



ELSEVIER

 JOURNAL OF
**ADOLESCENT
 HEALTH**

www.jahonline.org

Commentary

From Scholarships to Belonging: Reframing Foster Care Transitions as an Adolescent Health Priority

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Each year, thousands of young people in the United States exit foster care by ‘aging out’—emancipating from state custody into adulthood, often at age 18 or 21 years depending on state policy. In federal fiscal year 2024, 15,379 young people exited foster care through emancipation [1]. Mental health and developmental outcomes for these young people are not abstract policy concerns; they show up in education, health, and housing trajectories. National reports highlight elevated risks of homelessness, mental health challenges, and disconnection from school and work when young adults exit care without permanent family connections [2–4]. These outcomes reflect policy choices—whether adolescence is scaffolded by steady, caring adults and practical support, or forced into premature independence.

The recent Executive Order, *Fostering the Future for American Children and Families*, is one such policy choice. It prioritizes modernizing state child-welfare data systems, launching a ‘Fostering the Future’ online platform, and expanding education and employment pathways—including scholarships and partnerships with faith-based colleges and universities [5–7]. These components may help reduce administrative friction and expand opportunity. Still, scholarships and technology alone will not improve adolescent health for young people with foster care histories. Young people also need safe places to live, stable people to call, and systems that do not abandon them at age 21 years. Less visible in the Executive Order are concrete guarantees for housing stability, upstream prevention, and sustained investment in relational supports [7,8].

Policy Promises—and Persistent Gaps

The Executive Order’s emphasis on data modernization, online access to resources, and expanded education and workforce opportunities is welcome [5–7]. Youth-facing tools—

codesigned with young people and alumni with lived experience in foster care and related systems (e.g., juvenile justice, homelessness services, and special education)—can reduce the information chaos that accompanies transitions across child welfare, education, housing, and health systems.

At the same time, the Executive Order and early advocacy responses underscore limited attention to primary prevention and housing stability [5,6]. Key drivers of entry into foster care—poverty, parent/caregiver substance use, parent/caregiver mental health, and chronic family adversity—are treated as backdrop. An adolescent-health approach would make family support, economic stabilization, and accessible, evidence-based substance use and mental health treatment for parents’ core interventions.

Relational Permanence as Health Infrastructure

Scholarships can widen access to postsecondary education, but they are rarely decisive on their own. Life course and emerging adulthood scholarship shows that youth who age out of foster care face an ‘off-time’ transition to adulthood, taking on adult roles earlier and with fewer supports than peers who can rely on family well into their mid-20s [2]. In this context, natural mentoring—trusting, organically formed relationships with caring adults in young people’s existing networks—emerges as a key protective factor [9,10].

A systematic review of natural mentoring among older youth in and aging out of foster care found positive associations between enduring mentoring relationships and youth adjustment across physical and mental health, education, resilience, and asset accumulation [10]. Empirical work links involvement in prosocial activities—sports, clubs, religious communities—to a higher likelihood of having natural mentors for youth approaching emancipation (i.e., the age at which they may exit foster care without legal permanency) [11]. Together, these findings recast having a supportive adult not as a peripheral benefit but as health infrastructure: durable relationships function as cross-system supports within child welfare, education, housing, and health care.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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Qualitative research adds why this matters. Samuels and Pryce (2008) describe “survivalist self-reliance,” shaped by repeated relational loss. Samuels (2009) extends ambiguous loss theory to show how “home” can feel emotionally present but structurally unreliable, complicating both leaving care and forming new attachments.

Although the Executive Order mentions mentoring through the proposed online platform, it does not specify the model, funding, or how quality and durability will be measured [6,7]. Mentoring for older youth in foster care is not generic volunteerism; it requires a trauma-informed, developmentally tailored model—like C.A.R.E [12], which supports youth to identify and choose a committed adult from their own pre-existing social networks, then screens and trains that adult, provides ongoing supervision and structured support, and coordinates with the youth’s child welfare team to promote reliability and avoid inadvertently recreating experiences of loss and abandonment [9,10].

Three Directions for Adolescent Health Policy

The Executive Order on Fostering the Future is an encouraging step: it elevates the needs of young people with foster care experience to a national priority, calls for coordinated action across federal agencies, and emphasizes modernizing data and digital access so supports are easier to find and use. Its attention to education and workforce pathways—and to listening to young people with lived experience—offers a strong foundation for improving well-being during the transition to adulthood. Building on that foundation, adolescent health policy can help ensure implementation translates into developmentally appropriate supports in three key areas.

First, federal investments must move upstream. The same studies that document poor adult outcomes also point to heavy pre-care adversity, including violence exposure, unstable housing, and chronic deprivation [2,3]. Cross-system prevention—family support, income supplementation, and high-quality substance use and mental health treatment for parents—should be central to foster care policy.

Second, housing and campus supports must be non-negotiable. Coverage and advocacy around Fostering the Future highlight housing instability and homelessness for youth who age out of foster care, even as key implementation details—especially around concrete housing guarantees—remain to be specified [5,7,8]. Higher education initiatives centered on tuition and fees risk creating what youth call “scholarships without sofas”: admission and funding without year-round housing, food security, or somewhere to go during breaks. For youth with foster care histories, year-round, developmentally appropriate housing—especially when linked with campus support programs and health and mental health services—is as central to success as any scholarship dollar.

Third, federal policy should treat natural mentoring and lived expertise as essential to adolescent health. Research on natural mentoring offers theory, mechanisms, and evidence-informed practices [9–11], and recent reporting has highlighted both optimism and continuing gaps in prevention, housing, and relationships [8]. Implementation of Fostering the Future should therefore move beyond periodic consultation to institutionalize shared governance—drawing on policy-facing models such as Think of Us and the National Foster Youth Institute—by

compensating youth and alumni as standing decision-makers who help govern new initiatives, colead the design and iteration of digital platforms, and partner in evaluation [13,14]. Evaluation should track not only education, employment, housing, and health outcomes but also relational permanence (e.g., whether young people have at least one enduring, supportive adult relationship and the stability and quality of those connections over time).

Conclusion

Scholarships matter. Technology matters. But for young people transitioning out of foster care, neither will fulfill their promise without deeper commitments to prevention, housing, and lasting relationships. The adolescents and emerging adults at the center of this policy moment do not need a heroic narrative of rugged independence; they need a durable web of people and supports in which one caring adult is not a lucky exception but an expected minimum.

For clinicians, researchers, and policymakers, Fostering the Future is both an opening and a test. Judge federal investments by the following three questions: (1) Does it reduce unnecessary entries into foster care? (2) Does it guarantee safe, stable housing during and after foster care? (3) Does it ensure that no young person leaves foster care without at least one reliable, enduring adult? If yes, we are fostering not only opportunity but belonging.

Acknowledgments

The author thanks Dr. Carol Ford for the invitation to submit this commentary and for her steady guidance in advancing this important discussion.

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