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Aging Out of Foster Care

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In most states, the transition from foster care to the “real world” is abrupt: When a foster youth turns 18, he or she suddenly goes from being part of “the system” to being on his or her own. This transition can be rough.

On November 2, 2011, the Field Center for Children’s Policy, Practice & Research at the University of Pennsylvania hosted a public hearing on aging out of the foster care system. In Pennsylvania alone, around 1,000 youths age out of the foster care system each year, according to findings presented at the hearing. Nationally, that number jumps to approximately 20,000 to 25,000 per year. Child welfare advocates, practitioners, policymakers, researchers, nonprofit leaders, and former and current foster youths convened to discuss the issues related to aging out.

Pennsylvania Sen. LeAnna M. Washington, minority chair for the state senate’s Aging & Youth Committee, who led and facilitated the hearing, says she doesn’t believe “aging out” is a topic that’s getting enough attention, which needs to change. “The Department of Public Welfare doesn’t want to take responsibility for what’s happening, and I believe our young people are falling through the cracks because of it,” says Washington. “I’d like to see the Department of Human Services, the Department of Public Welfare, and the courts being more concerned with this issue and asking what can be done about it.”

Emotional Connections

Some of the responsibility for preparing children to leave foster care must fall on foster parents, says Washington. “The issue [of aging out] needs to be addressed earlier on so that the foster child can start to prepare,” she says. “Otherwise, when the child turns 18, they may come home from school and their foster mother might tell them, without the funding, they can’t stay there any longer. They haven’t been prepared for the aging out process and suddenly that security blanket is gone. What do they do? Many might turn to drugs or to the street. What do you do when suddenly you’re lost in the atmosphere feeling like nobody cares about you or your well-being any longer?”

Debra Schilling Wolfe, MEd, executive director of the Field Center, says this lack of emotional connection—the sense of being cared about—may be one of the hardest aspects to handle for foster youths who are aging out of the system. “Imagine if you will that your birthday came and went and nobody even wished you a happy birthday,” she says. “That’s what many of these kids experience. The system provides them with physical and emotional support but only until they’re 18—or in some states 21—and then they wash their hands of them. You can’t pay somebody to care about you.”

That’s why Schilling Wolfe believes a solution lies in thinking outside the box of traditional services. “The efforts [in preparing youths] have historically been focused on skill building—how to budget money or buy food, for instance—but research shows that the most important predictor of success in youths who are aging out is not skills but relationships. Skills are important, but the youths who are most successful in aging out of foster care are those that have a caring adult in their life. There are mentorship programs that extend beyond the age of the system. These types of programs might be part of the solution—finding ways to connect and stay involved with youths even after they age out. We need to look for ways to build meaningful and long-lasting relationships.”

Addressing Obstacles

The need for a smooth transition out of the foster care system was a key point raised at the hearing along with taking better care of youths while they’re in foster care. The trauma of being in foster care must be addressed sooner. Youths who come from abusive families often have mental health issues that need to be dealt with early on.

At the hearing, Cindy Christian, MD, chair of child abuse prevention at the Children’s Hospital of

...the hearing, they certainly may want to take steps to prevent it at the children's hospital in Philadelphia, a professor of pediatrics at the University of Pennsylvania Perelman School of Medicine, and faculty director at the Field Center, shared the results of a state-of-the-art research study published in December 2010 in *Pediatrics*. She testified that child maltreatment is a public health problem with lifelong consequences for survivors. Maltreated children experience high rates of mental health and behavioral problems, and adult health outcomes for maltreated children are poor.

These findings highlight the need for the early prevention of child maltreatment and for aggressive treatment for maltreated children and families, but the barriers to providing quality medical care start with the healthcare system and extend much further.

"One of the most concerning issues is certainly healthcare," Schilling Wolfe says. "Children in foster care have special healthcare needs that are not always well addressed when they're young and don't get better in adulthood. These are the types of issues you would discuss with a primary care physician that knows your medical history and keeps a chart that includes all of the specialists you've seen or tests you've had done. But most foster care children don't have that 'medical home.' There is no coordination of their medical care. Their needs are not being followed or well attended. As a parent, that's one of your jobs—to monitor your child's healthcare. But for a foster child, that responsibility is often neglected. They aren't getting adequate medical support or monitoring."

It can also be difficult for aged-out foster youths to navigate the healthcare system or even find medical practices that will accept their insurance coverage. "All foster youths are Medicaid eligible, but just because they have their insurance card doesn't mean it will be accepted," says Richard James Gelles, PhD, dean and the Joanne and Raymond Welsh Chair of Child Welfare and Family Violence in the School of Social Policy & Practice as well as director of the Center for Research on Youth & Social Policy and codirector of the Field Center. "Take for instance the young women that get pregnant after aging out of the foster care system. Many OB-GYN practices and hospitals won't accept Medicaid, so their options are very limited. Then you also have the population that falls in the gap. This is the youth that gets a job as a shift worker at McDonald's and suddenly makes too much to receive Medicaid but not enough to get other healthcare coverage."

Better Preparation

Gelles believes the system needs to do a lot more—and do it a lot earlier—to help children who will eventually age out. "We need to reduce the amount of time children spend in foster care and reduce the number of placements they go through. We also need to come up with new ways that we can plan for these children to age out long before they reach that age. When I look through case files, I see a reluctance to engage with kids in their 13th and 14th years, but that's the time to be preparing them. Still, nothing in these old case files suggests to me that the child is at all ready to reach their 18th birthday and be on their own. That needs to change."

Improvements have come with some of the youngest foster kids in the system, but Gelles says it's the older youths who are in serious need of a policy or clinical solution. During the hearing, Dell Meriweather, deputy commissioner of children and youth for the Philadelphia Department of Human Services, reported that older youths make up 45% of the department's total population.

"Part of the impetus for this hearing came from our own students," says Gelles. "We have had a number of students who grew up in the foster care system start to put the pressure on the rest of us to give this issue some much-needed attention."

Washington says she sees a need for more hearings and certainly more attention on the issue of aging out of foster care. "We need to come up with some tangible, legislative ideas," she says. "And then we need to get this issue to the public. Bring in the youths that have aged out of foster care and let them continue to voice their concerns."

— *Lindsey Getz is a freelance writer based in Royersford, PA, and a frequent contributor to **Social Work Today**.*

