settings.

Moreover, it seemed that the more institutionalized the type of care, the more important the social relationships were. In other words, the more the child moved toward the most restrictive childcare on the continuum of out-of-home childcare, the greater his need for educational support, social support, and family practices. Ironically, clients in RCC seemed to be the most deprived of normal social relationships in the population of out-of-home child care. As cited in (Hermenau, Goessmann, Rygaard, Landolt, and Hecker, 2016), (Hungerford & Cox, 2006) said that "good caregiving should include sensitive and consistent caregiver–child relationships" (p.1). The authors explained "These factors are particularly important for children who have been maltreated or traumatized earlier during the course of their lives as is the case with many children living in institutional care" (p.1). Coady, (2014) concluded:

> Theoretical discussion of relationship boundary issues frequently points out that professional identity in social work, and, by extension, residential child care, has been strongly influenced by the concerns of traditional professions. It is argued that, as a result of this, expectations about relationship boundaries in residential child care are based on notions of professional distance that are not appropriate to the caring role. Similarly, research exploring the views of service users suggests that flexibility regarding skilful and well-judged boundary crossing behaviour is often experienced powerfully as evidence of the commitment of the worker, the importance of the young person and the development of a significant and enduring relationship. (p. 10)

Clients in out-of-home care may look for more social support from professionals who provide interventions and counseling, care workers with whom they meet daily, and from their peers living in the same placement. It is important to make every effort to approach this population through a long-sighted, positive perspective that allows for the recognition of the client's abilities to excel, despite the psycho-social barriers they encounter. Positive parenting skills can be a common denominator in any setting involving a child and care provider. As Nelson (2012) stated, positive parenting skills have the potential for producing quality relationships between young people and their caregivers. This study focused on the perceptions of youth who aged out of care and their experiences during their out-of-home care. The purpose of the study was to explore whether there were significant relationships between family-like experiences, educational support, and social support, and types of child care, and the current status of youth's education, employment, and living status. The study sought to understand if more family-like settings were associated with increased social relationships and the positive supportive care atmosphere that goes beyond daily routines, to relationships that are more humane.

Conceptual Framework

Social-systems theory.

There is a debate about the primacy of structure or agency inshaping human behavior (Barker, 2003). Barker added that agency is the capacity of individuals to act independently and to make their own free choices. Structure is the recurrent patterned arrangements that influence or limit the choices and opportunities available. The structure versus agency debate may be understood as an issue of socialization against autonomy in determining whether as individual acts as a free agent or in a manner dictated by social structure. Based on this argument, one can posit that the child care system has the potential of shaping youths' education in a way that makes them different from youth in the general population. The effects of interventions, therapies, and counseling sessions all have a systematic power that may make youth think and behave in specific ways, to develop a kind of social support with others and to have differences from their counterparts who are not involved in the child care system. Thus, the system can guide, stamp, typify, outline, and form the type of social support and educational support that crafts youths' educational achievements.

This study relied on social-systems theory to provide the overarching framework. Additional theories and perspectives used included: social support theory, developmental theory, and positive psychology perspective.

As many other professions, and through the unceasing development of theory, social work's use of general systems theory has shown constant progress through the last decades. Forder (1976), as cited in Walker (2012), is one of the primary writers to link social work with systems theory. In the USA, Gregory Bateson in 1973 applied the concept of systems theory to social systems such as the family system (Walker, 2012).

> [I]ndividuals there were therefore determined by early traumatic experiences or distorted developmental transations, as the prevailing therapeutic orthodoxy argued (Freud, 1973; Segal, 1975; Yelloly, 1980). Systemic thinking conceptualized that individual personality and identity could change along with changes in family dynamics. From this common

> root theory (systems theory) a number of models and practice evolved and this has continued through to the present day (Walker and Akister, 2004, as cited in Walker, 2012, p. 5).

Depending on how much agency policy allows for personal social relationships to develop among professionals and cared-after children, these children are supposed to feel and experience some level of family ambience during their daily life. They are also expected to deal with the undercurrents of spontaneous human relationships, and not just receive hours of treatment and therapy in purely professional relationships. In other words, they must have adequate amounts of human relationships while in the foster care system similar to that of being in normal families. As articulated by Walker (2012),

> It is easy to be seduced by technocratic skills and mechanisms of systems-based working at the expense of missing individual human responses in families or individual members as well as yourself to what emerges during your work in safeguarding children and young people. You may be an efficient social worker in terms of technical ability, but you may also be experienced by the family/individual as cold, distanced, and emotionally unavailable (p. 13).

The lack of human response and personal and social interactions that can accure on a daily basis within out-of-home child care settings with professionals like social workers, counselors, therapists, and psychiatrists, when they pay more attention to their professional orthodoxy than to every child's human needs. Walker (2012) draws attention to the pitfalls in the literature of theory and analyses of policy and practice that portray social work as a solid, static, and sedentary profession. At the same time, Walker agrees with the new paradigm of social work mobility e.g., (Sheller & Urry, 2003) that views the world of social work through the "flows and movements of people, objects, information, practices, speed and rhythm, along with complexity, fluid images and liquid metaphors, is moving to the center of social theory. This is consistent with a systems perspective of constant change" (Walker, p. 19). The author uses the Buddhist

belief's of aphorism where "you cannot put your foot in the same river twice" (Walker, p. 19). This specifically resonates with this study's conceptual framework in that every child's experience is unique and services provided to children in out-of-home care system must take into account what youth say about what they need from adults and the providers of these services.

Jaccard and Jacoby (2010) stated: "Systems theory adopts a holistic approach rather than a reductionist approach to analysis... examining the interrelationships and connections between the component parts of the system" (p. 310). They illustrate this by studying family and the importance of considering its parts: the mother, the father, the daughter, and the son.

Garbarino and Sherman (1980), as cited in Crittenden (1985), conducted interviews with families and found the zone that was risky to children was short on shared caring relationships and those that also had a tendency to lack access to social support systems. Argyle (1994) stated that the base of one's social support stems from one's relationships in which the individual finds a sense of happiness, as well as both mental and physical health. As a result, relationships are pivotal to life, both professional and mundane. Just as relationships are a source of joy, they can also have negative effects and conflict.

Development theory.

Davis (1999) suggests transactional-ecological perspective to provide effective social work practice with children. He recognizes children's maturational changes due to their relationship with parents, institutions, and cultural factors. Cicchetti and Lynch (1998) "have conceptualized ecological contexts as consisting of nested levels with varying degrees of proximity to the individual. These levels of the environment interact and transact with each other over time in shaping individual development and adaptation" (p. 235).

The transactional-ecological perspective builds on and improves the ecological approach which can be described as approaching clients' problems using effective strategies in providing interventions that go beyond the traditional methods mainly focused on psychology and psychiatry. Thus, making a shift from classifying social work as casework, group work, and community practice. Instead, it offers an ecological approach that allows for working with the whole systems that may help to improve the client's situation. This will include the client's family, neighborhood, community, in addition to any other critical systems (Pardeck, 2015).

Securing a healthy environment for child development is a fundamental goal to achieve for any child care system. Therefore, it is understood that this system is very sensitive to any circumstances that interfere with child safety standards that lead to child abuse and neglect. As Lawrence et al. (2006) articulated, "The foster care social service system is designed to ameliorate adverse family and environmental conditions that may interfere with typical child development" (p. 57). Developmental focus may lead to a paradox due to the fact that more children will be removed from their homes and placed into the care system because of the high standards that families are required to follow in taking care of their children's healthy development. The more the standards are raised for good child care, the more children and families that will need to be watched by the child care system. While this has positive paybacks represented in early interventions, drawbacks can be expressed in overstandarization of defining good parenting (Walker, 2012).

Teenagers development in foster care.

Youth who are in out-of-home care or who are leaving child care system may show problematic behaviors due to developmental issues. Studies on the teenage brain helped to shed light on this field. Jensen and Nutt (2015) noticed that young people are more apt to commit

risky and irrational behaviors. The authors related young people's abnormal thoughts and behaviors to their "passionate, irascible, and apt to be carried away by their impulses… their ambition prevents their ever brooking a slight and renders them indignant at the mere idea of enduring an injury" as cited in (Jensen and Nutt, p. 105). "But because the frontal lobes are still only loosely connected to other parts of the teen brain, adolescents have a harder time exerting cognitive control over potentially dangerous situations" (Jensen & Nutt, p.106)

Social support theory. As cited in Lamis, Wilson, King, and Kaslow, (2014), (Ullman & Filipas, 2005), social support is defined as "an individual[s] sense that they are cared about and held in positive regard by those in their support networks… a key protective factor in the development of adjustment difficulties following exposure to child abuse" (p. 882). Peplau (1985) said,

> Nothing, the old adage says, is as powerful as an idea whose time has come. In the social science community, the recognition that social relationships are essential to personal health and happiness, that "friends are good medicine," is such a timely idea (p. 269).

The need for social support, educational support, and family practices.

This study explores the importance and effectiveness of social support, educational support, and family practices in improving foster care experience. The improvement can be seen in emancipated youths' education, employment, and housing outcomes. Mainly, this study was focused on social support that can be experienced within the out-of-home care system. Peers, care givers, professionals, and volunteers represent key sources for social support for cared-after children.

As cited in Jones, L. P. (2014), Dworsky and Courtney (2009) pointed out that social support could positively back transitioning youth outcomes though alleviating homelessness by providing a place to stay, supporting graduating from college, offering guidance, tutoring,

financing, and activities to reduce stress at college time. This three-dimensional perspective of social support, educational support, and family-like practices, is completing itself to provide better results for cared-after children. It can be vital to have that social relationship among all people in childcare system that provides enough support to each child educational success in a way that regular families can provide in a regular basis. (2018, August 13). Retrieved from http://foster-care-newsletter.com/educational-supports-for-foster-youth/#.XRwfxOhKg2w stated that:

> Almost 25,000 youth age out of foster care each year, most with the goal of attending college. However, nearly 80 percent of these young adults don't even enroll and those that do rarely graduate. That's why states across the country are investing in educational supports to give these young men and women a chance at attaining their educational goals despite financial barriers (p. n)

Positive psychology.

As cited in the Positive Psychology Institute's website, (Gable & Haidt, 2005, Sheldon & King, 2001) defined positive psychology as "the scientific study of human flourishing, and an applied approach to optimal functioning. It has also been defined as the study of the strengths and virtues that enable individuals, communities and organizations to thrive." The website also quoted this definition from (Positive Psychology Center, 2016) "Positive Psychology is grounded in the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within them, and to enhance their experiences of love, work, and play" (Positive Psychology Institute, 2012).
http://www.positivepsychologyinstitute.com.au/what_is_positive_psychology.html

This relatively new arena of psychology compliments the traditional psychology that focused on pathology and what is going wrong, to focus more on strengths and what is going

right. This new field's aim is to balance the existing knowledge about mental illness with the increased knowledge about positive emotions by paying more attention to wellbeing sources. Its emphasis was on positive emotions, experiences, environments, as well as human virtues and strengths (Lyubomirsky, 2007). Children in out-of-home care are not excluded from this. They still have their own strengths which can be used during their life stages to achieve positive outcomes during times of opportunities and challenges. The positive personal social relationships and social interactions various people and placements produce can play a crucial role in their performance. Positive support from professionals and their helping staff can make the positive difference in cared-after children's lives. The stage of leaving care system may bring about a diversity of challenges and opportunities for youth leaving a care system. Committed, sensitive and socially supportive caretakers can make the transition into independent life successful and keep them away from failure in this critical period.

Positive psychology for positive out-of-home child care.

As articulated in Seligman (2002) after World War II, psychology grew into more healing, repairing damage in human functioning. Seligman added that psychology, after WW II, became almost limited to pathology and ignored the individual and community strengths that can be used as affective tool in therapy. The author underlined client's strengths while practicing therapy focusing more on

> well-being and satisfaction (past); … happiness (present); and constructive cognitions about the future—optimism, hope, and faith. At the individual level it is about positive personal traits—the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, high talent, and wisdom. At the group level it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Seligman, 2002)

This positive perspective can be an immense help for children experiencing out-of-home care. It draws professional's attention - who work with foster children - to their clients' strengths and believes in their abilities to achieve that desired positive outcomes despite any obstacles that may come across. Thus, utilizing a positive perspective may pave the road for foster youth to achieve better outcomes when it comes to education, employment, and housing as landmarks that can help them accomplish a better life.

Research Questions

A questionnaire interview was developed and utilized to address the following general question: Are there any relationships between youth aging out of care perceptions of their experiences of out-of-home care base on the length of stay, first group experienced out-of-home care and exploring the effect of (educational support, social support, and family-practices) on their current status of employment, education, and living situation.

Based upon the out of home care participating youth report, youth were divided into two groups 1-4 years second group experienced 5 years or more. The general question was divided into these specific sub-questions:

Question 1. Are youth reports of education support associated with their length of stay in out-of-home care?

Question 2. Are youth reports of family-like experiences associated with their length of stay in out-of-home care?

Question 3 answers. Are youth reports of social support associated with their length of stay in out-of-home care?

Question 4. Do total support scores differ by out-of-home care?

Question 5. Does a combination of total support score and years out-of-home care predict youth educational outcomes based on their length of stay?

Question 6. Does a combination of total support and years out-of-home care predict youth employment outcomes?

Question 7. Does a combination of years out-of-home care and total support predict youth living situation?

Question 8. How much of a positive influence did each of the following people in the childcare system (caregivers, social workers, counselors, psychiatrics, peers, activity instructors, and volunteers) have on youths' lives?

Question 9. What suggestions do participants provide to improve the future of out-of-home care?

Definition of Terms

Social support.

Kaplan (1977) indicated that many studies used the term social support directly or indirectly as "gratification of a person's basic social needs… through environmental supplies of social support" (p. 50). He added, "Support is defined by the relative [presence] or absence of psychosocial support resources from significant others" (pp. 50, 51).

Social support is multifaced, broad, comprehensive, and a wide-ranging concept. This makes it relate to a diversity of outcomes. It can be defined as "the feeling that one is cared for and loved, esteemed, and valued and belongs in a social network" (Cobb, 1976, as cited in Nowakowska, (2014).

Nowakowska, (2014) added "By definition, social support is an interpersonal transaction among individuals…Social support means having family, friends, or other people to turn to in times of need or crisis" pp. 10-27.

Family-like model and family practices. Family-like child care. Family-like and family practices in this study are used in the same way …. Defined family routines and rituals. Consequently, these terms can be defined as:

> Family routines and rituals both refer to specific, repeated practices that involve [two] or more family members… Family routines are characterized by communication that is instrumental, involve a momentary time commitment, and are repeated regularly, holding no special meaning. Family rituals involve communication with symbolic meaning, establishing and perpetuating the understanding of what it means to be a member of the group (p. 285).

Kendrick (2013) concluded, "practice in residential care often echoes family practices, and children and young people use the language of family and kinship in describing their positive experiences. Drawing on theoretical developments in the sociology of the family'" (p. 83). Kendrick also said, "some developmental functions are best served in family settings and some are best served in peer-focused settings... most developmental functions are best promoted in settings that combine peer and family influences" (as cited in Barth, 2005, p. 158).

According to Ajdukovic and Franz (as cited in Barth, 2005), children in large residential care facilities are falling behind their counterparts in family-like style of care. Hence, they questioned the status-quo of keeping residential placements in spite of the opposition of developmental theory.

Educational support. As indicated by Harker, Dobel-Ober, Lawrence, Berridge, and Sinclair (2003), educational support is defined as that

> physical facilities and material support… personal support and interest – attending school events and showing an interest in education… having an individual who showed interest in educational progress. Being encouraged to apply oneself to school work and

> receiving support to encourage academic progress, including individuals who took notice of school reports and attended school events (pp. 95-96).

In this study, educational support meant all tangible and intangible resources youth were offered in their care group to encourage and help them do their best to excel in school.

Study Delimitations

Primarily, this study limited itself to surveying youth who aged out care and who experienced one or more out-of-home care placements in El Paso County, Pueblo County, Larimer County, Colorado, Department of Human Services. The study explored how placement experiences along the available continuum of care affected youth's education, employment, and living status and outcomes.

Males and females aged between 18 and 22 years old were the participants in this study. Aged out of care youth's perceptions of their experiences in out-of-home care were gathered and analyzed using a questionnaire that included close-ended and open-ended questions.

Study Limitation

The purposive sampling procedure decreased the generalizability of findings. This study will neither be generalizable to all aged out of care youth in the U.S. nor in Colorado for the reason that it only included El Paso County, Pueblo County, Larimer County, Colorado foster youth and only a specific age category. The ability to generalize was reduced when it comes to other states. A small sample size is a weakness shared with previous studies. This study was not able to escape this flaw due to the vulnerability of its population and the expected difficulties in reaching aged out of care youth. Some of these youth moved to other states or out of the country, which is a characteristic among them, as one of the officials told the researcher on a phone interview. Placement choices often were influenced by the level of functioning of youth at the time they entered the child care system – thus, as cited in Chor, McClelland, Weiner, Jordan, and

Lyons (2013) (Baumann et al., 2011) believed that “First, placement decision making is often the product of a variety of multilevel factors (Baumann et al., 2011). Also, the previous study quoted (Crea, Usher, & Wildfire, 2009; James, 2004; Lindsey, 1992; Martin, Peters, & Glisson, 1998) who believed that “A child’s future placement might be influenced by the individual case factors, such as child’s placement history, availability of bed space, geographic limitations, and policy demands” (p. 872).

Methodology limitations cited in literature.

Curry (1991), as cited in Knorth et al. (2008), conducted a meta-analysis reviewing studies from the 1970's and 1980's, and the findings indicated that: the majority of young children in residential treatment had improved, some did not improve, and a few got worse; subject variables (e.g., severity or type of the problem) limited the intervention attainments; adjustment while inside the residential program did not predict adjustment outside, continued relationship and support seems to predict healthier adjustment at follow-up periods. Nevertheless, the authors were shocked by the scarcity of meta-analysis in the literature on residential child care.

As cited in Gorske, Srebalus, and Walls, (2003), due to the fact that non-experimental inquiries have not been very well regarded in the existing literature, what is already known about real life experiences for adolescents in their community agencies is very little. The authors also indicated the dearth of unbiased standardization and criteria for making discharge decisions, which was used in their study as a predictor for outcomes and treatment effectiveness. According to Knorth et al. (2010), quasi-experimental studies showed that residential programs implementing behavior-therapeutic approaches and including family participation demonstrated

the most effective short-term outcomes. The authors also noted the limitation of evidence when it comes to residential child care outcomes.

Significance of the Study

This study was important for several reasons. At the outset, understanding social support, educational support, and family-like practices was thought to help boost knowledge of human relationships within out-of-home care settings in order to reveal the underlying logic of these services. Second, the study provided new insight about out-of-home care outcomes from the inside and an in-depth perspective relating outcomes to everyday children's experiences. This study helped child care institutions and facilities perceive the relationships between family-like experiences, educational support, and social support and the different types of care. This will be in light of participants' everyday activities. The current study provided input about adopting family-like activities and practices within out-of-home care. This study had the potential to add to the scientific knowledge about out-of-home outcomes. While many studies have extensively explored out-of-home negative outcomes, what remained to be explored is how providing a social atmosphere that is similar to a family could make positive and lasting outcomes, rather than just providing a therapeutic pathology approach to care.

As cited in Winokur (Crawford, 2009; Armour & Schwab, 2005; Earth, 2002), it is believed that "only short-term positive effects [are] associated with treatment in a residential setting" (p. 13). In addition, "the current reality is that children in foster care in this country are not achieving the positive outcomes that congress intended ASFA to produce" (Lowry, 2004, p. 1031).

Researcher's Perspective and Researcher's Expectations

The researcher worked at RCC facilities in Tripoli, Libya between the years of 1998 and 2006. By that time, he had been upset by clients' negative outcomes in the fields of education, employment, behavior, and mental health. He was again upset while thinking of this dissertation topic on youth aging out of care in the U.S. Research clearly indicated these negative outcomes were present in the U.S. despite all of the developed institutions, up to date evidence-based practice in social work, and the case of a variety of therapeutic models in practice. From my humble practical experience in RCC, I could say that children tended to prefer activities that echoed family everyday practices. This may resonate with the holistic model "Practice theory / model which sees clients in their total context rather than only as individuals with specific symptoms, and which advocated for interventions that were multi-faceted and comprehensive" (Garthwait, 2012, p. 30). I was aware of the logic behind family-like advantages in out-of-home settings. I was shocked by the scarcity of empirical studies that addressed the effectiveness of a family-like approach over a more therapeutic approach. A family-like style may offer a good response to the critical need for cared-after children who need to be seen from a holistic perspective as humans who have their own strengths and not only just their pathological barriers. Therapeutic models which focus on one hour per day or per week interventions can create a gap in the time of provided care. To illustrate, underestimating the importance of unstructured time within RCC settings may reflect the negative outcomes linked with it. Aged out of care youth, as eyewitnesses, should have a voice on what practices they prefer to increase their feelings of having a meaningful life while being in a care system. As a researcher, I think there is much work that has to be done to add to our knowledge and that can contribute to theory and practice in foster care. This knowledge should be responsive to children striving for human touch in their social relationships with professionals, and others while in their residential placements. A human

touch that can offer unlimited energies contributes to authentic family-like experiences, social support, and educational support that is needed on daily basis. Including these supports may help improve youths' outcomes related to positive education, employment, and living status.

Summary

The face of out-of-home care in the United States has changed dramatically since its beginnings in the nineteenth century, but with evolving approaches came evolving controversies and more complex problems. Aged out of care youth, as eyewitnesses, should have a voice on what practices they prefer to increase their feelings of having a meaningful life while being in a care system. Including these supports may help improve youths' outcomes related to positive education, employment, and living status.

CHAPTER 2 – LITERATURE REVIEW

Introduction to the Literature Review

This chapter discusses the interconnectedness of the primary issues and facts related to the problem of the study, and offers a broad overview of out-of-home placement. It explores issues and outcomes related to out-of-home care including an examination of the problems related to child placement and the negative or positive outcomes achieved therein. Second, this chapter reviews the most important theories, including systems theory, developmental theory, and humanistic positive psychology as they relate to this study.

Interconnected Primary Issues and Facts Related to the Problem of the Study

What Is the Problem?

What is child welfare?

In general, child welfare involves "a broad range of services provided by agencies charged with maintaining the safety and well-being of children according to legally mandated or socially sanctioned standards of conduct" (Wodarski, Holosko & Feit, 2015, p. 3). The authors define child welfare as "services provided to at risk children and their families who have been referred to Child Protective Services (CPS) agencies because of confirmed maltreatment, neglect, or the likelihood of this occurrence" (Wodarski et al., 2015, p. 3). Downs et al. (2009) recognize the dual role for child welfare includes direct services to children, youth, and families in crisis, in addition to working on making the desired change to public policies in a way that help. The authors added that in order to make this happen, child welfare focuses on strengthening family life - which is its main purpose.

Based on Child Welfare Information Gateway (2015), out-of-home care refers to services needed when removing children from their homes for reasons of child abuse and neglect. The

decision to remove a child from his family is made after child welfare staff decide child safety can not be achieved by the family. When the decision to remove the child is made, the child has the potential to live with relatives, a foster family, in a group home, or in a residential care setting. At that time the child will be under the custody of the State receiving services daily. Monthly financial reimbursement is given to licensed foster and relative families, along with supporting services.

> Out-of-home care is intended to be temporary-the goal is to return children home as soon as possible or achieve permanency with another permanent family when this is not possible. Many of the services provided to children in out-of-home care and their families are targeted to achieving the goal of permanency (Overview - Child Welfare Information Gateway, n.d.).

Why is out-of-home placement necessary?

The U.S. Department of Health and Human Services; Adoption and Foster Care Analysis and Reporting System (AFCARS) report (2016) shows that 437.465 children were living in out-of-home care in the United States. Child neglect and abuse are the most frequently cited reasons for removing children from their homes to alternative care placements. Child maltreatment report, U.S. Child Bureau (2012), also indicated numerous allegations of maltreatment (child neglect and abuse), estimating there were 3.4 million referrals with 62.0 percent of referrals on cases that were actually screened. That means 2.1 million reports were accepted.

While child abuse and neglect are recognized as the major reasons for out-of-home placements, Chill (2004) believes that in practice, children are removed from their homes on emergency bases. Chill found that alleged child maltreatment is the reason why more than one third of 100,000 children were removed from their families, even though later it was discovered they actually had not been abused or neglected.

Heneghan, et al. (2012) conducted a study that included 5,872 youth with mental health problems who were referred to child welfare organizations. These youth were under 17 years old and the study lasted three years. Heneghan used data from the National Survey of Child and Adolescent Well-Being. The mental health problems these youth exhibited were comprised of "depression, anxiety, substance use/abuse, suicidality, and attention deficit hyperactivity disorder (ADHD)" (Heneghan et al., p. 634). This study found that unrelated to placement, 42.7 percent of participants had a minimum of one mental health problem. It also showed that youth who had experienced past placements had 2.29 times more mental health problems than other youth in the sample. Also, they reported 2.12 times more substance use and abuse. An earlier study by Courtney (1998), was conducted in California and included 348 children placed in out-of-home care. The study investigated factors that correlated with social workers decisions to seek treatment-oriented out-of-home care. The study concluded that "Child age, behavior problems, and placement history were found to be strong predictors of social worker placement preferences" (Courtney, p. 281). Other studies have drawn attention to the importance of paying more attention to children's resiliency and to not only consider physical abuse when making decisions to remove a child from his or her family. DeRoma, Hansen, Tishelman, and D' Amico (1997) indicated that "There is, for example, some evidence that professionals routinely expect physical abuse to have a pervasive negative impact on child outcomes, in some cases failing to recognize the existence of protective factors or resiliency in children" (as cited in Britnera & Mosslerb, 2001, p. 320).

Cost of placement. Whittaker (2000) and Lieberman (2004) mentioned some challenges encountered in residential care such as the lack of clear diagnostic indicators; children not being given chances to try community or family interventions first; concerns about the disruption

impact that residential care can have on a child's experiences of attachment; child abuse and neglect in residential treatment; child care workers experiencing turnover, poor payment, and training; and the high cost of care.

Many studies report on the high costs and poor outcomes of residential treatment care. For example, the Bazelon Center for Mental Health Law (2004) said that the cost of residential treatment care had grown into a billion-dollar industry. The center found that it costs $700 daily per child, or more than $120,000 per year. It also means one quarter of the national expenditures are used for child mental health residential treatment centers.

The National Council on Crime and Delinquency (Focus Newsletter, July 16, 2002) reported that being in a RTC deprives children from support that may have come from their parents, relatives, friends, or communities. This explains why only a few clients are successful when they are removed from their families and placed in facilities usually far from their community. This separation from extended family, school mates, neighbors, and friends deprive youth from support resources, social networks, guidance and parenting. The Council on Crime and Delinquency, as quoted from (CASE-Learning, 2010, p. 12), "Yet, we expect that our most vulnerable and troubled youth will miraculously turn around in just such a situation. Instead, this isolation further reduces the efficacy of treatment and increases its cost." (p. 4). The Council also sees other interventions (home-and community-based) as being more effective and more cost-efficient than institutional services.

In addition, Mertz and Andersen (2017) findings showed some other hidden costs suggesting that people who were involved in the foster care experience may transmit disadvantages of their experience to their own children who, based on his study, are expected to be placed in foster care seven- and ten-times while being pre-school age. This may be due to

foster-care alumni lacking opportunities to learn parenting behaviors. The authors said that "The findings of our study comply well with findings from similar studies on inter-generational transmission of disadvantages… transmission of poverty from parents to children… inter-generational transmission of criminal and other types of antisocial behavior" (Mertz & Andersen, 2017, p. 1390).As the authors believed, the understanding of inter-generational transmission of disadvantages is vital in reducing foster care cost in the future by reducing the need for referring foster care alumni children to the same service.

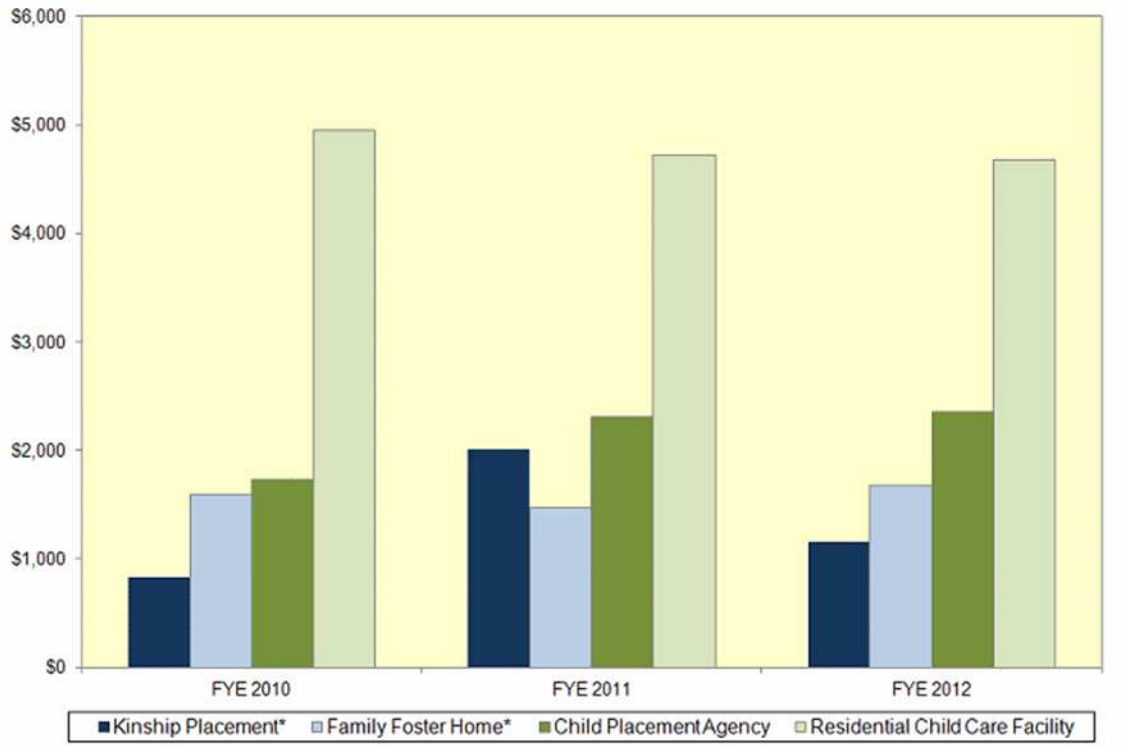

Figure 2.1. Average monthly cost per child for the most common placement types.

Based on Larimer County's website (Compass of Larimer County, 2015), Figure 1 shows that residential child care facilities have the highest cost among the common types of out-of-home care continuum, with an average cost of $ 4,680 per month for each child. On compensation, kinship care presents the lowest cost with an average of $ 1,159 per month, in

fiscal year 2012. According to the findings from Winokur, Crawford and Longobardi (2006) **"**kinship care appears to be an evidence-based practice from both an outcome and cost-effectiveness perspective" (p. 16). These statistics are consistent with the institutional child care literature. However, neither these statistics nor the literature say why these facilities are high in cost. To be more precise, the statistics did not show how much the therapeutic models contribute to the cost of care. Furthermore, adopting family-like models, like kinship care, may help lessen the costs. Statistical Information will be collected on the share of cost of therapeutic, counseling, and psychotherapeutic sessions within the total cost of foster care services in Larimer County to furthermore examine the relationship between types of care and costs.

Mental health benefits provided for children in residential care facilities costs are paid by Medicaid for services delivered by "…. licensed psychologist, licensed clinical social worker, licensed marriage, and family therapist or licensed professional counselor" (Colorado Medical Assistance Program, n.d, p. 4). Examples of these services include: psychiatric diagnostic evaluation, individual psychotherapy, family psychotherapy, group psychotherapy, psychological testing e.g., psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, and psychotherapy for crisis (Colorado Medical Assistance Program, n.d.). However, costs for these services may increase every year. For example, The Colorado Department of Health Care Policy and Financing requested a five percent Medicaid increase for fiscal year 2015-16. This may impact residential child care facilities with payment increases for providing services like Neurosequential Model of Therapeutics, comprehensive trauma assessment, and adolescent depression screening (Colorado Department of Health Care Policy and Financing, 2015).

Ultimate goal of placement is reunification. Since the early 1970s, safety, reunification, and permanency continue to be the ambitious goals of the Child Welfare system (Bates, English, & Kouidou-Guiles, 1997). The family reunification model is an "Approach that offers services to families who have been separated and / or alienated in order to reconstitute them as a family with the resources and skills to address their problems as a family" (Garthwait, 2012, p. 23). The consequences of removing children from their families to out-of-home care can have lingering effects that can influence life performance, no matter the age. The residuals can certainly manifest themselves in the feelings of guilt, shame, abandonment, and isolation. Consequently, failure can certainly influence the youth's personal behaviors and performances from childhood, to adolescence, and adulthood (Crosson-Tower, 2013).

According to Drais-Parrillo (2003), a comparison between residential group care (RGC) programs and therapeutic group care (TGC) show that returning home is the goal for all youth. However, data suggests several differences. RGC youth are more likely to be older, most are boys, and have more prior placements, mental illness, delinquency involvement, and school problems before being enrolled in care. They also have experienced more physical abuse when compared to Therapeutic Foster Care (TFC) youth. Concurrently, therapeutic foster care youth tend to be younger, have been sexually abused, maintain more relationships with relatives and friends, and their parents have problems with substance addiction, psychiatric disorders and criminal histories.

Other studies looked at the issue of preventing child reunification failure with their biological family by pursuing a direction that may fill the gap in evidence-based reunification services. For instance, one study utilized a 'Pathway Home' intervention comprised of children aged five through twelve years of age who were returning home from foster care to their

biological parents (DeGarmo, Reid, Fetrow, Fisher & Antoine, 2013). Of the 103 families randomly assigned to the study, 53 were part of the control group and 50 received the intervention. In the study, ninety percent of mothers had substance abuse problems, which presents an important factor for child neglect and maltreatment and resulted in the removal of the child from his or her biological family. Behavioral problems were another indicator for children returning to foster care. The study's findings stated that the reunification failure within the control group was twice that of the intervention group. Although these differences were not significant due to the small size of the sample, the researchers suggested long-term follow-up may increase the testing power of the intervention.

Length of stay in out-of-home care. Based on Foster Care Statistics 2017 (2019, March, P. 7), Retrieved from: https://www.childwelfare.gov/pubPDFs/foster.pdf the median time between entering and exiting foster care in 2017 was 14.3 months: Nine percent stayed in care less than one month, thirty-four percent 1-11 moths, 30 percent 12-23 months, fifteen percent 24-35 months, nine percent 3-4 years, and four percent five or more years.

Peer culture within out-of-home care. Corsaro and Eder (1990) indicated that only lately detailed ethnographic research was done on interactive processes inside the peer culture of children at preschool and elementary schools. They reviewed other studies concerned with preadolescents and adolescents which indicated that treatment of youth has its own features due to the fact that the majority are not self-referred and have a tendency to externalize their problems. Gorske, et al. (2003), clarified these features that add to the difficulty and demands that therapists face that can cause burn-out and resistance. Thus, the authors suggested that professionals see their work with adolescents as unlike theirs with adults.

It is unexpectedly shocking that so little empirical research has actually been conducted on social relationships, especially from the perspectives of social work practice. Previous research which paid attention to relationships within residential child care is very limited (Coady, 2014/15). Social work research on social relationships in RCC settings is especially scarce. Very few studies have focused on how children interact with their peers, professionals, and staff on daily basis, and what this means descriptively and conceptually. “Social work has now become more ‘informational’ than ‘social’, with diminishing emphasis placed on relationships.” (Hardy, 2014, p. 111). Understanding relationships may benefit RCC administrators in improving services, social work practice in RCC settings, as well as policy makers. The current study sought to gain perceptions on relationships through allowing youth aged out of care to share their experiences. It also provided youth an opportunity to have their voices heard based on their experiences in care and may improve future RCC settings' services.

Gaps in Content. Although the importance of aftercare services is recognized, little is known about what specific characteristics of an aftercare intervention are effective (Whittaker & Pfeiffer, 1994). The development of empirically based aftercare programs will help to ensure that the positive influence of residential treatment is maintained in the child's daily environment. Knorth et al. (2010) stated:

> The empirical proof for the ascribed lack of effectiveness is small. Outcome studies indicate a moderate-high level of change, i.e. reduction of problem behavior in children and young people. It is likely that the care and assistance provided by group workers is a key factor in bringing about positive change (p. 49).

Therefore, Knorth, et al., (2010) investigated care workers' functioning, job satisfaction, methods of delivering services, and work environment relationship, with the focus on "the quality of the social interaction and the working relationship between child and care worker" (Knorth, et al., p. 49). The authors found the research points to the importance of this common treatment factor and

placed a great emphasis on harnessing research and practice to investigate residential workers' personal characteristics and status and their effects on residential children's needs. In addition, Rosenthal and Villegas (2010), stated that in the literature, there is more focus on placement stability without paying the same attention to permanency.

Current Issues the Literature Addresses

The literature on outcomes and effectiveness of residential child care still shows controversial points of view. As Kendrick (2013) articulated, "Over the years, there has been an ambiguity about the role of residential child care in the continuum of child care services" (p. 77). For example:

Whereas the Stockholm Declaration views residential care as intrinsically negative, and only to be used as “a last resort,” the [Malmo] Declaration holds that residential care can be a positive and even preferred choice for many young people at appropriate times in their development (Anglin & Knorth, 2004, p. 142). Another example concluded:

> Residential child and youth care is a radical intervention that in many countries is perceived as a 'last resort' solution that should be avoided if at all possible — not least because of scepticism about its effectiveness. Against this, there is the view that a residential placement can contribute to the positive development of some youth with serious behavioral and/or emotional disturbances (Knorth, Harder, Zandberg & Kendrick, 2008, p. 123).

There are several reasons for this controversy including exposures to physical and sexual abuse in residential care over several decades, which has hastened its decline (Utting, 1997). Parry, Pithouse, Anglim, and Batchelor (2008), drew attention to the importance of listening to the child ‘voice’ and independent advocacy to reduce the abuse of looked after children.

Mental and Emotional Health. Courtney et al. (2007), found that foster care youth are more apt to be involved in criminal behaviors and experience mental disorders when compared to their peers from low socioeconomic status populations. Additionally, DeGarmo, Eddy, Reid,

and Fetrow (2009), found that "For both environmental and genetic reasons, compromised parenting is a contributing factor to the development of child behavior problems and substance use" (p. 389). The conclusion offered by DeGarmo et. al., (2009), is that children who show risky behaviors are more likely to experience social environments that have a wide range of reinforcement for negative behaviors rather than to positive behaviors.

Broad Overview of Out-of-home Placement

History of out-of-home placements.

As it was previously discussed, foster care in modern societies came to replace the traditional way of kinship care for children whose biological parents were not able to take care of their children. However, foster care goes back to the nineteenth century (Davies, 2000) and dominated it until the end of the first half of the twentieth century, when attention to family style started growing. This was followed by approaches that tried to achieve more permanency and more psychological health, and established the road for more professional child care with increasing focus on therapeutic styles of child care.

Changes in setting up residential care.

What distinguishes the recent years in child welfare is its commitment to reduce the number of children in restrictive settings. These reform efforts also included decreases in the length of stay, and the number of children in care in general (Chor, McClelland, Weiner, Jordan & Lyons, 2014). As cited in the previous study, the (US Department of Health and Human Services 2006, 2008, 2009, b, 2010, 2011, 2012) reports show that: Between 2005 and 2011 there was a decrease in US children's length of stay in child care system. The decrease went from 28.6 to 23.9 months; the annual population of children in care decreased from 513,000 to

400,540; this was accompanied with an increase in less restrictive foster care setting from 7.9 to 74.0.

According to Berridge, Biehal, and Henry (2010), due to the changes in policy, professional perspectives, as well as concerns about the quality and costs in the UK, there was a clear decrease in using institutional residential care since the 1970s. Changes driven by policy led to reducing the size of the residential care sector and impacted its nature as well. Residential care targeted antisocial young people. With that in mind, residential care seemed to be an inevitable choice for some children at some point in their lives. Statistics in the U.K. show that fifteen percent of the child care population in the country were placed in residential care at some time (Department for Education, 2011).

Statistics – National and State level. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data brief (2013), the U.S. child care system experienced a decrease in the foster care population in the first decade of the twenty-first century; more accurately, between 2002 and 2012, as shown in Table 2. This decrease also displayed a dramatic change in the numbers of African American children in care. It also showed a considerable reduction in the number of children in care from other racial and ethnic backgrounds. The state of Colorado was thirteenth in contributing to these changes.

Table 2.1 Number of Children In Foster Care in The U.S. in September 2002, 2012, and 2016 by Race/Ethnicity

Race/Ethnicity	FY 2002	FY 2012	FY 2016
Black or African American	192,859	101,938	101,825
White	202,018	166,195	191,433
Hispanic (of any race)	86,698	84,523	91,352
American Indian/Alaska Native	9,735	8,344	10,366
Asian	3,443	2,296	2,290
Native Hawaiian/ Other Pacific Islander	1,194	789	936
Two or More	13,857	22,942	30,224
Missing or Unable to Determine	13,812	12,519	8,418
Total	523,616	399,546	436,844

The table below shows Child Population in out-of-home care in the period between October 2015 and September 2017, and the Counties of El Paso, Pueblo, and Larimer.

Table 2.2 Colorado Department of Human Services: Community Performance Center
https://www.cdhsdatamatters.org/data-by-topic.html

Report Period	Oct-Dec 2015	Oct-Dec 2016	Jul - Sep 2017
Colorado State Children in Out-of-Home Placement	6641	6812	6896
El Paso County Children in Out-of-Home Placement	790	855	975
Pueblo County Children in Out-of-Home Placement	395	369	333
Larimer County Children in Out-of-Home Placement	172	193	482

Table 2.3 The table below shows the numbers of children in Colorado State El Paso County in the period between October 2015 and September 2017.

El Paso County	**Oct-Dec 2015**	**Oct-Dec 2016**	**Jul-Sep 2017**
Group Homes	49	38	52
Residential Placement	86	106	106
Children in Family-Like Setting	441	470	547
Foster Homes	441	470	547
Kinship-Paid	9	9	22

Kinship- Non-Paid	146	155	192

Table 2.4 Colorado Department of Human Services: Community Performance Center https://rom.socwel.ku.edu/CO_Public/AllViews.aspx?RVID=773

Pueblo County	Oct-Dec 2015	Oct-Dec 2016	Jul-Sep 2017
Group Homes	9	3	4
Residential Placement	22	19	11
Children in Family-Like Setting	274	273	242
Foster Homes	274	261	233
Kinship-Paid	29	28	21
Kinship- Non-Paid	135	138	115

Table 2.5 Colorado Department of Human Services: Community Performance Center

https://rom.socwel.ku.edu/CO_Public/AllViews.aspx?RVID=773

The table below shows the numbers of children in Colorado State Larimer County in the period between October 2015 and September 2017

Larimer County	Oct-Dec 2015	Oct-Dec 2016	Jul-Sep 2017
Group Homes	11	9	7
Residential Placement	5	9	9
Children in Family-Like Setting	107	121	110
Foster Homes	99	120	110
Kinship-Paid	17	23	16
Kinship- Non-Paid	11	17	18

Types and Definitions of Out-of-Home Care in Colorado

Kinship care.

> Kinship care refers to the care of children by relatives or… close family friends… Relatives are the preferred resource for children who must be removed from their birth parents because it maintains the children's connections with their families… Kinship care may be formal and involve a training and licensure process for the caregivers, monthly payments to help defray the costs of caring for the child, and support services. Kinship care also may be informal and involve only an assessment process to ensure the safety and suitability of the home along with supportive services for the child and caregivers. Approximately one-fourth of the children in out-of-home care are living with relatives ("Kinship Care - Child Welfare Information Gateway," n.d.)

Kinship care is the lowest (least intensive) level of care and most desirable since kin are family. Kinship placements were not tracked separately from Family Foster Homes until January 1999 (Compass of Larimer County, 2015).

Child Foster Care.

Child foster care can be defined as "A program that provides temporary housing to children who are abandoned, abused, neglected, or become wards of the state" (Rosenthal, 2003, p. 121). Another more precise definition says that it is:

> [A]n arrangement for the temporary care of a child separated from his or her family of origin whereby he or she is looked after in the home of another family, usually in return for some form of allowance or payment. It is to be distinguished from adoption, which implies the permanent transfer to substitute carers of all of the rights as well as the duties of birth parents (Davies & Barton, 2000, p. 138).

Foster homes are homes recruited, certified, trained, and supported by Larimer County Human Services, Children, Youth, and Family Division. The county also provides case management and may purchase supplementary therapeutic services as needed. This is the lowest (least intensive) level of care next to kinship placements, and more desirable because it is a home/family setting (Compass of Larimer County, 2015).

Group homes.

Group homes are operated through Child Placement Agencies. These homes typically accept 6 to 8 children and provide a higher level of care than a regular foster home. The foster parents provide extra support to accommodate the needs of the children placed in these homes (Compass of Larimer County, 2015).

Independent living. Is a placement where a youth lives independently in the community under the supervision of the Department of Human Services. These placements are designed specifically for youth who have emancipated from foster care and need assistance transitioning from out-of-home care to living independently (Compass of Larimer County, 2015).

Residential child care facility (RCCF). Residential Child Care Facilities are facilities providing intensive therapeutic services in an institutional setting. This is the most intensive level

of care short of hospitalization. As defined by the Division of Child Care Colorado Department of Human Services (2012),

> A "residential child care facility (RCCF)" shall provide twenty-four (24) hour residential group care and treatment for five or more children, between the ages of three (3) and sixteen (16) years old and for children from sixteen (16)-eighteen (18) years old and for those persons to twenty-one (21) years old who are placed by court order prior to their eighteenth birthday. A residential child care facility shall offer opportunities for a variety of services that can be used selectively in accordance with an individual plan for each child. A residential child care facility is operated under private, public or nonprofit sponsorship (p. 1)

Services Provided

Mental health services. Division of Child Care Colorado Department of Human Services (2012a) defines mental health services as "beneficial activities which aim to overcome issues involving emotional disturbance of maladaptive behavior adversely affecting socialization, learning, or development. These include and are limited to individual, group, family therapy, evaluation services and medication management" (p. 1).

Child Protective Services (CPS). Child Protective Services (CPS) is "The system of services provided to children and youth vulnerable to abuse, *neglect, exploitation or neglect" (*Garthwait, 2012, p. 11).

Characteristics of Children in Residential Care.

As Walter (2007) suggested, residential treatment youth have various internalized and externalized behavior problems associated with fewer adaptive skills. Most of the clients in RT are adolescent boys (Baker, Archer & Curtis, 2005). Problems are linked with behavior, school performance, and relationships with others, as the majority of these children are struggling with emotional disorders. In addition, attention deficit disorder, conduct disorder, or anxiety disorders are frequently diagnosed in young people in residential treatment. Their relationships with their parents are subjugated with chronic conflicts, and thus, many are rejected by their parents

(Frensch, 2002). Walter added, referring to Whitaker, Archer, Hicks (1998), some residential treatment youth get involved in inappropriate sexual behaviors. However, research did not articulate if there is an association between the youth's troubled relationships with their parents and their involvement in these inappropriate sexual behaviors.

Issues and Outcomes Related to Out-of-home Care Controversial Issues

Although there are many critiques of RCC, it is easy to find others advocating for it. For example, Mclntyre and Mclntyre (2004) found "The need for residential services for youth with the most intractable emotional and behavioral problems continue to exist despite advances made in developing community-based systems of care" (p. 137). They believed the decrease in RTC was due to less support in the literature for its effectiveness. Mclntyre and Mclntyre added,

> Residential treatment for youths with EBD is part of a continuum of out-of-home placements that ranges in degree from restrictive treatment foster care and community-based group homes, at one end, to psychiatric hospitals representing the most restrictive treatment setting (p. 138).

In the continuum of out-of-home care, RCC still occupies both an enviable and unenviable position. While some see institutional care as doing more harm than good, others do not agree with this notion. For example, Beker (1994) said "child-caring and control institutions should be closed. They are costly, ineffective and in far too many instances, abusive" (p. 276). He concluded that only a few children should be institutionalized because they cannot be managed in less restrictive settings.

On the other hand, Beker (1994) argued for residential care and believed "Good residential care for appropriate clients does more good than harm, if indeed it does harm at all" (p. 286). He added that efforts must be directed to make it more humanitarian, real, and operative. As the Connecticut Behavioral Health Partnership (2009) reported, there is scarcity in the existing literature on the length of stay in residential programs, as well as a gap in the general

literature studying residential programs in the continuum of child care. Furthermore, there is a discrepancy among different facilities regarding their clients' length of stay. However, there is agreement in the literature about the factors contributing to the length of stay.

Walter (2007), found that even with continual system reform, attempts to achieve treatment settings that provide a least restrictive atmosphere can be attributed to the lack of agreement about standards for success, and to the dearth of effective data collection systems. He also reported that even though many children in residential treatment achieve improvement, twenty to forty percent of them had not; some had even worsened.

Research literature. The problem of negative outcomes for youth who left child care system (CCS) is one of the most important issues at hand. While the history of out-of-home child care has seen many reforms acts and improvements, the literature still shows this system has many negative outcomes. Knorth, Harder, Zandberg, and Kendrick (2008) found that child foster care and RCC, as systems, are doing more harm than good for children that should be cared for. However, the literature said very little about the reasons behind these outcomes.

Negative outcomes related to child placement. Is it worth all the research efforts to explore the different outcomes that can be achieved on the continuum of care? Children's behavioral, mental health, and educational accomplishments may vary depending on the level of restrictiveness of care. To start with the behavioral outcomes, it is important to know that children from different placements may behave in diverse ways. As cited in Lee and Thompson (2008, p. 2), "Rates of conduct disorder or oppositional defiant disorder diagnoses for youth entering group care have been reported to be as high as 75%." They added that descriptive studies compared treatment foster care and group care and found that young people in treatment foster care were less disturbed (Berrick, Courtney & Barth, 1993), less likely to take

psychotropic medications, and more likely to obtain community-based supplementary services (Breland-Noble, Farmer, Dubs, Potter & Burns, 2005) than young people from group care.

Research comparing institutional care with foster care showed that children who experienced long term institutional care encountered more behavioral problems (Almas, Degnan, Walker, Radulescu, Nelson, Zeanah, & Fox, 2015). The authors' findings showed that children who received continuous institutional care were having "behavior that [could] indicate an overall lack of confidence in initiating and maintaining positive social interactions with an unfamiliar peer" (p. 11). They added that the intervention of foster care was having a positive effect on children's behavior and attribute it to the relationship experience with their foster caregivers as having an "opportunity to form an attachment relationship to a primary caregiver and through meeting and getting to know biological children in their foster family or other foster children received into that family" (p. 11). The previous study also showed children in institutional care were lacking social awareness, combined with limited ability to attain the engagement level when they play with peers.

Mental health.

Another problematic issue is mental health outcomes. Research points to poor mental health outcomes for children who experienced out-of-home care (Cicchetti & Toth, 2005). Gabrielli, Jackson, and Brown (2014) found that "20.8 % of children victims of maltreatment placed in foster care due to substantiated child maltreatment exhibited significant deficits in typical development and psychological health" (p. 1).

Lawrence et al. (2006) summarized previous foster care studies showing that the population of children experiencing foster care

> "is at significantly heightened risk for behavior problems. The severity and frequency of behavior problems far exceed the norm for children reared at home with similarly adverse

> backgrounds. Moreover, children with significant behavior problems and clinical diagnoses are likely to remain in foster care for longer periods and are at significant risk for multiple placements due to the level of care required to adequately treat them" (p. 60).

A study was conducted in Denver, Colorado, aimed at providing a loving, interacting, and nurturing practice that enhances resilience, emotional development, and builds positive relationships with young children with special needs in areas such as cognitive, communication, adaptive, physical motor, and social-emotional skills. The study concluded: "The emotional quality of the parent-child relationship has a profound effect on young children's health and well-being... challenges and life stressors related to their children's delays/disabilities that can interfere with the development of emotionally positive relationships" (Coleman, Kubicek, Linder, Miller, & Riley, 2013, p. 253).

Education outcomes.

Moving to the educational outcomes, the literature on youth leaving care shows their low educational achievements.

Referring to (e.g., Legal Center for Foster Care & Education, 2014; U.S. Department of Education & U.S. Department of Health and Human Services, 2016). Clemens, Helm, Myers, Thomas and Tis (2017) said "Middle- and high-school students in foster care, as a population, are failing to meet grade-level academic standards or attain high school credentials at rates comparable to their non-foster care peers" (p. 65). Courtney et al. (2011) articulated, "The educational deficits that were observed among Midwest Study participants at each of the first four waves of data collection" (p. 20) indicate that one-fifth of the youth aged out of care who are aged 25-26 have neither a high school diploma nor a GED. They added that, while 40% of their participants continued their education for at least one year in college, just eight percent had graduated from either a 2- or 4-year school.

The study by Vacca (2008) points to another glaring inconsistency. Foster children's high school experience lacked continuity, when compared with their more stable counterparts. They were apt to change schools due to changing foster placement location. Further, when this happened during the school year, daunting challenges could show up that interrupted their education plan. The foster children's experience exacerbated their lack of stability, and these interruptions not only severed their tenuous friendship bonds but also their fragile learning capacities. Generally, their educational plan was impacted since the changing academic counselors did not have enough time to be acquainted with their pupils' abilities and historical background.

According to Zetlin, MacLeod, and Kimm (2012), special education teachers were more suitable in teaching foster children than general education teachers. He found that special education teachers were more knowledgeable about their students' circumstances who were in foster care. Their findings showed that 83 percent of general education teachers had been uninformed about the social backgrounds of their students who involved children from foster care. Terry and Bohnenberger (2003) drew attention to the fact that American child welfare policy asserting child protection from abuse and neglect improvements in children's lives still needs to be achieved.

Employment outcomes.

As cited in Barnow, Buck, O'Brien, Pecora, Ellis, and Steiner, (2013), (Pecora *et al*. 2005) mentioned that some of former foster care youth struggle to have an occupation that can secure them a good living. Youth leaving care system may be paid lower wages than their peers in the regular population regarding their low levels of achieved education. As cited in Barnow, B. S., Buck, A., O'Brien, Pecora, Ellis, and Steiner, (2013), "Evidence of

lower employment rates for alumni of foster care has been supported by many studies. (Cook 1992; George *et al*. 2002; Courtney *et al*. 2011).

Gaps between current care and what is defined as evidence-based practices.

Evidence-based practice (EBP) is one of the most innovative and important issues in social work practice, in general, and specifically in working with out-of-home child care. As articulated by Gulp (2013), "A continuum of evidence-based interventions, as well as increased public interest and government investment, will be needed to promote healthy emotional, social, and behavioral development, to prevent problems in high-risk populations, and to effectively treat disorders when they arise" (p. 21). However, there are still gaps between information producers and practitioners. Gulp (2013), emphasized "There has been significant growth in basic developmental science regarding the trajectories of (and contexts for) social, emotional, and behavioral development, yet much of this knowledge resides within the 'silos' in which it was created" (p. 23). He added that "there have been impressive gains in developing evidence-based practices for preventing and treating mental health conditions in children, yet there are critical gaps in dissemination and implementation of these services in the community" (p. 23). Social work practice involves growing sectors of human services, but presents a potential for more contributions and challenges as well. Children's mental health may be one of the most important of these services and practices. Hodges (2013) stated “social workers administrate and direct many programs in mental health and child welfare. The current challenges in behavioral health care today require that we develop data-driven and outcomes oriented approaches" (p. 323).

Implementation of evidence-based practice in out-of-home child care is an innovative addition to social work practice.

Furthermore, there must be more awareness towards the specific child care setting of practice, and the need for more considerations to the client's individual needs. Schmidt and Schimmelmann (2013) summarized that in recent years, numerous evidence-based interventions have been produced by researchers looking at psychotherapeutic services for children and adolescents. They added that much is known about treatment outcomes, while little is known about what exactly leads to the changes interventions can produce. Regarding treatment efficacy, they say there is a need for individualization and adaptation to the client developmental stage, as well as to the context of his or her problems.

Ai, et al. (2013) stated that evidence linking early trauma with stark psychiatric concerns is on the rise. For instance, posttraumatic stress disorder (PTSD) is a devastating mental health disorder from which some foster care youth suffer. Conversely, the child welfare system's response is still inadequate in its assessment and intervention. Thus, there is a need for reshaping this response.

Evidence for Family-Like…, and Importance of Relationships

Therapeutic vs. family-like environment. The U.S. Department of Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), defines Medication-Assisted Treatment (MAT) as: the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. MAT is clinically driven with a focus on individualized patient care. Research continues to demonstrate that medication, along with behavioral therapies, results in successful outcomes (State of New Jersey Department of Human Services, Division of Addiction Services, 2008).

Wojciak, Thompson, and Cooley, (2016) linked foster care youth experiences of trauma with their internalizing symptoms and the protective possibility for the foster parent-caregiver relationship against these symptoms. The authors concluded "Namely, interventions for youth who have experienced trauma should focus on improving the relationships with youth's caregivers as a means for reducing internalizing symptomatology in these youth" (p. 104).

Issues of relationships between staff and children.

Many models and treatment approaches are tried in working with children in out-of-home care. Some are more focused on children's pathological issues, while others targeted social relationships to improve the child's everyday functioning. "Following a period in which the place of relationships in social care has been marginalized by an approach focusing on targets, outcomes, standards and regulation, there is a resurgence of interest in relationship-based approaches" (Coady, 2014, p. 2).

For instance, multidimensional treatment foster care stresses close and supportive adult care with less contact with peers that may provide bad role models (Fisher & Chamberlain, 2000). Relationship issues are important and need more attention from researchers in the field of child residential care. As Bethany and Thompson (2008) reported, while treatment and intervention are standardized, differences in utilizing treatment interventions may differ depending on staff, individuals, and foster care parents by the treatment components they will emphasize. The authors added:

> "[C]haracteristics of staff and foster parents, including personality, experience, age, race, gender, and sophistication in using the model, likely vary. A youth's relationship with a caregiver as well as the caregiver's capacity to care for challenging youth may also impact youth outcomes. However, these constructs were not considered in this analysis" (p. 10).

Evidence for family-like residential child care effectiveness.

While group care did not escape criticism, the literature shows weak evidence for its effectiveness (Hair, 2005). However, teaching a family model may be the exception. It is a behaviorally-oriented model that incorporates family-style living, youth self-government and a token economy for learning social skills (Larzelere, Daly, Davis, Chmelka, & Handwerk, 2004). In this model, six to eight youth live together in a large home with their house parents, while receiving continuous supervision surrounded by a family-like environment that focuses on relationship building. The effective components of this model are the low youth-to-staff ratios, and positive reinforcement for socially desirable behaviors (Friman, Jones, Smith, Daly, & Larzelere, 1997). Compared to other group homes, youth/children in this model were found to be three times less likely to be involved in delinquency involvement (Youngbauer, 1997). Good educational accomplishment and good relationships with peers and adults were also positive outcomes for this model (Thompson et al., 1996).

Relationship boundaries.

Engaging with people in helping relationships has traditionally been seen as a core function of social work and social care, and the relationship has been seen as a core element of the efforts of workers to offer help (O'Leary et al., 2013). As Coady (2014) said, a helping relationship was marginalized in the last decade of the last century to give way for case management approaches concentrating on standards, outcomes, and targets. Nevertheless, he quotes from Ruch (2010) and Smith (2009) that recently there is an increase of interest in relationship-based practice. Coady (2014) speculates that "This raises the question of whether conceptions of relationship boundaries that have been influenced by previous managerialist orientations towards social work and residential child care will be compatible with re-emerging relationship-based approaches" (p. 2). Consequently, professional relationships among social

workers and other helping professionals, and children in residential care should reconsider these recent research findings. As cited in Kendrick (2013), Smith (2011) said:

> The continuing ambivalence has impacted on the role of staff and carers in residential care. There has been an increasing tension between defensive practice and professional distance, and the need for positive relationships between children and residential staff members (p. 77).

Attachment and relationship boundaries.

Secure attachment is one of the most important needs children seek in their biological family or in any other alternative care. As Bowlby (1969) articulated, children commonly seek a desired proximity: "[S]strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired or ill" (p. 371). Attachment can be related to another concept - emotional availability which means “a relational concept based on the fact that, in any caring relationship, a certain range of organized emotions is associated with continued involvement, intimacy, and developmental change" (Frankenburg, Emde, & Sullivan, 1985, p. 80). Healthy and positive attachment and emotional availability can improve the relationship between the caregiver and the child in out-of-home care. This is true in very early childhood as well as in adolescence. Nelson's (2012) findings emphasize the importance of the caregiver's ability to build an inviting atmosphere that allows for a free flow of communication with his cared adolescent, "... invited his adolescent to be near and to communicate in a free flowing manner,... the caregiver was receptive to the adolescent when open communications, and positive body posturing and a pleasant spoken voice was present" (Nelson, 2012, p. 81).

Developmental factors.

Out-of-home care is seeking to secure child normal development on several fronts. “The foster care social service system is designed to ameliorate adverse family and environmental

conditions that may interfere with typical child development" (Lawrence, Carlson, & Egeland, 2006, p. 57). According to Curtis, Dale, Kendall, and Rockefeller (1999), as cited in Lawrence et al. (2006), "Throughout the current foster care literature, removing children from their families of origin and placing them in out of home care has been associated with negative developmental consequences that place children at risk for behavioral, psychological, developmental, and academic problems" (p. 57).

In a study conducted by Hussey and Guo (2005) that included 126 children in residential facilities, results showed that 73 percent experienced some type of child abuse and chronic maltreatment; 44.4 percent of their families had high levels of alcohol abuse, and 49.2 percent of their families were involved in drugs. The study results also indicated an average IQ of 82.7 for the children. The study attempts to explain this low IQ through the co-morbidity of maltreatment that children experienced in their families. The study continued for five years and used statistical methods to show that "Parental alcohol abuse, and children's age, medication status, race, initial DSMD total and critical pathology scores were predictive of length-of-stay. "Residential length-of-stay was strongly linked to initial levels of psychiatric symptomatology" (Hussey & Guo, 2005, p. 95).

Social development.

Social development is a key aspect of child development and may present the greatest challenge for children in out-of-home placement face. It may partly be explained by the fact that the more restrictive the child placement, the more the child will experience issues with his or her developmental achievements. "[C]hildren receiving institutional care…. were less socially competent and more reticent during initial interactions with an unfamiliar peer" (Almas, Degnan, Walker, Radulescu, Nelson, Zeanah, & Fox, 2015, p. 236).

Transition programs and common services.

Barnow, et al., (2013) stated that the most common services provided to foster care youth are "Job preparation, transportation, child care, education support services and life skills" (p. 1). Their study included 1058 foster care children and findings showed that only 35 percent were able to be employed, 23 percent received a General Education Development or diploma, and 17 percent joined posts-secondary schooling.

Speaking of social relationships in residential homes, Berridge, Biehal, and Henry (2010) concluded that residential homes are comfortable environments, but at the same time, inherited some characteristics from institutional care that may be better to avoid. The authors wrote:

> If the intention is to provide a normalised, nurturing environment; welcoming, supportive relationships; and in which boundary-setting occurs, then these institutional features are a hindrance... only about half the homes provided a consistently warm and caring environment throughout the day and across the staff group. In two of the ten homes staff were rather detached (p. 91).

Building on previous investigations of three-years follow-up studies tracking the association of youth outcomes, organizational climate, and casework services within child welfare system, Glisson and Green (2011) conducted an extended study with a seven-year follow-up. The study utilized five waves of the National Survey of Child and Adolescent Well-being and the sample was comprised of 1,678 cases. It also included 88 child welfare systems and 1,696 caseworkers. Engagement and stress were the dimensions used to assess the organizational climate. Their findings showed that a positive organizational climate in the child welfare system can significantly help maltreated youth achieve healthier outcomes. They also concluded that:

> Organizational climate is associated with youth outcomes in child welfare systems, but a better understanding is needed of the mechanisms that link organizational climate to outcomes. In addition, there is a need for evidence-based organizational interventions that

> can improve the organizational climates and effectiveness of child welfare systems (p. 552)

Placement stability.

The literature places a lot of emphasis on the importance of placement stability due to the large population of children in care and the effect stability can have on youths' positive outcomes. As cited in Northern California Training Academy (2008),

> Children who are in the Child Welfare Services system and experience multiple moves are at increased risks for poor outcomes in academic achievement, socio-emotional health, developing insecure attachments, and distress due to the instability and uncertainty that comes with not having a stable family environment (p. 3)

Sudol (2009) noticed that while placement change can sometimes benefit clients, generally it does more harm than good. He illustrated that some of the negative outcomes are "behavioral and attachment problems, as well as other challenges for children, such as mental health issues, educational under-achievement, and unemployment and poverty in adulthood" (n.p). The Northern California Training Academy (2008) concluded "based on research evidence, kinship or relative placements result in fewer moves, and can have 70% lower rate of disruption" (n.p)

Conceptual Framework

Systems theory – child, family, child welfare system.

Systems theory helped this study to construct its fundamental base. Jaccard and Jacoby (2010) explained that

> Systems theory adopts a holistic approach rather than a reductionist approach to analysis… examining the interrelationships and connections between the component parts of the system. It is no[t] enough, for example in a family system to separately analyze the mother, the father, the son, and the daughter (p. 310)

The ideas about structure and function that systems have can be helpful in studying child

care as a formal system. Furthermore, it can help to explain its relationship with other processes that interact with the child care system like communities, families, and individuals. As any other organization, the child welfare system's function is to achieve specifically determined goals "System functions are generally thought of as organized activities that promote the achievement of system goals" (Wulczyn, Daro, Fluke, Feldman, Glodek & Lifanda, 2010, p. 12). As previously mentioned, safety, reunification, and permanency are still representing ambitious goals of the Child Welfare system (Bates et al., 1997). To achieve these goals for children who experienced out-of-home care, it may be essential to pay more attention to the social relationships that take place on daily basis.

In addition, the child welfare system has its own structure and capacity. Structure can be understood as the context where the functions will take place. "Whereas system functions refer to what a system does to achieve its goals, system *structure* sometimes refers to how the fundamental elements of the system are connected—that is, the framework or context within which system functions (e.g., services) are carried out" (Hmelo-Silver & Pfeffer, 2004; Green & Ellis, 2007, as cited in Wulczyn et al., 2010, p. 12). The human and natural resources that a child welfare system has represents its capacity to achieve its goals. "Capacity refers to the facilities, material resources, skilled personnel, and funding needed to operate the system" (Wulczyn, et al., 2010, p. 13). Again, within the capacity that the child welfare system has, it is of great importance to reconsider human personal relationships. These relationships characterize the foundation in building the structure of a care system, and also assisting in the achievement of its goals and functions.

Whereas this formal system exists to replace families, which is an informal system, it should mirror how a family works as an informal system to accomplish its functions. Learning

from the family as a system and its everyday practices can save the child welfare system time and costs. Even when it is inevitable to place children in residential institutional care, they still deserve a family-like environment full of authentic human relationships. This includes authentic support, emotion, and belonging to the group of people the child has to live with, day in and day out.

Forbes, Luu, Oswald, and Tutnjevic (2011) define five main players that can have significant roles in the child protection system. These system players are the child himself, the family, the community, the state, and international structures. The authors explained:

> Children are also one of the actors in the system, and as such have a role to play in their own protection. Life skills and spiritual development can build children's capacity to make good decisions, influence their environment positively and build resilience to difficult situations (p. 11).

Humanistic Positive Psychology Theory.

As previously defined, Positive Psychology is a scientific area of study concerned with healthy human functioning that helps people [to flourish] and live meaningful lives (Positive Psychology Institute, n.p). It aims to balance the psychology focusing on pathology issues with more attention to positive emotions and well-being resources.

In residential child care, a positive perspective can help tackle negative behavioral outcomes. Consequently, focus on social relationships is needed. Maclean (2003) described how negative social relationships can be part of children's institutions, everyday life "Often, young children will spend a significant proportion of each day in a cot with a 'vacant stare' or tapping on the bars of their cot/crib 'cage'" (as cited in Browne, 2009). This unoccupied or unstructured time at residential settings may negatively affect children's behavioral outcomes. Stein and Wade (1999) stated that young people leave care systems with low educational achievement, high rates of unemployment, and early parenthood and pregnancy. Neal (2009) suggests that the longer the

experience a child had in childcare, the more stress he may experience that could lead the child to become disobedient and aggressive. Given the high spending and poor outcomes, we should try to understand the reasons behind the negative outcomes. Solheim, Belsky, Wichstrom, and Berg-Nielsen (2013) declared three central factors related to out-of-home care experience: quality of services provided, quantity, length of stay in care, and type of care setting.

It may be better to investigate any problematic developmental delays from a positive perspective that believes in the child's ability to catch up with his peer age group required achievements. Thinking and doing something positive and removing any obstacles during any developmental milestone may be of greater help to children than exaggerating the pathological side in their character.

Cultivating character strengths at out-of-home placement.

The founder of positive psychology, Martin Seligman, has identified twenty-four characteristics or strengths and defined them as "positive traits reflected in thoughts, feelings, and behaviors. They exist in degrees and can be measured as individual differences" (Park & Seligman, 2004, p. 603). To illustrate, some of these virtues are self-regulation, social intelligence, love of learning, creativity, and hope. Parents and educators are known to be enthusiastic about cultivating characteristics like these in their children and students (Gillham et al., 2011). The recent literature in Positive Psychology shows "many character strengths are associated with current levels of well-being" (Peterson, 2006, as cited in (Gillham et al., 2011, p. 31). This must encourage professionals to do their best to nurture, boost, and develop these characteristics in the population of children in out of home care. It is better than to focus on pathology issues and psychological disorders in their personality. The Diagnostic and Statistical Manual of Mental Disorders is full of negative issues that out-of-home children may have.

Nonetheless, we still have a duty to have a parent's enthusiasm that this child can have something that makes us full of pride. Therefore, interventions provided in out-of-home care should focus on choosing positive traits that work on cultivating these in this population. "The results… have implications for interventions that prevent problems or promote well–being. Deliberate attempts to cultivate the good life—such as those embodied in character education, life coaching, or afterschool youth development programs" (Park & Seligman, 2004, p.617).

Volunteers' role.

Because of time flexibility and diverse activity that they can offer, volunteers have a unique ability and capacity in supporting and building children's characteristics. As mentioned in Kobulsky, "Cage, and Celeste, (2018), Volunteers offer a potential avenue through which PCWAs can expand their capacity and potentially advance strong community relations and foster positive outcomes for children in their care". (P. 27).

Developmental theory. Developmental theory describes the process of human development, growth, and maturation over the life span. Therefore, this theory enlightens us about:

> what to expect as we reach certain ages, what not to expect, what our government is likely to afford us according to the level of development… provide the explanatory basis for typical and atypical unfolding of an entity… establish and evaluate individual lives, groups, governments, and even nations according to expectations of movement and change throughout their time spans; we compare single cases to theorized expectations, and determine the extent to which cases fit or do not fit within a desirable range (DePoy & Gilson, p. 38).

The authors added that developmental theory applies the mathematical normal curve to describe the common and uncommon characteristics of people and categorize them into age and maturity groups. This helps with clarifying what is average and typical for each age group and what is expected from it. DePoy and Gilson (2012) also pay attention to diversity issues that may

exist within people from different racial ethnic backgrounds when indicating these developmental cohorts. The developmental approach assessment procedures are based upon intervention implementations, and decision making in foster care. Issues related to mental health, social development, and educational achievements are apt to be measured based on this theory in some way or another. Furthermore, child placement decisions are usually made based on child developmental needs. "Foster care includes kinship and non-kinship foster homes; specialized foster care is appropriate for children with greater behavioral, emotional, developmental, and medical needs" (Chor et al., 2014, p. 72). Again, ethnical and cultural differences should be considered when making these decisions, as there is ongoing debate about developmental harm that can be brought about by out-of-home care. Joseph and Doyle (2007) said "Despite the large number of children at high risk of poor life outcomes served by child protective services, it is unclear whether removing children from home and placing them in foster care is beneficial or harmful for child development" (p. 2).

Davis (1999) believed that a transactional-ecological perspective was effective in social work practice with children. He clarified that children's development "is irregularly influenced by maturational changes within the child, by the parents' responses to those changes, by external circumstances, by institutional or cultural changes that indirectly affect child and family, and by the child's reactions to all these changes" (p. 10). This can be applied to foster care children, whose development pathway can be affected by the type of placement they experience, by family practices within these placements, by social relationships with staff and peers, and by their internal personal factors.

During the life cycle people are apt to face challenges as well as opportunities. One should balance their way of thinking and try to do their best in both situations so as not to panic

when facing new challenges that may come later. Individuals must be ready to take advantage of new opportunities that may come with the beginning of new stages in their life. As expressed by Carr (2004):

> Throughout the lifecycle we all develop psychologically. We develop new skills, competencies and strengths. We confront opportunities for growth and development and challenges that place demands on our capacity for coping... when faced with opportunities or challenges we bring our strengths to bear on the situation. These include historical, personal and contextual strengths to cope with demanding situations" (p. 301-302).

Summary

The existing literature on out-of-home care points to a correlation between positive outcomes and positive social relationships, and provides evidence that placement stability and family-like environments in residential child care are key elements in achieving positive outcomes. At the same time, however, little empirical research has been conducted on social relationships from the perspectives of social work practice. This study filled some of the gap in the limited literature available on social relationship dynamics in out-of-home care environments by focusing on aged out of care youth's attitudes toward their residential placement experiences. This may help improve administrators' understanding of youth's perceptions of the aspects and issues that comprise social relationships and family practices in child placement, and helped to enhance its positive outcomes. It added to the existing knowledge and informed policy makers and decision makers to pay more attention to children's expectations in out-of-home services and how these affect their educational, behavioral, and mental health outcomes. Finally, this study contributed to the existing literature by shedding light on the importance of social relationships even, when children are in out of home care system and in independent living, which can be part of their aftercare services. A framework for understanding the importance of social relationships

in achieving positive outcomes was provided by the literature on systems theory, developmental theory, and humanistic positive psychology theory. These theories informed the research questions and methodological approach of the current study, presented in the next chapter.

CHAPTER 3 – METHODOLOGY

Introduction

This study explored the perceptions of youth aging out of care about their experiences in out-of-home care. Two approaches to providing care were discussed. The first was a more family-like approach that paid more attention to social relationships. The second was the therapeutic-based approach that gave more attention to the pathological issues that youth in out of home care had. The introduction explored how each approach to care differed, related to the level of personal social relationships and the positive care atmosphere that went beyond daily routines to more human relationships. This study shed some light on youth's family-like experiences, including educational support, and social support, and whether these experiences were associated with the length of out-of-home care as well as their current status of employment, education and living situation outcomes. While these outcomes have been described as very poor by many studies, the literature produced very little information about ways that can improve these outcomes. Authentic social relationships provided by the family-like approach may be part of the solution to improve out-of-home care outcomes.

Research Questions

A questionnaire interview was developed and utilized to address the following general question: Are there any relationships between youth aging out of care perceptions of their experiences of out-of-home care based on the length of stay, first group experienced out-of-home care and exploring the effect of (educational support, social support, and family-practices) on their current status of employment, education, and living situation.

Based upon the out of home care participating youth report, youth were divided into two groups. One experienced 1-4 years in out-of-home care, and the second group experienced 5 years or more in out-of-home care. The general question was divided into these specific sub-questions:

Question 1. Are youth reports of education support associated with their length of stay in out-of-home care?

Question 2. Are youth reports of family-like experiences associated with their length of stay in out-of-home care?

Question 3 answers. Are youth reports of social support associated with their length of stay in out-of-home care?

Question 4. Do total support scores differ by out-of-home care?

Question 5. Does a combination of total support score and years out-of-home care predict youth educational outcomes based on their length of stay?

Question 6. Does a combination of total support and years out-of-home care predict youth employment outcomes?

Question 7. Does a combination of years out-of-home care and total support predict youth living situation?

Question 8. How much of a positive influence did each of the following people in the childcare system (caregivers, social workers, counselors, psychiatrics, peers, activity instructors, and volunteers) have on youths' lives?

Question 9. What suggestions do participants provide to improve the future of out-of-home care?

Research Design

The study utilized a quantitative approach in analyzing data collected from closed-ended questions. In addition, data collected from one open-ended question was analyzed using a qualitative approach using a content analysis method. A survey, in a questionnaire format, was used to collect data. Babbie (1990), as cited in Creswell (2008), said "Survey research provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population" (p. 14).also, Pinsonneault and Kraemer (1993) defined a survey as a "means for gathering information about the characteristics, actions, or opinions of a large group of people" (p. 77). This served the study's goal of recognizing youth's voices and their opinions about the main approaches of providing care. It also helped improve and plan for out-of-home care in the future.

The key variables for the study were as follows. The independent variables (IVs) were: length of out-of-home placement, and youth perceptions related to family practices, educational support, and social support. Social relationships experienced in out-of-home settings may have different effects on youth aging out of care regarding education, employment, and living situations outcomes; therefore, these variables comprised the dependent variables (DVs).

The Independent and Dependent Variables Defined

Participants' current status of education.

Question 26, Current status of education, was defined as the highest level of education the participant achieved to date. It was reported as achie ved level of education.

Participants' current status of employment.

Question 27, Participant's current status of employment, was categorized as: Full time (35 hours per week or more), part time (Regular) part time (Occasional), and not currently employed for pay

Participant's current status of living situation.

Question 28, Participant's current status of living situation, was defined as where the participant stays most often. Categories included: independent living housing, in college dormitory, your own place (apartment, house, etc.), participant parents' home, another person's home, and other.

Types of child-out-of-home care.

Questions 1, 2, and 3. According to the Child Welfare League of America (CWLA) (2005), a diversity of placements is available to children who are removed from their families and who enter into out-of- home care. The general rule for the system is to utilize the least restrictive setting when placing children in care. These settings comprise a continuum of services that include kinship care, family foster homes, child placement agency placements, including group homes, and residential child care facilities.

The continuum of care.

CWLA (2005), indicated that the continuum included services such as prevention/diversion, family preservation, counseling, in-home services, day care, day treatment, kinship, foster care, adoption, group home, and residential treatment. This presents a linear description of the child continuum of care and how it was programed to operate – from the least to most restrictive services – for the child and family. This perspective shows residential care as the last resort intervention to be used only when other options fail. According to the CWLA (2005),

> Residential services are an important and integral component within the multiple systems of care and the continuum of services. Residential services include supervised/staffed

> apartments, group homes, residential treatment, intensive residential treatment, emergency shelter[s], short-term diagnostic care, detention, and secure treatment (p. 1).

This study was conducted within three counties in a western state. The following are the types of care provided to youth aged out of care.

Family-like practices and experiences.

Questions 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13 on the questionnaire, were analyzed individually and summed for descriptive statistics. As cited in Spagnola and Fiese (2007), Fiese, Tomcho, Douglas, Josephs, Poltrock, and Baker (2002) define family practices as "specific, repeated practices that involve two or more family members. Yet they are distinct and can be contrasted along the dimensions of communication, commitment, and continuity" (Fiese et al., 2002).

Educational support.

Questions 14, 15, 16, and 17 on the questionnaire, were analyzed individually and summed for descriptive statistics.As indicated by Harker, Dobel-Ober, Lawrence, Berridge, and Sinclair (2003), educational support was defined as that:

> physical facilities and material support… personal support and interest – attending school events and showing an interest in education… having an individual who showed interest in educational progress. Being encouraged to apply oneself to school work and receiving support to encourage academic progress, including individuals who took notice of school reports and attended school events (pp. 95-96).

In this study, educational support meant all tangible and intangible resources youth were offered in their care group to encourage and help them do their best to excel in school.

Social Support.

Questions 18, 19, 20, 21, 22, 23, 24, and 25 on the questionnaire, were analyzed individually and summed for descriptive statistics. Social support was defined as:

> the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional, tangible, informational, or companionship and intangible. Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, organizations, coworkers. (Definitions.net. n.p, 2016)

Also, Bowlby (1969, 1973, 1980) defined social support as "the existence or availability of people on whom we can rely, value, and love us" as cited in (Sarason, Levine, Basham & Sarason, 1983, p. 128).

In this study, social support meant all the perceived and actual social support and assistance that was available for youth from people in their care setting. This included the social support that came from professionals (social workers, counselors, therapists… etc.,) as well as caregivers, staff, and peers.

Paying more attention to social support in out-of-home care settings can create human environment that helps both children as well as their caregivers.

Caregiver social support can affect young children directly, for example, by providing help that frees up the child's primary caregiver to spend more quality time with the child. It can also affect children indirectly by reducing caregiver stress and enabling more positive caregiver-child interactions" (Department of Child and Adolescent Health and Development World Health Organization, 2004).

Participants and Setting

Independent living. Independent living for youth aging out of care in the community, supervised by the Department of Human Services to help youth transitioning from out-of-home care to living independently. This last group defined youth who were asked to participate in this study.

This study included all the youth aging out of care that were registered with the Chafee Foster Care Independence Program in El Paso County, Pueblo County, Larimer County,

Colorado. The number of participants were 54 youth. The Chafee Program offers transitioning services help youth aged out of care move into independent living and include: safe and within their means housing, physical and mental health services, employment, education, independent living and social skills. In addition to these skills, youth are provided with an adult mentor or family coach working as community of support (Matthews House, Schmitz, 2015, "Organization," para).

The current study included participants who experienced one or more of the following out-of-home placements: kinship care, family foster homes, group homes, and residential child care facility.

Sampling.

The study tried to include all youth aging out of care who received services from Chafee Foster Care Independence Program in three-western counties in a western state. The target population were all the youth that were aging out of care in the three-western state. The accessible population were all youth aging out of care that received services from Chafee Program. The selected sample was all the youth that were eligible to answer the questionnaires and met the criteria of aging out of care. The actual sample represented the youth aging out of care who agreed to participate in this study and completed the questionnaire.

Sample criteria were the aging out of care youth, both males and females, who were 18-23 years old. Only youth who left care within the last five years were included. The study focused on two levels of care provision: One that is more focused on family-like care and the second that placed more emphasis on the pathological issues that the youth experienced. The effects of type of care were explored related to the outcomes of education, employment, and housing status.

Sampling ethics.

This study considered the differences related to ethnic groups, gender, race and socio-economic class. To illustrate, with some examples, it was important to consider the effects of ethnic group background on current employment and education status. Gender also could have indicated some problems like teen pregnancy.

Internal and external validity.

Internal validity is defined as "The extent to which we can infer that the independent variable caused the dependent variable" (Gliner, Morgan, & Leech, 2009, p. 102). The proposed study explored the association between family-like practices, educational support, and social support, and type of-out-of-home care group, and also how type out-of-home care affected youth's current employment, education, and living status outcomes. To be more specific, the study's findings could be regarded as initial indicators of the relationship between the independent variables and the dependent variables. External validity was defined as "The extent to which the findings will generalize to other populations, settings, measures, and treatments" (Gliner et al., 2009, p. 102). The study's findings, while not generalizable, could be considered as initial indicators that could apply to similar populations and settings in the State of Colorado as well as the rest of the United States.

Instrumentation, Data Collection and Procedures

The study used a survey instrument with quantitative and qualitative components. (Appendix A.) Descriptive and inferential statistics were used to analyze the data collected. The questionnaire was comprised of both closed and open-ended questions. The closed-ended questions consisted of five levels (Likert Scale) to describe family-like practices, educational support, and social support experienced by participants. The questionnaire included questions

about youth's suggestions to improve their social relationships within out-of-home care environments. This included their social relationships with their caregivers, social workers, counselors, psychiatrics, peers, activity instructors, and volunteers to explore who had the most positive influence on their lives. Open-ended questions fit this endeavor better, as it offered participants an opportunity to reflect on their experiences. It also explored how participants think about reshaping their out-of-home experiences, if they were to live these again. This may help in planning for and improving the social relationships of out-of-home care for youth. While most of the existing literature on social relationships considers building social skills as tools to plan for a healthy independent life, there has been less attention paid to social relationships within care settings.

The questionnaire had sections that were modified from existing instruments and used to collect data. According to Creswell (2014), "In some survey projects, the researcher assembled an instrument from components of several instruments. Again, permission to use any part of other instruments needs to be obtained" (p. 149). The researcher received approval from CSU IRB and contacted the Department of Human Services in three counties in western state and obtained permission to conduct the study after having their IRB approved also. In addition, a letter was mailed to staff to inform them of the purpose of the study.

The process of introducing the questionnaire to the participants.

The survey was introduced to participants through their caseworkers in Chafee Program. Caseworkers confirmed participants right to participate or not to participate in this study. Participants were able to answer the questionnaire individually, or in groups with their caseworkers being present to assist. This flexibility helped to solve the issues of time and transportation that may have worked as a barrier to completing the questionnaire. Participants

were assured that confidentiality was maintained, and they signed an informed consent. An appropriate incentive was offered to participants to encourage their survey responses. This was a $20 gift card for each participant who completed the survey. In addition, there was a drawing for caseworkers to win $100 who helped in distributing the introductory letter of consent form, as well as with filling in the survey.

Why it is acceptable to use study instrument.

Considering that out-of-home care is replacing the family's role in taking care of children on an everyday basis, the study relied on the existing literature and surveys to develop a new instrument to explore family-like practices, educational support, and social support that may take place in out-of-home placements. For instance, questions from the Family Rituals Questionnaire (Emerging Adult version) were used to develop section (II-C) questions; Inventory of Socially Supportive Behaviors (ISSB) were also used in section (II-B) to address participants' perception of social support.

Some of the existing instruments were used to inform the researcher about the general ideas, as well as the specific items that addressed the study constructs. For example, the following instruments helped to guide the process to learn about how a "regular" American family behaves on a daily basis (a) Family Caregiving by Barnett, Brennan and Marshall, which uses the parental Role Quality (PRQ). This questionnaire measured rewards and concerns associated with parenthood variables. (b) Barnett, Kebria, Baruch, and Fleck's Adult Children's Parent-Child Roles (ACPCR) questionnaire measured: Rewarding and distressing aspects of adult children's relationships with their parents. (C) Bartle-Haring and Sbatelli's Behavioral and Emotional Reactivity Index (BERI) questionnaire measured the levels of emotional reactivity toward parents as an indicator of differentiation of self. Touliatos et al. (2001) noted that a

sample from the questionnaires listed above can be combined with a total alpha of .93, with subscale alphas ranging from .88 to .92. The authors added that the BERI questionnaire might also be useful with young people striving to achieve independence from their parents. It is also worth mentioning that these measurements were originally prepared to be used with the general population and was adjusted to suit youth who left care. The following questionnaires were used as the main resources that were modified to build a new questionnaire that met the current study's needs and was appropriate with the study population, Family Rituals Questionnaire**,** Inventory of Socially Supportive Behaviors (ISSB), Social Support Questionnaire 6 (SSQ6).

Validity and Reliability of Research Instrument

Because the instrument was modified, it was reviewed by peers, social workers and other professionals knowledgeable about out-of-home care to be sure that the instrument measured what it was intended to measure and assured content validity. The instrument was also discussed with some youth to generate and include some items that they saw as effective in exploring their social relationships within out-of-home care environments. The researcher also conducted a pilot study. "This is especially important if you develop the instrument or if it is going to be used with a population different from the one(s) for which it was developed" (Morgan, et al., 2009, p.15). The instrument included these constructs: a. social support, b. family-like practices, educational support, and c. participants' demographics. d. People participants thought had the most positive influence on their lives. e. Participants' suggestions to improve out-of-home care future experiences.

The instrument was comprised of 39 items, with three items concerned with type of care participants had experienced. Ten items for family-like practices, four items for educational support, eight items for social support, and three questions covered participants' current status of

education, employment, and housing. Six items answered how much each of six people had a positive influence on youths' lives. Four items showed participants' demographics, and one final descriptive item sought the insights of youths' suggestions to improve the future of out-of-home care experiences. Most constructs were five-point Likert-style questions, with one open-ended item. Cronbach's alpha test was run on ten items related to family practices. Cronbach's alpha also was run on the eight educational support items, and the four educational support items. According to Gliner and Morgan (2009),_"Analyses of the internal structure of a test can indicate the degree to which the relationships among test items and test components conform to the construct on which the proposed test score interpretations are based" (P. 168). They added, "If each item on the test has multiple choices, such as a Likert scale, then Cronbach's alpha is the method of choice to determine inter item reliability" (Gliner & Morgan, 2009, p. 159).

Demographics.

The questionnaire included the following items to describe participants' demographics: (1) Age at leaving care, and b. current age, (2) gender, (3) ethnicity, (4) Number and type of placements, (5) current level of education, (6) current employment, (7) current living status, and (8) length of stay at type of placement. This descriptive demographic information helped to interpret youths' perceptions of their experiences regarding different demographic characteristics, e.g., comparing youth perceptions from different types of care and different leaving care ages, genders, and ethnicities.

Statistical analysis.

SPSS was used for the statistical analysis. An associational approach was used to examine the relationship between family-like experiences, educational support, social support and type of care group. The study examined the relationship between the constructs: family-like

practices, social support, and educational support and youth's currently reported status related to: employment, education, and living situation.

As articulated by Morgan, Leech, Gloeckner, and Barrett (2011), "associational research questions associate or relate two or more variables…. attempt to see how two or more variables covary… or how one or more variables enable one to predict another variable" (p. 5). The authors added, selecting appropriate inferential statistics will be based on the level of measurement of the dependent and independent variables. This study used tests of relationships to investigate the relationships among independent variables and dependent variables. Types of tests depended upon the number of sample groups the study ended up with. Regression analysis was used for research questions four, five, and six.

Ethical Issues

Participants' responses were used in a way that secured their confidentiality. Before beginning this study, the approval of the Institutional Review Board was obtained from Colorado State University. The Human Services administration in El Paso County, Pueblo County, Larimer County, in Colorado was contacted to acquire their IRB and permission to conduct the study. Informed consent was obtained from participants who participated voluntarily in this study. Confidentiality was assured for all participants. Ethical issues are an integral part in the domain of out-of-home care. Blacher (1994) stated that due to psycho-social, economic, ethical and moral factors, it considered as utopian to achieve an ultimate consent on balancing parents' rights against children's rights and needs. However, Blacher recognized that although sample research knowledge is already achieved in the field of out-of-home child care, continued research on this issue is worth the effort for the sake of every child having a healthy childhood.

Study Delimitations

Primarily, this study limited itself to surveying youth aged out care who experienced one or more out-of-home care placements in El Paso County, Pueblo County, Larimer County, in Colorado, Department of Human Services. The study explored how a more family-like approach and a more therapeutic approach affect youth's education, employment, and living current status and outcomes.

Males and females aged between 18 and 23 years old were the participants in this study. Aged out of care youth's perceptions on their experiences in out-of-home care were gathered and analyzed using a questionnaire that included close-ended and open-ended questions.

Study Limitations

The purposive sampling procedure decreased the generalizability of findings. This study will not be generalizable to all aged out of care youth in Colorado for the reason that it only included three counties from a western state youth and only a specific age category: 18-23, and the study only explored youth perceptions on the last two years of youth's experiences in out-of-home care. The ability to generalize was reduced when it comes to other states. A small sample size was a weakness shared with previous studies. This study was not be able to escape this flaw due to the vulnerability of its population and the expected difficulties in reaching aged out of care youth. Some of these youths moved to other states or out of the country, which is a characteristic among them, as one of the officials in state Human Services told the researcher on a phone interview.

CHAPTER 4 – FINDINGS

This chapter presents the perceptions of youth aging out of care and their experiences in out-of-home care. It outlines their experience in foster care by surveying and reporting their feedback on the types of care they were in, along with the length of time they spent in care. It also explores the social support, educational support, and family-like practices they received along with their educational outcomes, employment outcomes, and their current housing status. This study also explored their perceptions of people who had positive effect on their lives. A quantitative approach was used to analyze participants' responses to a 38 questionnaire item. In addition, an open-ended question was used to bring together youth's perceptions on how to improve out-of-home care in future. A content analysis method was used with the open-ended question. Participants' case workers were recruited to distribute and assist participants to answer the questionnaire.

Data collection occurred over a 10-month period. Surveys were completed by youth individually or in small groups with assistance from their caseworkers. A $20 Gift card was provided for each participant who completed the questionnaire. There was a drawing for caseworkers who helped filling in the survey to win $100.

This chapter reviews the survey data and the results using The Statistical Package of Social Sciences (SPSS). Participants represented youth from three counties in a western state that were registered with the Chafee Foster Care Independence Program. Survey copies and pencils were distributed to all 54 study participants.

Key Variables

It is important to note that the research questions were changed based on collected data. The questions changed due to altering the independent variable from types of care: the most restrictive care Vs. the least restrictive types of care to compare two groups based on the length of stay in out-of-home care. The first group included youth who had spent from one to four years in out-of-home care. The second group spent five years or more in out-of-home care. This change was necessary because of the nature of the data. The number of participants in the less restrictive care group was not enough to run inferential statistical tests.

Length of stay.

This included two levels: from one to four years in out-of-home care, and five or more years in out-of-home care.

Social support.

In this study, social support meant all the perceived and actual social support and assistance that was available for youth from people in their care setting. This included the social support that came from professionals (social workers, counselors, therapists… etc.,) as well as caregivers, staff, and peers. The social support subscale consisted of eight items ($\alpha = .950$).

Educational support.

In this study, educational support meant all tangible and intangible resources youth were offered in their care group to encourage and help them do their best to excel in school. The educational support subscale consisted of four items ($\alpha = .829$).

Family-like practices.

This was "specific, repeated practices that involve two or more family members. Yet they are distinct and can be contrasted along the dimensions of communication, commitment, and continuity" (Fiese et al., 2002). The family-practices subscale consisted of ten items (α = .862).

Total support.

This concept included the sum of the average of the previous three concepts which were measured in the study survey: social support, educational support, and family-like practices.

Outcome variables.

Theses variables served as dependent variables and included: educational outcomes (divided into four levels: 1. Still in high school, 2. Graduated from high school, 3. Some college; 4. Graduated from college); employment outcomes (divided into three levels): 1. Full time employed, 2. Part time employed, and 3. Unemployed), and current housing outcomes (defined as where the participant stays most often. Divided into two levels: 1. Another person's place and/ or independent assisted living, 2. own place, dorm, with parents)

People who had positive effect on participants' lives.

To improve the understanding of the atmosphere of providing out-of-home care, a questionnaire item was included asking participants to rate, from one to five, how much people involved in their out-of-home care experience positively affected them. This included: Caregivers, psychologists, counselors, social workers, peers, and volunteers.

Participants suggestions.

Responses to the open-ended question provided multiple ideas and insights from participants on how to improve the future of out-of-home care. Content analysis was used to analyze data collected from these responses.

Study Findings

Participants Demographics

Location.

Data was collected from three counties in a western state. The first county had thirty-four participants, the second county had thirteen participants, and the third county had seven participants.

Table 4.1 Counties

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	County I	34	63.0	63.0	63.0
	County II	13	24.1	24.1	87.0
	County III	7	13.0	13.0	100.0
	Total	54	100.0	100.0	

As table 4.2 table shows male and female youth numbers were almost equal with 26 males and 28 females.

Table 4.2 Gender

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Male	26	48.1	48.1	48.1
	Female	28	51.9	51.9	100.0
	Total	54	100.0	100.0	

Age at the time of survey.

Participants age while participating in the study ranged between 18 and 24 years old. The mean age was 19.6 years old.

Table 4.3 Age at the time when survey was completed

	N	*Range*	*Minimum*	*Maximum*	*Mean*
Age at the time when survey was completed	54	6.00	18.00	24.00	19.6
Valid N (54)	54				

Leaving care age.

Table 4.4 presents the age at which participants left out-of-home care, ranging from 17 to 21 years of age. The vast majority were 18 years old, or 33 out of 54 (76%) participants. The age of 18 is a milestone age when youth can legally choose to start their independent life.

Table 4.4 Leaving Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	still in care	6	11.1	11.1	11.1
	17.00	2	3.7	3.7	14.8
	18.00	33	61.1	61.1	75.9
	19.00	8	14.8	14.8	90.7
	20.00	3	5.6	5.6	96.3
	21.00	2	3.7	3.7	100.0
	Total	54	100.0	100.0	

Table 4.5 shows years spent in out-of-home care frequency. Years in care ranged between one year and 19 years. It is obvious that majority of participants spent five, or fewer years in care.

Table 4.5 Frequency Distribution of Years out of Home Care

Years	Frequency	Cumulative Percent
1	0	0.0
2	11	20.4
3	6	31.5
4	1	33.3
5	13	57.4
6	7	70.4
7	2	74.1
8	2	77.8
9	1	79.6
10	0	79.6
11	1	81.5
12	1	83.3
13	3	88.9
14	0	88.9
15	1	90.7
16	3	96.3
17	1	98.1
18	0	98.1
19	1	100.0
N	54	

Current housing status.

Table 4.6. shows that 26 (44%) youth were living in their own place, dorm, or with parents, while 30 youth (56%) lived with another person or in another person's place and / or in an independent or assisted living situation.

Table 4.6 Current housing status

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Own Place Dorm Parents	24	44.4	44.4	44.4
	Another person place and or independent assisted living	30	55.6	55.6	100.0
	Total	54	100.0	100.0	

To provide more detail on youth's current housing status, it is noteworthy to show the specific answers that they described their housing as follows: 19 youth stated they lived in their own place, in an apartment, or house, etc.; 14 stated they lived in another person's home. This could be a friend's home, a foster home, former foster home, a sister in law's home, a brother's home, cousin's home, or a lady's home; 12 stated that they lived in an assisted independent housing; four participants chose 'other' in the survey as reporting their housing and three of them clarified their housing status as a group home, Urban Peak, and one as homeless; three participants stated that they lived in their parent's home; and two stated that they lived in a college dormitory.

Employment.

The table below showed that only 17% percent of participants had full time jobs, while 48% had part time jobs, and 35% were not employed.

Table 4.7 Employment status

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Full Time	9	16.7	16.7	16.7
	Part Time	26	48.1	48.1	64.8
	Not Employed	19	35.2	35.2	100.0
	Total	54	100.0	100.0	

Ethnicity.

Table 4.8. shows that participants identified with different ethnic backgrounds representing American Indian, Asian, African Americans, Latino / Hispanic, and Caucasian. The majority of participants (56%) identified as non-Caucasian.

Table 4.8 Ethnicity of participants

	Frequency	*Percent*
American Indian	2	3.7
Asian	6	11.1
African Americans	7	13.0
Latino / Hispanic	13	24.1
Caucasian	22	40.7
Other	4	7.4
Total	54	100.0

Research Questions

Participants were divided into two groups for analysis on research questions 1, 2, and 3. One group represented youth who experienced one-four years in out-of-home care (33%), the other represented youth who experienced five or more years in out-of-home care.

The questionnaire consisted of six sections, three of which contained multiple items that when added together provided a composite score for the variables of Educational support (Four items), Family-Like experiences (Nine items), Social Support (8 Items)**.**

Participants answered closed-ended survey questions about family-like practices that they may have experienced while being in care. They chose one answer from six responses on a Likert-type Scale. The options from one to five ranged from strongly agree to strongly not agree. The sixth option was for "not applicable" responses.

Question 1. Are youth reports of education support associated with their length of stay in out-of-home care? Educational support included four items and participants' answers were rated by giving them points as follow 1= Strongly disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly agree. This means that a score of four is the lowest educational support and twenty is the highest educational support that the participant can have.

Table 4.9 Comparing the Two Out Of Home Groups on Educational Support

Independent Samples *t*-test						
					95% Confidence Interval of the difference	
t	*df*	*Sig. (2-tailed)*	*Mean Difference*	*Std. Error Diff*	*Lower*	*Upper*
1.93	52	.06	2.43	1.26	-.097	4.97

Note. Levene's Test for equality of variance was not significant ($F = 1.55$; $p = .218$), so equal variances were assumed.

Table 4.9 presents independent-samples t-test results to compare educational support experiences for youth who spent four years or less at out-of-home care with youth who spent five years or more at out-of-home care. There was no significant difference in the scores for youth spent four years or less ($M = 16.70$, $SD = 3.53$) and youth who spent five years or more ($M = 14.27$, $SD = 4.61$) on their educational support experiences; t (52) = 1.93, $p = 0.059$. In this study, youth's educational support was not associated with their length of stay at out-of-home care.

Question 2. Are youth reports of family-like experiences associated with their length of stay in out-of-home care?

Table 4.10 Group Statistics

	One to Four Years Vs. Five Years or More out-of-home Care	*N*	*Mean*	*Std. Deviation*	*Std. Error Mean*
Family-Like Practices	four years or less out of home care	17	34.38	5.96	1.42
	five years or more out of home care	37	29.32	10.18	1.65

Table 4.10 shows the descriptive statistics for youth family-like practice scores who spent one to four years in out-of-home care (17 participants) and youth who spent five years or more in out-of-home care (37participants). The mean for the youth who spent four years in out of home

care was, *M = 34.38, SD = 5.96, N = 17*; that is, the average family like practices scores was 34.38 with a standard deviation of 5.96. In contrast, youth who spent five years or more in out of home care had an average score of *M = 29.32, SD = 10.18, N = 37*, that is the average of family like practices scores for those who spent more than five years in out of home care was 29.32 with a standard deviation of 10.18. It is noticeable that youth who spent fewer (0-4) years in out of home care scored higher than those who spent five and more years out of home care.

Table 4.11 Independent Samples T-test and Effect Size for the Comparison of the Two Out-of-Home Groups on Family-Like Practices Scores

					95% Confidence Interval of the Difference		
t	*df*	*Sig. (2-tailed)*	*Mean Difference*	*Std. Error Difference*	*Lower*	*Upper*	*Cohen's d*
2.27	48.8	.027	4.96	2.18	.575	9.36	.61

Note. The Levene's Test for equality of variance was significant ($F = 9.24$; $p = 0.004$), so equal variances were not assumed.

As the above table, 4.11, shows, an independent-samples t-test was conducted to compare youth family-like practices for youth who spent four years or less in out-of-home care with youth who spent five years or more in out-of-home care. Because the assumption of equal variance did not hold, *F = 9.24, p = .004*, t-test for unequal variance was used in the analysis. There was a significant difference in the scores for youth spent four years or less, when compared to youths who spent five or more years, *t = 2.27, df = 48.8, p = .03*. The test found a mean difference of, $M_{diff} = 4.96$, $SD_{diff} = 2.18$, which means that the mean difference between the two groups was 4.96 to the benefit of youth who spent four years or less in out-of-home care with a confidence

interval of (.58, 9.36). The test found an effect size of, *d = .61*, which is considered as a large to medium effect size (Cohen, 1988).

Question 3 answers. Are youth reports of social support associated with their length of stay in out-of-home care?

Table 4.12 Group Statistics

	One to Four Years Vs. Five Years or More out-of-home Care	*N*	*Mean*	*Std. Deviation*	*Std. Error Mean*
Social Support	One to four years out-of- home care	17	34.53	5.10	1.24
	five years or more out of home care	37	27.46	10.15	1.67

Table 4.12 shows the descriptive statistics for youth social support who spent one to four years in out-of-home care (17 participants) and youth who spent five years or more in out-of-home care (37participants). The mean for the youth who spent four years in out-of-home care was, *M = 34.53, SD = 5.10, N = 17*, that is the average family like practices scores was 34.53 with a standard deviation of 5.10. In contrast, youth who spent five years or more in out-of-home care had an average score of, *M = 27.46, SD = 10.15, N = 37*, that is the average of social support scores for those who spent more than five years out of home care was 27.46 with a standard deviation of 10.15. It is noticeable that youth who spent four or less years out of home care scored higher than those who spent five and more years out of home care.

Table 4.13 Independent Samples t-Test and Effect Size for Social Support when Comparing the Two out-of-home groups

					95% Confidence Interval of the Difference		
t	*df*	*Sig. (2-tailed)*	*Mean Difference*	*Std. Error Difference*	*Lower*	*Upper*	*Cohen's d*
3.40	51.46	.001	7.07	2.08	2.90	11.23	.88

Note. Levene's Test for the Equality of Variances was significant ($F = 14.65$; $p < .001$), so equal variances is not assumed

As the above table 4.13, shows, an independent-samples t-test was conducted to compare youth social support for youth who spent four years or less in out-of-home care with youth who spent five years or more in out-of-home care. Because the assumption of equal variance did not hold, $F = 14.65, p < .001$, t-test for unequal variance was used in the analysis. There was a significant difference in the scores for youth who had spent four years or less, compared to youth who had spent five or more years, $t = 3.40, df = 51.46, p = .001$. The test found a mean difference of, $M_{diff} = 7.07, SD_{diff} = 2.08$, which means that the mean difference between the two groups was 4.96 to the benefit of youth who had spent four years in out of home care with a confidence interval of (2.90, 11.23). The test found an effect size of, $d = .88$, which is considered as a large effect size (Cohen, 1988).

Question 4. Do total support scores differ by out-of-home care? Total support included the sum of youth scores on family-like practices, social support, and educational support.

Table 4.14 Group Statistics

	One to Four Years Vs. Five Years or More out-of-home Care	*N*	*Mean*	*Std. Deviation*	*Std. Error Mean*
Total Support	One to four years out-of- home care	17	85.53	13.01	3.16
	five years or more out of home care	37	71.05	22.06	3.63

Table 4.15 shows the descriptive statistics for youth in total support who had spent one to four years in out-of-home care (17 participants), and youth who had spent five years or more in out-of-home care (37participants). The mean for the youth who had spent four years or less in out of home care was, *M = 85.53, SD = 13.01, N = 17*, that is the average total support scores was 85.53 with a standard deviation of 13.01. In contrast, youth who had spent five or more years in out of home care had an average score of, *M = 71.05, SD = 22.06, N = 37*, that is the average of total support scores for those who had spent more than five years in out of home care was 71.05 with a standard deviation of 22.06. It is noticeable that youth who had spent four or less years in out-of-home care scored higher than those who had spent five and more years in out of home care.

Table 4.15 Comparing the Two Out-of-home Groups on

Independent Samples Test Total Support Scores

							95% Confidence Interval of the Difference		
F	*Sig.*	*t*	*df*	*Sig. (2-tailed)*	*Mean Difference*	*Std. Error Difference*	*Lower*	*Upper*	*Cohen's d*
5.854	.019	3.01	48.53	.004	14.47	4.81	4.81	24.13	.80

Note. Levene's Test for Equality of Variances was significant ($F = 5.85$; $p = .019$), so equal variances were not assumed.

As the above table, 4.15, shows, an independent-samples t-test was conducted to compare youth family-like practices for youth who had spent four years or less in out-of-home care, with youth who spent five years or more in out-of-home care. Because the assumption of equal variance did not hold, $F = 5.85,\ p < .02$, t-test for unequal variance was used in the analysis. There was a significant difference in the scores for youth who had spent four years or less, as compared to youths who had spent four years, $t = 3.01,\ df = 48.53,\ p = .004$. The test found a mean difference of $M_{diff} = 14.47,\ SD_{diff} = 4.81$, which means that the mean difference between the two groups was 14.47 to the benefit of youth who had spent four years or less in out-of-home care with a confidence interval of (4.81, 24.13). The test found an effect size of, $d = .80$, which is considered as a large effect size (Cohen, 1988).

Question 5. Does a combination of total support score and years out-of-home care predict youth educational outcomes based on their length of stay?

Regression

Table 4.16 Multiple Regression Predicting Education Levels in Categories from Total Support and Total Years out of Home Care

Model Summary[b]

				Std. Error of the	Change Statistics				
Model	R	R Square	Adjusted R Square	Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.120[a]	.014	-.024	.948	.014	.373	2	51	.690

a. Predictors: (Constant), TotalSupport, Total years out of homecare
b. Dependent Variable: Education Level in Categories

Table 4.17 Multiple Regression ANOVA[a]

Model	Sum of Squares	df	MS	F	Sig.
Regression	.672	2	.336	.373	.690[b]
Residual	45.865	51	.899		
Total	46.537	53			

a. Dependent Variable: Education Level in Categories

b. Predictors: (Constant), Total Support, Total years out of homecare

The multiple regression was R=.12 and R^2 = .014, and the ANOVA was not significant, *p* = .69.

Table 4.18 Multiple Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients			Correlations		
	B	Std. Error	Beta	t	Sig.	Zero-order	Partial	Part
(Constant)	2.33	.51		4.54	.000			
Total years out-of-home care	-.010	.03	-.049	-.34	.73	-.06	-.05	-.05
Total Support	-.005	.01	-.11	-.76	.45	-.110	-.11	-.11

a. Dependent Variable: Education Level in Categories

A multiple regression was conducted to see if total years in out-of-home care and total support predicted youth's achieved level of education. The analysis indicated that the combination of total support and years in out-of-home care did not predict achieved level of education.

Question 6. Does a combination of total support and years out-of-home care predict youth employment outcomes?

Table 4.19 Multiple Regression Predicting Employment Status from Total Support and Total Years out of Home Care

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.202[a]	.041	.003	.701	.041	1.086	2	51	.345

a. Predictors: (Constant), Total Support, Total years out of homecare
b. Dependent Variable: Employment status

Table 4.20 Multiple Regression ANOVA[a]

Model		Sum of Squares	df	MS	F	P
1	Regression	1.069	2	.534	1.086	.345[b]
	Residual	25.080	51	.492		
	Total	26.148	53			

a. Dependent Variable: Employment status
b. Predictors: (Constant), Total Support, Total years out of homecare

The multiple regression was R = .20 and R2 = .041, and the ANOVA was not significant, p. = .345

Table 4.21 Multiple Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
(Constant)	1.48	.38		3.89	.000		
Total years out of homecare	-.02	.02	-.12	-.85	.399	.99	1.005
TotalSupport	.006	.005	.17	1.26	.212	.99	1.005

a. Dependent Variable: Employment status

A multiple regression was conducted to see if total years in out-of-home care and total support predicted youth's employment outcomes. The analysis indicated that the combination of years in out-of-home care and total support did not predict youth's employment status.

Question 7. Does a combination of years out-of-home care and total support predict youth living situation?

Table 4.22 Multiple Regression Predicting Living Situation from Years out of Home Care and Total Support

Model Summary

				Change Statistics				
R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
.340[a]	.116	.081	.481	.116	3.341	2	51	.043

a. Predictors: (Constant), Four years Vs More, Total Support

Table 4.23 Multiple Regression ANOVA[a]

	Sum of Squares	df	Mean Square	F	Sig.
Regression	1.545	2	.772	3.341	.043[b]
Residual	11.789	51	.231		
Total	13.333	53			

a. Dependent Variable: Current housing status

b. Predictors: (Constant), Four years Vs More, Total Support

The multiple regression was R = .340 and R2 = .116, and the ANOVA was marginally significant, p. = .043

Table 4.24 Multiple Regression Coefficients[a]

	Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
(Constant)	1.440	.437		3.292	.002		
Total Support	-.005	.004	-.196	-1.410	.165	.893	1.120
Four years Vs More	.236	.149	.221	1.586	.119	.893	1.120

a. Dependent Variable: Current housing status

A multiple regression was conducted to see if total years in out-of-home care and total support predicted youth's current housing status outcomes. The analysis indicated that the combination of years in out-of-home care and total support marginally predicted youth's current housing status.

Question 8. How much of a positive influence did each of the following people in the childcare system (caregivers, social workers, counselors, psychiatrics, peers, activity instructors, and volunteers) have on youths' lives?

Table 4.28. shows the ratings for people in out-of-home care and their positive effect on youths' lives. Based on youth responses, positive effect is ranked as follows: volunteers have the greater effect 4.52, activity instructors and psychologists/psychiatrists 4.13, social workers 3.87, caregivers 3.87, and peers have the lowest positive effect 3.44.

Table 4.25 People Having a Positive Influence on Youths' Lives Ordered by Mean Rating.

People	N	Mean	SD	Min	Max
Volunteers	54	4.52	1.40	1.00	5.00
Activity Instructors	54	4.13	1.42	1.00	5.00
Psychologists/ Psychiatrists	54	4.13	1.43	1.00	5.00
Social Workers	54	3.98	1.07	1.00	5.00
Caregivers	54	3.87	1.12	2.00	5.00
Peers	54	3.44	1.04	1.00	5.00

Question 9. What suggestions, do participants provide to improve the future of out-of-home care?

Participants were asked this question, at the end of this study, to be given a chance to make their voices heard. Because the answer was optional, 21 participants out of 54 provided their perceptions and suggestions to improve the future of out-of-home care. Content analysis started with coding the qualitative data included in participants responses to this question. A coding book was prepared, and initial coding consisted of 42 ideas that participants thought could help to improve the quality of out-of-home care. Then, 13 general categories were constructed (see appendix) before they were reduced into four general themes, as follows.

Table 4.26 Theme (1) Foster care is a negative experience

Foster care is really a hard time, difficult, confusing, and therapeutic intervention focuses more on negative issues.
Childcare system is a broken system; the system itself needs help
Different counties have different rules which can be weird and frustrating
Aim of foster care and health system make you feel you do not belong
Need for maintenance at independent living program housing
After age 21 with no financial support
lack of financial support

Table 4.27 Theme (2) Positive feedback

Good help for kids
I am still in touch with my foster parents. He helps me, and I help him
It seems Chaffee has been the only help
They helped us a lot: took us to school, taught us how to use bus, check bank account, pay bills.
Lutheran Services helped a lot
Thank you

Table 4.28 Theme (3) Need to improve children's relationships.

Need for feeling at home, relaxed, belong, and connect with other people.
Foster care staff issues
Lack of support / caring from foster family
Improving cared-after children social relationships

Table 4.29 Theme (4) Specific recommendations.

Help youth with scholarships, employment, getting driver's license earlier and have enough bank savings
Stop background check just to stay with friends, choice related to roommates
Prepare children for independent living earlier
Improve independent living programs
More attention needed for cared-after children individual differences and characteristics
Have to "have be connected" to understand what foster care is like.
Pay more attention to unique needs for children with immigration background.

Chapter Summary

A sample of 54, aged out-of-home care youth participants responded to a questionnaire, and their feedback made their voices heard about their own perspectives and experiences in out-of-home care. The questionnaire was administered between November 2018 and January 2019. Youth caseworkers helped with distributing, explaining, and collecting surveys. Data were collected about youth demographics, their family-like experiences, social support, educational support, and people who had the most positive influence in their lives. This collected data presumed to help recognize the unique experience of out-of-home care that a large number of youth may experience every year. Data also included the impact of foster care on youth education, employment and housing status. Furthermore, youth voices were heard through open-ended questions that included participants' perceptions and recommendations to improve the future of foster care. As it will be analyzed and discussed in the next chapter, these findings can

help explore and understand foster care experiences for more effective practice in this field of social work teaching and practice.

CHAPTER 5 – DISCUSSION

Out-of-home care as a response to child abuse and neglect, is still impacting many children the in U.S. This impact particularly casts its shadows on their education, employment, and housing. Key factors such as educational support, social support and family-like practices have been identified in understanding the inner dynamics of the out-of-home care experience and its effects on youth outcomes. In 2016 the number of children in foster care was 437,465 (Foster Care Statistics 2016). In the same year, 273,539 children were placed in foster care and 250,248 children exited the system. In addition, "More than 23,000 children will age out of the US foster care system every year" (National Foster Care Institute). https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/ Research questions that still must be answered related to how these youth who exit the foster care system do with their education, employment and housing status. Questions must be answered about the available support offered to children while they are in care. Specifically, about the social support, and educational support they might have received while in care, and the family-like experiences they have been exposed to while being in care. Answering these questions can be more valuable when the answer comes from youth who experienced out-of-home care firsthand. Therefore, the current study offered youth the opportunity to tell us about their experiences in out-of-home care, including their relationships with the people in the system who had the most positive effect on their lives. An open-ended question was added to let youth provide their suggestions to improve youth's out-of-home care experience in the future.

Therefore, the purpose of this study was to explore the relationship between the total support (education support, social support, and family-like practices) participants experienced

and their (length of stay in out-of-home care). The positive effects on participants' lives triggered by other people in the care system were also explored. The study sample consisted of 54 youth who were 18-23 years old aging out of care who were still receiving services from the Chafee Program. Caseworkers were recruited to contact youth and to distribute surveys to them.

Study Findings

Based on this study's findings, the majority of participants left care at the age of 18 years old, with 33 participants out of 54 or 61.1% who had left care at age 18 years. Most of these participants (38 participants out of 54) or 70.37% stayed between two and six years in care. The national statistics from 2017 foster care indicate 34% stayed around two years in care. Nine percent stayed in care less than one month, thirty-four percent 1-11 months, 30 percent 12-23 months, fifteen percent 24-35 months, nine percent 3-4 years, and four percent five or more years. Foster Care Statistics 2017 p.7 (2019, March …) Retrieved from: https://www.childwelfare.gov/pubPDFs/foster.pdf

Housing Outcomes Housing status was one of the important out-of-home care outcomes. Although participants were divided into specific groups (Own place/ Dorm/ Parents) and (Another person' place, Independent assisted living), it was difficult, due to cultural differences and cultural considerations, to decide which group to name as the more positive one. Nevertheless, it important to illustrate with some descriptive statistics to clarify youth's current housing status.

As chapter four showed, youth housing included a variety of options to try to meet participants' need for housing. While 19 of them had their own place: apartment, house, etc., 12 were in assisted independent living, the rest of the participants 24 were living with a wide array of persons that they had a relationship with including, a sister in law, a brother, a friend, cousins,

a boyfriend, a biological family, foster parents, foster home, former foster parent, group home, an urban peak home, a lady, and one participant described his current housing status as being homeless. Results illustrate the challenge that housing can become in foster youth's lives; particularly, when the sample of this study was comprised of youth who were still connected with the Chaffee Foster Care services. These findings echoed the findings of Curry and Abrams (2014), which found that youth leaving the foster care system had issues with housing and that attention must be paid earlier by system staff to housing plans. Staff can provide social support to youth aging out-of-care by helping them plan how they will acquire suitable and stable housing by the time they leave care.

Curry and Abrams (2014), added: while some of the research literature emphasized self-sufficiency and self-reliance as a shield for youth from homelessness and housing instability, we must also consider these youths' experience of missing social support and connections with supportive people in the times of need. The authors recommended that staff in the childcare system must be attentive about the risk of homelessness and address the issues of housing plans before they leave care. One out of 54 participants in this study was homeless.

Employment Outcomes

Employment is another challenge facing youth leaving the care system. This study showed that only 17% of the sample had full time job; 48% had part time job; and 35% were without a job. Findings support the literature which states that some former foster care youth struggle to have an occupation that can provide them a viable living income. Participants who described themselves in this study as having a part-time or a fulltime job may be paid lower wages than their peers in the regular population; a result probably related to their low levels of achieved education. As cited in Barnow, Buck, O'Brien, Pecora, Ellis, and Steiner (2013),

"Evidence of lower employment rates for alumni of foster care has been supported by many studies (Cook 1992; George *et al*. 2002; Courtney *et al*. 2011).

Relationship Between Types of Support and Length of Stay in System

This study found significant relationships between these two factors: types of support and length of stay in the system. In the literature, there are some studies that paid attention to the issue of educational support. Nonetheless, these studies did not directly connect educational support with the youth length of stay in the childcare system. For instance, Okpych, Courtney, and Charles (2015), focused on a youth making the decision to stay in care after the age of 18 to continue receiving educational support. "… There was more agreement between youth and caseworkers was the extent to which educational support played a role in a young person's decision to remain in care past 18" (p. 8).

Participants total support findings.

Significant differences were found between youth who spent 1-4 years and 5 or more years in out-of-home care based upon youth reports of their family-like experiences. These differences were in favor of the group who spent fewer years in care. This finding agreed with Lee, and Thompson (2008), findings which emphasized the effectiveness of family-style group homes and who utilized live-in house parents who provided a family-like environment based on relationship-building. As cited in Lee and Thompson, 2008, Friman et al stated:

> In Teaching-Family group homes, 6–8 youth live in a large home with live-in house parents who provide consistent supervision and maintain a family-like environment through relationship-building. The low youth-to-staff ratios and high rates of positive reinforcement for socially desirable behaviors are components of the model that have been found to be effective (p. 3)

However, the current study goes beyond what the existing body of research suggested in two important ways: first, it is very important to go beyond imitating family in its physical

appearances (for instance, to live in a large house, the physical presence of parents, etc.); second, family-like approaches must be applied in any level of the out-of-home care continuum. Literally, it must be used in least restrictive settings as well as most restrictive settings. Participants also reported their level of social support was associated with their length of stay in care. In the current study there was a significant difference between youth who spent one to four years in care and five years or more in care in favor of the group who spent four years or less.

Those who spent one to four years in care (17 youth) had a mean score of *M = 34.53, and SD = 5.10*. on social support, while youth who spent five years or more in out-of-home care, had an average score of, *M = 27.46, SD = 10.15, N = 37*, that is the average of social support scores for those who spent more than five years out of home care was 27.46 with a standard deviation of 10.15. It is obvious that youth with fewer years in out-of-home care scored higher than those who spent five and more years in out of home care.

Total support.

The study also explored total support (composed of educational support, social support, and family-like practices total scores) youth experienced in their out-of-home care experiences. As the study findings showed, youth who spent 1-4 years in care reported a higher total support mean. Findings also showed these differences as significant. Participants who had longer out-of-home experiences, five years or more, could have been exposed to more placement instability. When a participant reports he had spent between five and nineteen years in care, he or she was more likely to have experienced a variety of placements, vacillating between more than one point on the childcare continuum. This can deter his or her social support networks. Similarly, this can affect youth's educational support and family-like experiences as well. These findings agree with Blakeslee, (2015), he quoted (Courtney et al., 2001, McCoy et al., 2008, McMillen and Tucker,

1999) “The population of youth aging out of care have likely experienced placement instability” (p. 123). Blakeslee, (2015) also quoted (Samuels, 2009) “a history of social network disruption and a potential lack of long-term relationships during adolescence may also be presumed” (P.123). Blakeslee believed this social support could be more effective if integrated with family-like environment; “Family-based (or family-like) network functionality likely plays a critical role in providing support and re-sources to transition-age foster youth” (P. 123).

Total Support Score and Time in Placement Impact on Educational, Housing and Employment Outcomes.

The current study analyzed if youth educational, employment, and current housing status could be predicted based upon their total support score combined with years in out of home care.. To start with discussing youth educational outcomes, a combination of total support and years out-of-care was explored to see if it predicted youth educational outcomes. The findings did not show a relationship between total support and youth educational outcomes.

A study by (Blakeslee, 2015) looked at youth who had experienced foster care and benefited from Independent Living Program (ILP) and had enrolled in post-secondary education and training that focused on academic support. Thus, the sample was similar to the current study sample in that it was a service-connected population. This study did not find significant differences between (ILP) and the comparison group in terms of age, ethnicity, and living situation. However, foster care youth who were described as service-connected youth were able to identify 11 support network people that related to family or friends.

Moving to discussing the effect of a combination of total support and years out-of-home care and their prediction of youth employment outcomes, this combination did not predict youth’s employment status. Barnow, Buck, O'Brien, Pecora, Ellis, and Steiner (2013), found that

youth who received job preparation programs were more likely to have positive employment outcomes. In addition, the length youth spent in these job programs was positively significant.

This study explored the effect of a combination of years in out-of-home care and total support score on youths' current living situation. As it was previously described in this study, there was a marginally statistically significant relationship between the combination of years in out-of- home care, total support score and current living situation. This predictive relationship is interesting, but due to the difficulty of defining which current living situation is most desirable, further research specific to this topic will be needed to explore the usefulness of this finding.

Goodkind, Schelbe, and Shook (2011), drew attention to the equation that on one side indicated reaching the age of adulthood and on the other side considered the need for being independent. Prince, Vidal, Okpych, and Connell (2019), findings stressed the need for the availability of supportive adults that youth could have a connection with. Although, the over-whelming majority of participants in their study reported having some connection with an adult, many of them lacked social supportive relationships. That study also stressed its findings that foster youth who approached 19 years old and stayed in care, the system could function as a protective factor against homelessness, imprisonment, and drug abuse.

Influence of Childcare Personnel.

The current study addressed the question: how much of a positive influence did each of the following people in the childcare system (caregivers, social workers, counselors, psychiatrics/ psychologists, peers, activity instructors, and volunteers) had on youths' lives? Participants in this study scored people on a five-point scale who worked with them in the childcare environment as follows: volunteers, activity instructors, psychiatrists/ psychologists, social workers, caregivers, and peers respectively. For this sample volunteers provided the most

positive effect on their lives with a mean score of 4.52, while peers presented the least positive influence with a mean of 3.44. These findings agreed with Kobulsky, Cage, and Celeste (2018) "the use of volunteers may help [Public Child Welfare Agencies] PCWAs to achieve their goals of advancing child permanency, safety, and well-being" (P. 27). The same study also suggested using volunteers in more direct services and not only in indirect services. In direct services, like mentoring and babysitting, the authors felt there were more chances for building social relationships that pave the way for strengthening youth's positive characteristics.

Participants Qualitative Suggestions to Improve the Future of Out-of-home Care

Participants in the current research were asked to provide their suggestions on how to improve the future of out-of-home care. Content analysis produced a variety of themes. Youth suggestions can be highlighted under these lines. First: Depicting their experiences as negative or positive influence.

Negative influence.

One participant thought:

> Foster care has been the most negative experience in my life the treatment centers I was sent to didn't help and the therapists were extremely negative, my foster mom never even acted like she cared unless she was gaining something, and one of the group homes had no couches and the screens and windows were broken foster care and DHS aim to make you feel like you don't belong. It seems Chaffee has been the only help

Another participant wrote:"It's a very broken system [my foster parents] would show favoritism to [their] own kids. I was mostly like a ghost" Participants used the expressions "Like a ghost… Really hard… Scary" to describe out-of-home care experiences. We may not find these expressions in the research language; however, it seems to be an authentic and truthful way to describe this experience. The researcher was invited to an event for youth aging out of care, and a former foster youth was given the chance to address the audience about his experience in

care. She described her first night with foster family as "scary." This scary time had to be repeated with each new replacement. Youth also commented on issues like the need for improving the system of care as a whole, the frustration many youth found due to the different rules in different counties, the need for a feeling of belongingness, for improving the conditions in independent living housing, and for a lack of financial support after the age of 21.

One of the youths in this study expressed his future aspirations by saying, in his own words:

> "It is very difficult to reflect to anyone that has never been in out-of-home care due to the trauma that it sometimes causes, particularly in my case. I would hope that an improvement would come along to proactively allow youth from foster care to connect with each other"

Positive influence.

The same former foster care youth mentioned the positive side of out-of-home care and people in the system who helped her find success and build her own family indicating to her husband who was present in that event. Research participants thought of experiences that helped them with their education and in acquiring social skills as the most positive experience. The argument youth participants raised was the need to address the negative areas in the system and support the positive ones.

Relationship suggestions.

Participants also argued for improving children's social relationships. They advocated for cared-after children being able to feel at home, relaxed, as if they belonged, and were connected with other people. Their comments supported ideas of more social support and more caring from foster families and staff.

In Biehal (2012), a foster child defined belonging as:

> Just like any normal family, really. It's just like they act, they act the same as they would with their children .... They're just basically my parents, to be honest. I probably do really love them, 'cos they're just like my parents (p. 960).

Specific suggestions to improve foster care experience.

Participants placed a lot of emphasis on helping emancipating youth with scholarships, employment, getting driver's license earlier, and learning how to bank savings. Their focus was on education and employment and other steps that may help with achieving these goals, and may reflect a decent understanding of what should be prioritized in building a successful life for foster kids. These findings are similar to Delgado, Elvira, and Suarez, (2019), findings that "Scholarships was a common theme communicated by social workers among the participants who reported having received information about college" (p. 34). Participants had recommended stopping background checks when youth desired to stay with friends. While background checks can not be totally stopped, it can be a good idea to find other ways to secure safe ways to trust foster youth's friends. Regular families may have some practices in situations like this. Also, youth suggested to look at them as individuals and try to steer away from methods that depend on one size fits all. For instance, there were recommendations to pay more attention to unique needs for children with immigration backgrounds.

Study Theories Discussion

Social-systems theory, social support theory, development theory, and positive psychology perspective were utilized in guiding this study and to shape its conceptual framework. These theories helped in exploring the related literature, in building the study instrument, in analyzing the collected data and in discussing the findings. Making sense of the thread connecting theory, practice, research, and social work education is of extreme importance.

Social systems theory.

The foster care system is a part within a greater system of childcare and child welfare. Foster care, as a social system, is meant to provide alternative care for children while their families are unable to care for them. This study showed, to a great extent that foster youth rely heavily on this system to give them a chance to elevate their education, gain employment, and housing outcomes. Study findings showed how youth hoped this system would act earlier to prepare them for leaving the system. Scholarships, financial help, employment, housing, good connections with their communities, and even small details like getting them driver's licenses are just illustrations of what participants look for this system to help them with. Looking to this system as a structure, and how participants ranked the positive effects on their lives by different parties which constitute the system, can help people in their care environment in improving their care experiences. Participant's responses to the study instrument demonstrate youths' compassion and understanding of the childcare function. They described it as a broken system when they felt it had failed them. They described it as very helpful when it satisfied their needs. Not only that, but participants also presented suggestions to improve the system of out-of-home care. When youth celebrate volunteers' positive effects on their lives, they literarily perceived how a unique part of the system functioned well to serve them. At the same time, they acknowledged that this part supported them and developmentally helped them to grow and achieve success in their lives.

Developmental theory.

Developmental theory directed this study in understanding and exploring the developmental stages and relationships all through the out-of-home care experience. Children's development can be affected with their relationships with care givers, professionals, as well as peers. Understanding foster care ecology paved the way for better understanding of cared-after

children's development. For instance, their relationships with peers may have cast its shadows on their maturational changes in both positive and negative directions. When participants specified their peers as having the least positive effect on their lives, this may be a sign that something must be done. This concurred with Davis (1999), who suggested a transactional-ecological perspective was needed to provide effective social work practice with children. He recognized children's maturational changes due to their relationship with parents, institutions, and cultural factors. It also resonated with what Lawrence et al. (2006) articulated, "The foster care social service system is designed to ameliorate adverse family and environmental conditions that may interfere with typical child development" (p. 57). Furthermore, foster care agencies that adopt family-like practices could establish an environment similar to that found in a regular family that caters to children's developmental stages. This agreed with Gumińska and Zając (2015), who believed the family is leading the process of structuring and restructuring experiences that fashion its members' development process. The family does this as a life environment for its members through their different life stages.

Positive psychology.

The positive psychology perspective, accompanied with social system theory and social support theory, facilitated the building of the current study's theoretical framework. The notion of human flourishing and optimum functioning as communities, organizations, and individuals instead of focusing only on malfunctioning, was reflected in participants' responses. One participant mentioned "the therapists were extremely negative, my mom never even acted like she cared unless she was gaining something." This tells us that foster children needed to be seen with positive caring eyes. They also needed to be served as humans, regardless of the wages or monetary compensation people working with can have. This echoes how positive psychology

defined human flourishing, and an applied approach to optimal functioning. It has also been defined as "Positive Psychology is the scientific study of human flourishing, and an applied approach to optimal functioning. It has also been defined as the study of the strengths and virtues that enable individuals, communities, and organisations to thrive." (Gable and Haidt, 2005, p. 1). Martin Seligman the founder of positive psychology defined it as "The study of what constitutes the pleasant life, the engaged life, and the meaningful life." ("What is Positive Psychology & Why is It Important? [2019 Update]," 2018)

It is obvious that the theories discussed completed each other to cover the intention of this study: to explore youths' experiences in out-of-home care and their different situations. This theory compilation considered the childcare system as the environment within which youth had contact with different types of people. Social support and the positive perspective can be well-thought-out as part of the environment that youth might have encountered within the childcare system and which had some kind of effect on their developmental stages.

Study Concepts Participant Scores on Social Support.

Educational support and family practices can tell us a lot about the status of cared-after children's development. These concepts constituted the total support score youth reported. Youth transitioning to leaving care are at the same time transitioning to become adults and to depend on their selves. To illustrate, youth need support for housing which can work as a platform for employment and education. Youth leaving the childcare system often have issues with finding appropriate housing. Curry and Abrams (2014), articulated: "Youth who age out of the foster care system often experience a difficult transition to adulthood in several important domains, including housing (p. 143)." Study findings provided support for the theoretical framework. As cited in Jones (2014), Dworsky and Courtney (2009), found that social support from adults could

positively impact transitioning youth's outcomes in housing, and graduating from college, by offering guidance, tutoring, and financing.

Study Recommendations.

Based on this study's literature review, survey responses, and study findings, the following are recommendations for the future.

1. More priority should be given to the general atmosphere and environment where foster care provided. Family-like practices that happen in regular families on day to day bases can be encouraged whenever it is possible. While, professional relationship is important, it should not be a barrier from building human social relationships among people in childcare system. A positive attitude among professionals, care givers, volunteers, and peers should prevail in both professional and personal relationships. The foster care system should prioritize mutual social support among all people involved in foster care.
2. Foster child positive development should be a priority goal for all foster care workers. Youth educational, employment, and housing outcomes should be the milestone for successful foster care. These milestones should be worked on as early as possible. While it is important to see to pathological issues earlier in foster youth, (early intervention); It is also vital to work on fostered children strengths earlier. More focus is needed to be paid to children virtues.
3. The childcare system may need more resources. For instance, caseworkers load may be reduced to give more attention for children individual needs. "The circumstances that surround each child in foster care are unique, meaning that available generalizations and statistics will not apply to all children" McKellar, (2010). If possible, connections with former foster parents should be supported. More support for organizations like Chaffee or

Lutheran services, which were depicted as the most supportive for youth, should be provided more attention. Improve salaries for people who work in the field of foster care. Lastly, improve cared-after children social relationships.

4. Foster parents should be trained on providing family-like practices with their fostered children. Pay more attention to make children feel belongingness to the people they live with. Help youth with financial issues and find a way to support former foster parents who still have a relationship with their foster youth.
5. Help youth with the skills necessary to obtain scholarships, employment, housing, driver licenses, and bank savings accounts.
6. Bureaucratic issues and regulation differences between different counties should be facilitated when serving foster children.
7. More attention is needed for cared-after children's individual differences and characteristics.
8. Pay more attention to the unique needs of children with immigration backgrounds. For instance, their relations with their families out of the country could affect their success in education and overall adjustment to living in the U.S.

Implications of The Study

This study hopes to contribute to our understanding of the family-like foster care model, including social support, educational support, and family practices in social work practice, policy making, research and education in the field of foster care. Family-like practices could be meaningful for assisting youth in building human relationships.. Having meals together, watching TV, reading newspapers, or following digital media are activities that parents can do with their kids on daily bases. Foster parents often do not practice these activities in foster

care settings. A commitment to foster children's education and to following up with their school performance, and showing excitement on their achievement can be a genuine part of people working with foster children. Social work students in field practice can be trained on how to help children help themselves with their education. Institutions in foster care, like group homes and institutional care providers, can have policies for how to follow youth's education performance as an essential part of their job. Preparation for a child's future independent life should be a continuous process and not done only when it is time for youth to leave care.

Proposed Implications

Proposed implications can include a focus on social relationships. Ruch et al. (2010), concluded that relationships are fundamental to effective social work practice. They added that relationships demand engagement, openness, commitment and a need for proper preparation for social workers from social work education. Furthermore, relationships go beyond technical competencies to the imagination and capacity of working with human relationships. They emphasized empowering relationships that can help susceptible or emotionally injured people to positively challenge themselves to improve their lives. The authors believed in a relational method to direct practice and end their book with this quote from a social worker, "Relationships are crucial; it's not about structures, it's about making it work out there for children" (Ruch et al., p. 246).

Future Research

Follow up research is needed to better define topics of family-like practices, educational support, and social support. Future studies can also compare different number of years in out-of-home care using the instrument developed. In addition, experimental studies can be carried out to

test the application of family-like practices, educational support, and social support in least and most restrictive foster care agencies. Professionals, like social workers, counselors, psychologists, psychiatrists, as well as volunteers working together (family teamwork), can be studied to investigate the extent to which they impact outcomes. This resonated with what was explained by Jaccard and Jacoby (2010)

> Systems theory adopts a holistic approach rather than a reductionist approach to analysis… examining the interrelationships and connections between the component parts of the system. It is no[t] enough, for example in a family system to separately analyze the mother, the father, the son, and the daughter (p. 310)

Future research is needed to investigate the unique needs for some foster care children. Children of immigrant background may have unique needs due to the relationships they may still have with their families in their countries that may affect their education. Different cultural backgrounds may also complicate their needs. Finally, positive psychology characteristics implications in foster care placement must be studied to investigate how these can contribute to an effective child out-of-home care system.

Study limitations

A volunteering sample limits the ability to generalize the study's findings. The sample also was limited to youth in the west who were served by the Chaffee program and still had connections with Chaffee caseworkers. The small sample size also limited the study's ability to use more rigorous statistical tests. The number of participants who responded to open-ended question was 21 which was less than half the participated youth. Still, participants who wrote down their views provided unique insights on their experiences in out-of-home care. However, Gumińska and Zając (2015), emphasize the importance of authenticity and not the number of the respondents in qualitative responses.

Study Summary

Based on reading through hundreds of peer reviewed studies dissertations, thesis, articles, and papers carried out in developed western countries, as well as developing countries, foster care negative outcomes seem to be a global issue. Hence, this study's findings support international foster care action which should focus on universal support for families and family-like practices for better worldwide foster care. This finding is similar to the recommendations made by the International Work Group for Therapeutic Residential Care (IWGFTRC), who focused on better understanding of the present therapeutic models and related future research. IWGFTRC believed child and family service systems need to adopt appropriate modules as part of any intensive family-based and foster family-based interventions (Whittaker, Holmes, Del Valle, et. al., (2016). `

In the last decade, the child out-of-home care experience has been saturated by research. The vast majority of the studies agreed that youths aging out of care had poor outcomes when it comes to education, employment, and housing. However, the existing body of research did not inform us about the reasons leading to this problem. Consequently, little is known about the potential causes behind the situation. Therefore, the current study directly approached stakeholders, the youths as firsthand witnesses, and asked them in a survey study about their own experiences in out-of-home care. In a quantitative study, 54 participants were divided into two groups. The first included youth who had spent one to four years in care and the second, youths who had spent four or more years in care. The study focused on exploring family-like practices, educational support, and social support as factors impacting youth outcomes including education, employment, and housing status. The participants also responded to an open-ended question and provided additional insights through their own suggestions to improve future out-of-home care.

People who worked with youth in out-of-home care (professionals, caregivers, and peers) were ranked by the youth to identify who had the most positive effect on youths' lives.

Findings were discussed as well as implications of the study in social work practice, social work education, and policy making. Future studies were suggested, and study limitations were identified.

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APPENDIX A: QUALITATIVE DATA

8. What suggestions, do participants provide to improve future out-of-home care?

Table 4.29. Youth suggestions to improve future out-of-home care

Themes	Subthemes
(1) Need for feeling at home, relaxed, belonged, and connect with other people	-Need more freedom -Need more relaxation time -DSM aim to make you feel like you don't belong -I would hope that an improvement would come along to proactively youth from foster care to connect with each other
(2) Foster care is a negative experience, it is really hard time, difficult, confusing, and therapeutic interfere focuses more on negative issues	-It was something to go through -Foster care is a really hard time -Foster care is very difficult and confusing -The most negative experience in my life -Foster care sometimes causes trauma -Therapist in treatment care extremely negative
(3) unique needs for children with immigration back ground	-Unique needs for children with immigration back ground -Need for money for international calls -Need to send money to different

	-Depressing relationship with family abroad may affect kids school performance and result in dropout of school
(4) Foster care staff issues	- There is a need for counselors assigned to certain groups or ages of children. - There are few staff that authentically care about kids -Staff structure must include assigned people to meet kids hobbies in different ages - My social worker was not around -My social worker made decisions to make his job easier not to make kids' lives easier - Improve connections with team and doctors
(5) Lack of support / caring from foster family	-Foster family need parenting classes to learn how to treat children the same as their own children -Drawing foster family attention to make cared-after children feel they are the central attention of their foster family and to avoid making them feel their foster family only care about money

	- Foster family must be more committed to cared-after children -Foster family must not put money as priority instead of the child -Foster families must not favor their own kids -My foster mum never acted like she cared unless she was gaining something -Foster family may make kids feel as strangers “I was mostly like a ghost”
(6) Caregivers suggested improvements	- Care givers must learn more about the skill of listening - Caregivers not communicate affectively -Caregivers not listen enough to kids -Caregivers not always be there for kids -Need for more people who care
(7) Recommendations	- Help with scholarships - Help youth driving education and getting driver’s license earlier - Stop background check just to just stay with friends

	-Prepare children for independent living earlier -Help kids have enough bank savings - Help with employment - Improve independent living programs - Choice related to roommates
(8) More attention needed for cared-after children characteristics	Kids attitude affects their response to care - Kids must learn to listening to people who try to help them - If a child is upset, it is not caregiver's fault - Depression - Want to drop out of school - Have to "have be connected" to understand what foster care…
(9) Childcare system issues	-Child care system itself needs help - Broken system - Different counties have different rules which can be weird and frustrating - Very difficult and confusing - Aim of foster care and health system make you feel you do not belong - need for maintenance at independent living program housing - After age 21 no financial support - lack of financial support

(10) Positive feedback	-Good help for kids - I am still in touch with my foster parents. He helps me, and I help him - It seems Chaffee has been the only help - they helped us a lot: took us to school, thought us how to use bus, check bank account, pay bills. - Lutheran Services helped a lot - thank you
(11) Improving cared-after children social relationships	-Need better contact with caseworkers and foster kids -Need for relationships out of the system -Background check should not be a barrier from making friends -Allow kids stay the night at friends' houses -Restructuring staff to help connect with kids and meet their age and ethnicity needs

(12) Hands on activities	-Need more hands-on activities (21) -Staff structure must include assigned people to meet kids' hobbies in different ages (38)
(13) People who work with kids can make that positive difference in kids' liv	-Social worker [R. T.] was the only reason I turned out successfully in college and life (23)

APPENDIX B: APPROVED IRB

Recruitment and Consent Date…….

Dear Respondent,

My name is Abdulhamid El Arabi and I am a doctoral student conducting research at Colorado State University, in the School of Social Work, Ph.D. program. My study title is: Youth aged out of care: their perceptions of their experiences in out-of-home care. This study focuses on family-like practices, and social support youth may have had in their placements and how these may affect their education, employment, and housing conditions outcomes. There is little research that explores the association between these outcomes and positive family practices and social support that may help improve outcomes. From kinship care to institutional care human relationships between children, caregivers, professionals and peers still need more research to explore and understand the impact of placement

I am inviting you to complete the attached survey. Participation will take approximately 10-15 minutes that give voice and show your unique experience. Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participation at any time without penalty.

Once you completed the survey, please fold it and place in the provided stamped self-addressed envelope. The results provided will remain anonymous, meaning that even the researchers will not know who has completed the survey. The data will be stored on a secure computer and reported in cumulative format only, meaning that no individual response can be identified in the dissertation or any articles reporting on the results of the research. There are no known risks, and while there is no direct benefit to you specifically, the results will hopefully impact the experiences of future out-of-home care. Your suggestions and insights are highly valued as you represent the first-hand source of knowledge about everyday practices in this field of human relationships (or youth welfare).

I want to stress that your participation in this study is voluntary, and all efforts to protect your identity and keep the information anonymous will be taken. You have the right not to answer any question you do not feel comfortable to answer. If you have any questions about your rights as a volunteer in this research, contact the CSU IRB at: RICRO_IRB@mail.colostate.edu; 970-491-1553.

I look forward to learning about your experiences in out-of-home care. Your participation is greatly appreciated and a short summary of the results with no identifying information will be made available to you and to your Chafee Foster Care Independence Program in your county. Also, youth who complete this survey will be given $20 gift card.

Sincerely,

Advisor: Dr. Vicky Buchan Office phone 970-451-5211
Student: Abdulhamid El Arabi Cellphone 303-676-7734
Colorado State University School of Social Work

APPENDIX D: CONSENT FORM

Consent to Participate in a Research Study
Colorado State University

TITLE OF STUDY: Youth aged out of care: their perceptions of their experiences in out-of-home care

PRINCIPAL INVESTIGATOR: Victoria Buchan, Ph.D., Professor, School of Social Work

CO-PRINCIPAL INVESTIGATOR: Abdulhamid El, Arabi**,** Doctoral Student in the School of Social Work**;** abdulhamid.elarabi@colostate.edu, 303-676-7734

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are invited to participate in this research because you are a youth who is at least 18-years-old that had been in foster care and has now aged out of out-of-home care

WHO IS DOING THE STUDY? The research is being conducted by Abdulhamid El Arabi under the guidance of his advisor, Victoria Buchan, Ph.D.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of this study is to explore the perceptions of youth aging out of care about their experiences in out-of-home care. This study focuses on family-like practices, and social support youth may have had in their placements and how these may affect their education, employment, and housing conditions outcomes

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? The study will take place at these Counties: Boulder, Larimer, Jefferson, Arapahoe, Douglas, Weld, El Paso, Broomfield, and Pueblo. Your participation will take no more than 15 minutes.

WHAT WILL I BE ASKED TO DO? You will be asked to complete an anonymous paper-copy survey with questions about your experience in out-of-home care. A caseworker will give you the survey, and when you have completed the survey, you will fold it and place in the provided stamped self-addressed envelope. No names will be on the survey. You can skip any question that you would rather not answer.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? You should only complete the survey if you are a former foster care youth who is at least 18-years-old.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

- There are no known risks associated with this study. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? There are no direct benefits to you, but we hope that the results will impact the experiences of future out-of-home care youth.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

WHO WILL SEE THE INFORMATION THAT I GIVE? We will keep private all research records that identify you, to the extent allowed by law.

This study is anonymous. We are asking that you sign this form to confirm that you consent to participate, but we are not linking your name to any data. So, nobody (not even the research team) will be able to identify you or your data. We may be asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee, if necessary. In addition, for funded studies, the CSU financial management team may also request an audit of research expenditures. For financial audits, only the fact that you participated would be shared, not any research data. When we write about the study to share with other researchers, we will only write about the combined information we have gathered from all participants.

Your identity/record of receiving compensation (NOT your data) may be made available to CSU officials for financial audits.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?
When you have completed the survey, you will receive a $20 gift card as a thank you.

WHAT IF I HAVE QUESTIONS?
Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Abdulhamid El, Arabi at 303-676-7734. If you have any questions about your rights as a volunteer in this research, contact the CSU IRB at: RICRO_IRB@mail.colostate.edu; 970-491-1553. We will give you a copy of this consent form to take with you.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing __2__ pages.

_____ _____
Signature of person agreeing to take part in the study Date

_____
Printed name of person agreeing to take part in the study

_____ _____
Name of person providing information to participant Date

_____

Signature of Research Staff

APPENDIX E: CASEWORKERS RECRUITMENT FORM

Colorado State University Dissertation Research

Study title: Youth Aged out of care: Their Perceptions of Their Experiences in out-of-home Care.

Researcher Name: Abdulhamid El Arabi: PhD Candidate, School of Social Work, Colorado State University.

Dear Caseworkers,

My name is Abdulhamid El Arabi and I am a doctoral student conducting research at Colorado State University, in the School of Social Work, Ph.D. program. My study title is: Youth aged out of care: their perceptions of their experiences in out-of-home care. I am requesting your assistance related to the above titled dissertation research. I am very interested in the experiences of youth who are aging out of out-of-home care. I hope you might be willing to assist me in the recruitment of youth 18 years of age and over, with whom you are in contact, to participate in this research.

This study seeks to improve our understanding of youth's perceptions of their out-of-home experiences and focuses on youth experiences related to social support, educational support, and family practices while in placement. I hope the results may provide information that would ultimately help enhance positive outcomes for these youth. Participants will be asked to complete an anonymous paper-copy survey that will take about 10-15 minutes to complete.

In appreciation for your assistance distributing the survey and introductory recruitment/consent letter to youth who are aging out of out-of-home care, the name of each caseworker that assists in recruitment will be included in a drawing to win $100 gift card.

Please don't hesitate to ask me any questions you may have related to the study, and thank you so very much for your consideration. I can be reached at: 303 – 676 – 7734; asbia333@yahoo.com . If you have any questions about the youth's rights as a volunteer in this research, contact the CSU IRB at: RICRO_IRB@mail.colostate.edu; 970-491-1553.

Abdulhamid El Arabi,

Co-Principal Investigator

Email asbia333@yahoo.com

Phone contact 303 – 676 – 7734

Vicky Buchan, Ph.D. Advisor and Principal Investigator
Office phone 970-451-5211