

Foster parent perspectives on necessary supports for youth and their families departing foster care

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Jacqueline Huscroft-D'Angelo ,
Daniel Poling and Alexandra Trout

University of Nebraska-Lincoln, Lincoln, USA

Abstract

- *Summary:* More than 50% of children who depart foster care will experience a permanency placement after being involved in the child welfare system. The struggles faced by children and families during the transition into the home and community setting following foster care are well-known and often result in child welfare re-entry. Presently, little is known about preparation for permanency placements or appropriate supports to aide in this critical transition period. This includes understanding the perspectives of key stakeholders such as foster parents, who are essential to the transition. This descriptive study begins to address this need by examining the perspectives of foster parents (N = 60) on: (a) transition planning, (b) the importance of specific supports and services critical during to transition period, and (c) availability of supports during the transition period.
- *Findings:* Results indicate that the most frequently addressed areas during transition planning process were family, medical/physical health, and education. Participants rated mental health and safety as the most important supports for youth. Most respondents indicated being unsure about the availability of nearly all supports. However, of those reported as available, safety and mental health supports were identified most often.
- *Application:* Findings have practical application for service provision and transition planning for youth and their families departing foster care to permanency placements. Specifically, a continued focus on mental health and an increase in educational supports

Corresponding author:

Jacqueline Huscroft-D'Angelo, University of Nebraska-Lincoln, 247 D Barkley Memorial Center, Lincoln, NE 68588, USA.

Email: jndangelo@unl.edu

during the transition process. These are discussed in depth as well as implications for practice. Limitations and future research are also presented.

Keywords

Social work, foster care, permanency planning, children and families, access to services, care planning

Annually, 1 out of every 184 children (443,000) in the United States are served in foster care (Adoption and Foster Care Analysis and Reporting Systems [AFCARS], 2018; Child Welfare Information Gateway [CWIG], 2016). While in care, approximately 78% reside in a foster family home with a relative (32%) or non-relative (46%), also referred to as “foster parents” (AFCARS, 2018). The pivotal role that foster parents play to children under their care cannot be underestimated. Foster parents provide 24 h care, serve as primary caregivers, and likely support the child in several key life domains (e.g., physical, social, emotional, and mental health, education, safety; Cooley et al., 2015; Cooley et al., 2019; Leathers et al., 2019; Rhodes et al., 2003; Tullberg et al., 2019). Unfortunately, children in foster care often have elevated social, emotional, behavioral, and academic needs, which lead to challenges and poor outcomes in these domains of a child’s life (e.g., school engagement, developing relationships, social skills; American Psychological Association [APA], 2019; National Association of School Psychologists [NASP], 2019; Neiheiser, 2015). For example, children in foster care often experience multiple school placements, poor adult and peer relationships, high rates of social and emotional difficulties, increased behaviors, and limited academic engagement (APA, 2019; Collaborative for Social, Emotional, and Academic Learning, 2017; NASP, 2019; Williams-Mbengue, 2016). To address these ongoing needs, foster parents can play an important role in communicating with other providers and coordinating service provision (Denlinger & Dorius, 2018; Hayes et al., 2015). Yet, findings from prior studies indicate that foster parents report having a minimized role in decision-making related to services and supports for the children under their care and when preparing for the transition from care to placements outside of the child welfare system (e.g., reunification, guardianship, adoption, kinship, group home; Buehler et al., 2006; Hudson & Levasseur, 2002). Foster parents may offer support and unique insight on the child’s need who has been in their care and to the caregivers who have been identified as the permanency placement option. To improve existing services and identify necessary supports that promote positive outcomes for children who have been involved in foster care, there is a need to understand foster parent perspectives. This becomes particularly important in

addressing the transition from foster care to permanency settings (e.g., reunification with biological parents, guardianship, adoption; AFCARS, 2019; CWIG, 2020) as relatively little is known about necessary services and supports for departing children and their permanency families during this crucial time period (Huscroft-D'Angelo et al., 2019).

More than half of children in foster care will depart to a permanent home setting (e.g., reunification with biological parent, kinship care, adoption; AFCARS, 2019; CWIG, 2016). However, studies indicate families experiencing permanency are often underprepared for this transition period (Huscroft-D'Angelo et al., 2019; Tyler et al., 2017). This is likely due to a combination of factors, which includes programming differences based on local oversight and state agency guidelines, comprehensive service planning, access to supports, placement changes, a lack of streamlined communication among stakeholders, and overall caregiver mistrust of the system (American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care, 2002; Burns et al., 2004; Child Trends Databank, 2019; Leslie et al., 2004; Rexroad, 2019). These complexities lead to an increased state of vulnerability for both the child and caregiver(s) that create barriers when preparing for the transition to permanency. Although children and caregivers meet specified goals to work towards achieving permanency, the initial transition phase presents many challenges (i.e., educational, environmental, behavioral, social, emotional, health, and preparedness for transition; Basca, 2009; CWIG, 2011; Foster & Gifford, 2005; Geenen & Powers, 2006; Ogongi, 2012; Pecora, 2012; Zetlin et al., 2004). These difficulties result in an increased risk for poor family functioning and stability, which leads to the possibility of re-entry into foster care.

Approximately one in five children will experience re-entry with higher percentages among subsets of children in foster care (e.g., older populations, those verified with a disability; Casey Family Programs, 2017; Hatton & Brooks, 2008; Kids Count, 2017). Re-entry contributes to negative family outcomes, lowers resilience, and limits protective factors needed for long-term success (Casey Family Programs, 2017). Caregivers often experience increased stress, limited self-efficacy, poor mental health, and strained parent-child relationships (Children's Bureau, 2014; Cronin et al., 2015; CWIG, 2011; English, 2007; Foster & Gifford, 2005; Ogongi, 2012). For children, re-entry negatively affects adult and peer relationships, physical health, social and emotional well-being, and academic progress (Basca, 2009; National Foster Care Review Coalition, 2009; Pecora, 2012; Pecora & English, 2016). Follow-up studies reveal that nearly half of children who have been involved in foster care fail to graduate high school with their peers (National Foster Youth Institute, 2018). Further, approximately 11% attend college and a mere 3% complete college (Barrat & Berliner, 2013; Child Trends Databank, 2015; Ryan & Bauman, 2016; U.S. Department of Education, 2015), which leads to continued long-term risk such as unemployment, financial instability, poverty, and homelessness (Courtney & Hughes-Hearing, 2005; Dworsky, 2005; Park et al., 2005; Pecora et al., 2006; Zlotnick et al., 2012). Thus, while achieving

permanency is the desired outcome for children and families, unsuccessful preparation for this transition can result in many costly and adverse consequences across key life domains (Hatton & Brooks, 2008; Kids Count, 2017; Taussig et al., 2001).

One method to promote positive child and family outcomes is to provide supports during and following permanency. This includes effective transition planning, identifying services or supports that will facilitate family cohesion, increasing family stability, addressing social, emotional, health, and academic domains, and preventing re-entry to care (Huscroft-D'Angelo et al., 2019; Pecora & English, 2016; Trout et al., 2012). While empirical literature exists examining the aftercare needs of other populations (e.g., children in residential care; Huscroft-D'Angelo et al., 2013; Ringle et al., 2012; Trout et al., 2010), little is known about strategies and supports that address the broad challenges faced by children in foster care and their families who will experience the transition to permanency placements. To change the trajectory of outcomes for this population, it is necessary to understand comprehensive needs and identify supports or services that foster a path towards success. However, little empirical information exists to determine what is necessary for this population.

Addressing this need requires the ongoing involvement of numerous stakeholders including service providers, foster parents, educators, and legal professionals. Although limited, some literature exists examining perspectives of certain stakeholder groups (service providers, caseworkers, legal professionals; Huscroft-D'Angelo et al., 2019). Whereas numerous stakeholders are involved during this transition process, foster parents play an integral role in identifying risk areas and recognizing crucial supports during and following permanency placement. Yet, there are no extant studies that capture insight from this stakeholder group. Recent reports state that on average, children spend up to two years in foster care (Annie E. Casey Foundation, 2019; Child Trends Databank, 2019). Within those two years, approximately 66% of children experience a maximum of two placements and remain with the same foster family on average for 13 months (Casey Family Programs, 2018; Texas Family Initiative, 2018). Moreover, foster parents typically provide services for an average of two years, supporting children of all age ranges and gain experience caring for children who have various needs. Therefore, this stakeholder groups offers a unique perspective into the services and supports necessary both during as well as the transition out-of-care (Buehler et al., 2006; Hudson & Levasseur, 2002).

This study aims to address the existing research gap by identifying foster parent perspectives on key areas prior to and following the transition from foster care to permanency placements. Given the unique and varied roles that foster parents play prior to and during the transition process, it is hypothesized they will provide pivotal information to fill in some of the existing gaps related to transition planning, necessary supports, and potential barriers. The goal of this exploratory and descriptive study was to address the following research questions: (1) What are foster parent perspectives on transition planning for children and their families experiencing the transition to permanency settings? (2) What are foster parent

perceptions on the most important supports for children and their families departing foster care to permanency settings? (3) How available are supports and services to children and families during this transition period?

Method

Setting and participants

The University institutional review board approved all research procedures. Participants ($n = 60$) included foster care parents who were employed by a single foster care agency located in a midwestern state. The sample consisted of mostly females (63.3%), ranged in age from 23 to 82 ($M = 46.6$, $SD = 12.57$), were predominantly White (65.0%), and just over one-third (36.7%) possessed a bachelor's or graduate degree. The highest percentage (61.7%) reported having between 0 and 5 years of experience as foster parents. Table 1 displays all demographic information.

Measures

We used a modified version of the *Residential Treatment Aftercare Survey* (Huscroft-D'Angelo et al., 2013; Trout et al., 2014; Tyler et al., 2017), which was developed to collect data from multiple stakeholders (e.g., caregivers, family teachers, direct care service providers, and youths) regarding perceptions of aftercare supports and services following discharge from treatment in residential care, which is substantially different than those in foster care. Each group had their own survey with questions/items written to be specific to the perspective of the targeted stakeholder. The original survey was created through an iterative process that included a comprehensive review of the literature, peer review, and pilot tests with youths and service providers involved in out-of-home placement. For the present study, we modified the survey items from the direct care service provider version to reflect foster parents' perspectives of children departing foster care to permanency settings (e.g., agency demographics, specific services, and supports used during foster care placement). The 90-item measure consists of four sections. Section one includes seven items about the demographics of the respondent (e.g., age, gender, race, ethnicity, current position). Section two includes four items on the demographics of the foster care agency (e.g., zip code of agency, number of years in operation, number of youths served). Section three contains six items on transition planning and services (e.g., a formal transition process and plan, individuals involved, topics covered, connecting youth to formal services upon discharge). Section four, in which items were presented in random order, participants used a 3-point Likert-type scale to rate both the availability (Available, Not Available, Not Sure) and the importance (Critical, Important, Less Important) of 67 aftercare supports that reflect seven key domains (education, family, independent living, mental health, physical health, relationships, and safety).

Table 1. Demographic characteristics of survey respondents.

Variable	<i>n</i>	Valid %
Gender		
Male	22	36.7
Female	38	63.3
Race		
White	39	65.0
Black	15	25.0
Other	5	8.3
Hispanic or Latino		
Yes	4	6.7
No	54	90.0
Age (years)		
20–35	10	17.2
36–50	32	55.2
51 and over	16	27.6
Years of experience		
0–5 years	37	61.7
6–11 years	12	20.0
12–20 years	8	18.3
Over 20 years	1	1.7
Highest level of education		
High school diploma or GED	11	18.3
Some college or no degree	21	35.0
Associate degree	4	6.7
Bachelor's degree	12	20.0
Master's degree	8	13.3
Professional school or doctorate	2	3.3

Totals that do not equal 100% are due to missing data.

The internal consistency for importance ratings were as follows: Education ($\alpha = .88$); Mental Health ($\alpha = .83$); Physical Health ($\alpha = .84$); Safety ($\alpha = .84$); Family ($\alpha = .83$); Relationships ($\alpha = .77$); and Independent Living ($\alpha = .84$). These estimates were comparable to previous studies that used the *Residential Treatment Aftercare Survey* with other out-of-home care populations (e.g., residential, group care; Tyler et al., 2017).

Procedure

The participating agency informed potential participants via email and a recruitment flyer about the opportunity to complete the survey at a monthly foster parent training hosted by the agency. The training was not required and those present self-selected to attend. During the training, one research staff member provided a brief 5-min overview of the purpose of the survey. Participants were asked to

provide informed consent and were then given blank paper copies of the survey for interested individuals to complete. A total of 71 individuals attended the training, with 60 who provided consent and agreed to complete the survey, resulting in an 83.1% response rate. Upon completion of the survey, participants received a \$10 gift card for their time.

Data analysis

We used SPSS (v26) for all analyses. After entering, verifying, and cleaning data, we removed two participant surveys due to missing data, which resulted in a final sample of 58. As this is a descriptive study, we calculated frequencies, means, and percentages to answer our research questions.

Results

Transition planning and service availability

The majority of participants (83.1%) indicated the agency used a formal transition process for youth departing foster care, 15.3% reported being unsure, and one participant reported no. When asked if this transition process included a formalized written plan, 70.6% of the sample reported yes, 23.5% were unsure, and 5.9% indicated no. Participants were asked to identify all individuals involved and all areas addressed in the transition process (i.e., check all that apply). Results indicated transition planning participation by several stakeholders including caseworker (93.2%), biological parent (83.1%), foster parents (76.3%), attorney (66.1%), youth (64.4%), court appointed personnel (62.7%), social worker (54.2%), siblings (47.5%), other family members (25.4%), and school representatives (23.7%). Participants were asked to identify all of the pre-determined domains (i.e., check all that apply) that are formally addressed during the transition planning process. Foster parents reported the following percentages for each domain as formally addressed: family (81.4%), medical/physical health (76.3%), education (71.9%), safety (67.8%), court involvement (64.4%), mental health (59.3%), relationships (52.5%), and independent living (42.4%). In terms of whether youths are connected to formal services upon discharge, most indicated unsure (64.3%), followed by 25% who reported yes, and 10.7% who indicated no. When asked if they felt transition supports are important, the vast majority of our sample (89.8%) rated this to be extremely important.

Importance of supports in key domains

Participants were asked to rate the importance (critical, important, less important) for each of 67 items that spanned several key domains. To present a concise overview of foster parent perceptions regarding the most important supports, Table 2 provides the 13 items (top 20%) that the largest number of respondents rated as critically important and the corresponding domain (e.g., educational, mental

Table 2. Highest rated items (top 20%) based on importance and perceived availability of supports.

Item	Support domain	Importance			Availability		
		Critical (%)	Important (%)	Less important (%)	Available (%)	Not available (%)	Not sure (%)
Attending mental health appointments	Mental health	84.2	14.0	1.8	24.1	13.0	63.0
Accessing crisis support	Mental health	82.8	17.5	0	31.5	18.5	50.0
Accessing services for self-harm/ suicidal thoughts	Mental health	82.5	15.5	1.7	41.8	12.7	45.5
Accessing services for abuse/neglect	Mental health	81.0	19.0	0	30.2	18.9	50.9
Avoiding gang involvement	Safety	81.0	19.0	0	13.5	13.5	73.1
Preventing criminal drug related activity	Safety	80.7	19.3	0	17.9	19.6	62.5
Managing medication for behavior/ mental health	Mental health	78.9	21.1	0	21.2	13.5	65.4
Accessing mental health services	Mental health	75.9	20.7	3.4	22.2	11.1	66.7
Coping with trauma	Mental health	75.9	24.1	0	26.8	23.2	50.0
Accessing family services for domestic violence	Safety	75.4	24.6	0	27.3	14.5	58.2
Managing health related prescription medication	Physical health	75.4	22.8	1.8	23.1	11.5	65.4
Accessing mental health/substance abuse services for parents/caregivers	Family	72.4	27.6	0	22.2	24.1	53.7
Accessing services for anger management	Safety	71.9	24.6	3.5	33.3	11.1	55.6

health). Participants rated supports in the domains of mental health as most important, which included attending mental health appointments, accessing crisis support, and accessing services for self-harm/suicidal thoughts.

In contrast to the most important supports, Table 3 provides an overview of foster parent perceptions concerning the least important supports and corresponding domain, as indicated by the 13 items (bottom 20%) that the fewest number of participants rated as critical. The least important supports were primarily within the domains of physical health (e.g., managing weight problems, developing healthy eating habits) and educational supports (e.g., obtaining school supplies, accessing alternative methods to earn school credits).

Availability of supports in key domains

Participants also rated whether all 67 items in key domains were available (available, not available, not sure). Notably, a large percentage of respondents (45.5–70.9%) reported being unsure of the availability of specific supports across all domain items. The three most frequent items rated as available included safety supports of accessing crisis support (41.8%), accessing services for anger management (33.3%), and accessing services for self-harm/suicidal thoughts (31.5%). On the other hand, the three items rated most frequently as unavailable included the family supports of accessing mental health/substance abuse services for parents/caregivers (24.1%), accessing marriage and family counseling for parents/caregivers (22.2%), and the physical health support of maintaining good hygiene (23.6%).

When looking at the availability of supports that foster parents rated as the most critical, (top 20%) accessing services for self-harm or suicide was the *only* mental health support item that more than a third of respondents (41.8%) rated as available. Further, the availability of the remaining highly important mental health items ranged from 21.2% to 31.5% (see Table 2). Less than 20% of respondents reported that supports were available for the two most important safety items of avoiding gang involvement and preventing criminal drug related activity. Among the five least important items (bottom 20%), three were rated as available by less than 20% of respondents (managing weight problems, developing healthy eating habits, accessing information on dating relationships; Table 3).

Discussion

Transition planning

With respect to overall transition planning, there were several noteworthy findings. First, the vast majority (nearly 90%) of respondents rated transition support services to be of critical importance, yet nearly one-quarter (23.5%) were unsure if their agency used a formal plan to address the transition process. Second, over 50% of this sample indicated that key stakeholders (e.g., caseworkers, biological

Table 3. Lowest rated items (bottom 20%) based on importance compared to availability.

Item	Support domain	Importance				Availability		
		Critical (%)	Important (%)	Less important (%)	Available (%)	Not available (%)	Not sure (%)	
Managing weight problems	Physical health	17.2	53.4	29.3	14.5	14.5	70.9	
Accessing a driver's license	Independent living	17.5	59.6	22.8	23.6	18.2	58.2	
Developing healthy eating habits	Physical health	19.0	67.2	13.8	16.7	13.0	70.4	
Accessing information on dating relationships	Relationship	20.7	55.2	24.1	16.4	20.0	63.6	
Obtaining school supplies	Educational	20.7	65.5	13.8	24.5	11.3	64.2	
Accessing alternative methods to earn school credits	Educational	22.4	62.1	15.5	17.9	16.1	66.1	
Developing healthy physical activity	Physical health	22.4	60.3	17.2	18.5	18.5	63.0	
Joining a parent support group	Family	24.1	58.6	17.2	21.8	16.4	61.8	
Working with coworkers and supervisors	Relationship	24.1	58.6	17.2	10.9	16.4	72.7	
Developing healthy sleep habits	Physical health	25.9	51.7	22.4	18.2	18.2	63.6	
Accessing school orientation opportunities	Educational	29.3	53.4	17.2	17.0	15.1	67.9	
Obtaining legal assistance	Independent living	29.3	53.4	17.2	16.7	22.2	61.1	
Tracking homework assignments and completion	Educational	29.3	60.3	10.3	13.5	17.3	69.2	

parents, foster parents, attorneys, youth, social workers, and court appointed personnel) are involved in the transition planning process. Unfortunately, just under a quarter of participants identified school personnel as being included in this process, which is troubling given the poor educational outcomes for youth in foster care and low caregiver engagement in school for this population (Chapin Hall Center for State Child Welfare, 2011; Pecora & English, 2016). Therefore, it would seem imperative to increase involvement by school professionals in the planning process to promote a positive school transition for youth and their families. Finally, 83.1% of this sample indicated foster parents are highly involved in the transition process, yet a large percentage of respondents (64.3%) were unsure if youth were being connected to formal services upon discharge. This finding is slightly concerning as it suggests a possible disconnect between child transition needs, what is formalized for the child and family during this planning process, and the supports that children and adolescents are formally connected to. Preparing youth and families for transition should consist of effective communication between all key stakeholders, including foster parents, to ensure a seamless process, follow through on recommendations, and a full understanding by team members (e.g., service providers, case managers, foster parents, school staff) regarding youth and family needs, necessary supports, and the delivery of formal services (CWIG, 2020).

Importance of supports in key domains

When asked to rank the importance of supports in targeted domains of transition supports, participants identified mental health supports as most important. This was not surprising given the role foster parents have in providing care for children who have been removed from the home. However, when asked about the availability of mental health supports, large percentages of participants (45.5–65.4%) indicated they were unsure if these supports were available. This is concerning because for children, removal from their home environment is traumatic, which manifests into social, emotional, and behavioral difficulties (APA, 2019; NASP, 2019; Pecora & English, 2016). The accumulation of this trauma leaves children vulnerable and at high-risk for mental illness (Courtney & Hughes-Heuring, 2005; Dworsky, 2005; Pecora et al., 2006). Despite the varying levels of foster care (i.e., family, treatment, or kinship foster care), therapeutic services are not provided consistently to children. Therefore, children often enter the transition period out of foster care with sustained mental health difficulties that require attention for them to be successful both in the home and at school (American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care, 2002; Burns et al., 2004; Leslie et al., 2004). Findings from this study underscore the importance of including mental health supports for families during and following the transition to permanency as a primary and fundamental need.

Another noteworthy finding was the lack of perceived importance for educational supports. Given the documented poor educational performance by children

in foster care, it is imperative that foster parents understand the implications for students who do not have proper educational support. For example, students who have been involved in foster care receive low grades and standardized test scores and have high rates of grade retention, absenteeism, tardiness, truancy, and drop-out, which keeps them from reaching their full academic potential (Chapin Hall Center for State Child Welfare, 2011; Courtney et al., 2007; Finkelstein et al., 2002; National Foster Care Review Coalition, 2009; Pecora, 2012; Pecora & English, 2016; Smithgall et al., 2010). By the time individuals involved in foster care reach maturity, they have been disrupted by school changes as many as seven times (Courtney et al., 2004; Pecora et al., 2006). With each transition, it is estimated they will fall three to six months further behind their peers (Basca, 2009). This results in increased negative social-emotional consequences, such as alienation, poor relationships with teachers and peers, loss of self-efficacy, and detachment from school (Basca, 2009; Geenen et al., 2007). Ultimately, these collective challenges impact post-school outcomes, as only 45–75% graduate (compared to national rates of 82%; Barrat & Berliner, 2013; Child Trends Databank, 2015; U.S. Department of Education, 2015). These outcomes are alarming and provide empirical support for the critical importance of addressing the educational needs of this population.

Schools serve as a protective factor that promotes resilience when children are exposed to adverse events. Therefore, one action step is to convey the importance of educational needs and the importance of school environments as a protective factor to key stakeholders, such as foster parents. This may include providing foster parents with professional development and training on topics related to education, identifying the educational characteristics of the children they care for, and providing an overall understanding of the complex educational system. These approaches may provide foster parents with information that could help them develop a deeper understanding of the importance of educational supports and schools as protective factors.

Availability of supports in key domains

The majority of respondents indicated being unsure of the availability for 66 out of 67 specific supports for families during the transition to permanency. This is concerning as over three-quarters of participants indicated foster parents are involved in the transition planning process. These findings seem to indicate a gap in the overall planning process if most team members (e.g., service providers, case managers, foster parents, school staff) are unsure which specific supports families experiencing permanency are linked to and service delivery implementation. Transition planning should include written documentation of goals related to permanency as well recommendations of necessary supports and services for children and caregivers (CWIG, 2020). Being unaware of the availability of supports places youth and families at an increased risk for reentry and poor long-term outcomes. This includes access to supports in the primary domains presented in this study.

When children and adolescents are not connected to necessary supports, they face poorer long-term outcomes in areas of relationships, physical and mental health, educational attainment, finances, and life satisfaction (CWIG, 2020; Semanchin-Jones & LaLiberte, 2013). The process should begin well before the youth begins the transition to ensure that all team members (e.g., foster parent, case worker, caregiver, youth, service provider) have a voice and an understanding of the supports that are recommended for short- and long-term family success (CWIG, 2020).

Conclusion and implications

Findings from this study offered unique insight from one key stakeholder group working with children and families who have been involved in foster care. The transition from foster care to permanency placements is an ongoing challenge for children in foster care and those individuals working to prevent re-entry. The perspectives of key individuals who have working knowledge of needs and challenges faced by families is integral to understanding and making progress towards developing a comprehensive approach to support children and families during the transition process. There are several practical implications from these findings that can be generalized to various professionals supporting these families during the transition from care to permanency placements.

First, it remains necessary to emphasize the importance of overall transition planning. The time period from care to permanency presents many challenges in key domains. Each team member offers unique insight and perspectives about what may be beneficial for children and families. Effective transition planning by all members of the team is necessary to ensure families are prepared adequately. Thus, establishing processes that incorporate consistency among team members when working with caregivers, transferring or sharing information, identifying common family goals, and ensuring knowledge for all team members that children and families are connected to formalized services can promote positive long-term outcomes. This can ease the frustration of caregivers who may already have negative perceptions of services providers, including foster parents, and contribute to the potential that families will access supports that promote positive permanency placement outcomes.

Second, this study provides additional support for the perceived importance of mental health services for both caregivers and children during the transition process by one key stakeholder group. Returning to home environments can present elevated stress levels for both caregivers and children, which can lead to decreased family functioning home and school stability (Cronin et al., 2015; Patnaik, 2014; Sutherland & Miller, 2012). Encouraging use of mental health services and conveying the importance of mental health care should remain a priority when supporting families during the transition process. This may include helping families to establish a mental health provider, educating them on the importance of

medication adherence, and providing them with tools or resources that will foster positive mental health well-being.

Third, educational planning for this population should not be underestimated. When compared to other populations, children involved in foster care experience some of the worst academic outcomes (Chapin Hall Center for State Child Welfare, 2011; Courtney et al., 2007; National Foster Care Review Coalition, 2009; Pecora, 2012). Ensuring that team members understand the long-term implications of a lack of educational planning is necessary. Too often, the transition presents with many educational challenges. This results from factors such as school placement changes, delayed or missing school records, delayed enrollment in school, poor communication across providers, limited caregiver engagement with schools, disruptive school behavior, negative social-emotional behaviors (including alienation and poor relationships with teachers and peers), loss of self-efficacy, and detachment from school (Basca, 2009; Pecora, 2012). Therefore, it is important to recognize that each team member offers a unique perspective on educational needs based on their individual experience with the child. These should be shared, documented, and provided to the school to ensure the child and caregiver are prepared in order to promote long-term academic success.

Finally, as noted, very little is known about comprehensive transition supports for this population. Further, the transition supports that do exist are often time-limited, focus on certain populations, and address specific domains, versus providing a comprehensive approach (English, 2007). As such, research is needed to both replicate and extend the present study. For example, it is necessary to replicate this study with various stakeholder populations (e.g., caregivers, youth, school personnel, caseworkers, mental health providers) as each provides varied insight as to the needs of caregivers and children as well as the availability of supports during transition to permanency placement. Moreover, replication of this study within the various levels of foster care (e.g., therapeutic foster care, respite, short-term, specialized) is necessary as transition planning, needs, and availability of supports may differ slightly depending upon services offered and approaches used within the settings. Further evaluations of each area will help to develop and implement effective transition supports and tailor appropriate supports to individual families to promote positive short- and long-term permanency placement success.

Limitations of the study

Several limitations related to this study should be acknowledged and addressed in future research. First, the participants were recruited from one agency in the Midwest and foster care programs offer various approaches of support and preparation for the transition process. The results and generalizability from this study, therefore, may not be representative of children in other foster care programs. Replication of this study in other foster care programs and settings (e.g., therapeutic foster care) is needed to compare foster parent perceptions across agencies and settings. A second limitation is the small sample size that precluded an analysis of data by subgroups

(i.e., years of experience, age range of children served in their care, gender, race/ethnicity). Future research on needs, barriers, or consideration for intervention development among children departing foster care to permanency settings should consider expanding to multiple states, include diverse settings (e.g., urban), and various agency types (e.g., private, state-led) to gather a larger sample of foster parents. Similarly, in addition to expanding this research to other settings, replications are needed to examine perspectives of other stakeholders such as school-aged children, caregivers, service providers, case management workers, and education professionals. Third, as with any survey research that relies on self-report data, there is risk of bias due to social desirability, based on experience, inaccurate recall, inability to respond to questions, or interpretation of questions.

Fourth, although this survey was comprehensive in domains assessed, there may be additional services or supports that could broaden each of the domains and include more items. For example, the domain of physical health contains few items, which are geared more toward accessing health care services or managing and understanding medications, versus supports related to actual physical health status (e.g., treating physical health conditions, awareness of underlying health conditions). Therefore, future researchers may want to query experts in these fields to identify additional supports or services that could be added to domain areas to generate a more comprehensive survey that fully captures each domain area. Finally, not all of the targeted domains (e.g., *Independent Living*) or specific items are relevant to all age ranges of children within foster care. The current survey did not include an option for “not applicable” for each of the 67 items which comprised domains. Future research should include this as an option to be more representative of the vast needs that exist within foster care across age ranges.

Research Ethics

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ORCID iD

Jacqueline Huscroft-D'Angelo  <https://orcid.org/0000-0002-8094-5164>

References

Adoption and Foster Care Analysis and Reporting Systems. (2018). *The AFCARS report*. <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>

- Adoption and Foster Care Analysis and Reporting Systems. (2019). *The AFCARS report*. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf>
- American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care. (2002). Health care of young children in foster care. *Pediatrics*, 109(3), 536–541. <https://doi.org/10.1542/peds.109.3.536>
- American Psychological Association. (2019). *School connectedness: The safe and supportive schools project*. <https://www.apa.org/pi/lgbt/programs/safe-supportive/school-connectedness>
- Annie E. Casey Foundation. (2019). *What is foster care?* <http://www.aecf.org/blog/what-is-foster-care/>
- Barrat, V. X., & Berliner, B. A. (2013). The invisible achievement gap: Education outcomes of students in foster care in California's public schools. WestEd.
- Basca, B. (2009). Providing effective prevention services to youth in foster care. *Prevention Brief*, 4(2), 1–15. http://ca-sdfsc.org/docs/prevention_brief/SDFSC_PB_v04_02_Foster_Youth.pdf
- Buehler, C., Rhodes, K. W., Orme, J. G., & Cuddeback, G. (2006). The potential for successful family foster care: Conceptualizing competency domains for foster parents. *Child Welfare*, 85(3), 523–558. <https://www.ncbi.nlm.nih.gov/pubmed/16999384>
- Burns, B. J., Phillips, S. D., Wagner, R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(8), 960–970. <https://doi.org/10.1097/01.chi.0000127590.95585.65>
- Casey Family Programs. (2017). Information packet: Healthy organizations. https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO_TurnoverCosts_and_Retention_Strategies.pdf
- Casey Family Programs. (2018). *What are kinship navigator programs?* <https://www.casey.org/what-are-kinship-navigators>
- Chapin Hall Center for State Child Welfare. (2011). *Center for state child welfare 2011 database* [Data Center]. <https://fcda.chapinhall.org/>
- Child Trends Databank. (2015). *Foster care: Indicators on children & youth*. <http://www.childtrends.org/databank/>
- Child Trends Databank. (2019). *Foster care*. <https://www.childtrends.org/?indicators=foster-care>
- Child Welfare Information Gateway. (2011). *Family reunification: What the evidence shows*. U.S. Department of Health and Human Services, Children's Bureau.
- Child Welfare Information Gateway. (2016). *Statistics*. <https://www.childwelfare.gov/topics/systemwide/statistics/?hasBeenRedirected=1>
- Child Welfare Information Gateway. (2020). *Achieving and maintaining permanency*. <https://www.childwelfare.gov/topics/permanency/>
- Children's Bureau. (2014). *Child maltreatment 2014*. <http://www.acf.hhs.gov/cb/resource/child-maltreatment-2014>
- Collaborative for Social, Emotional, and Academic Learning. (2017). *Core SEL competencies*. <http://www.casel.org/core-competencies/>
- Cooley, M. E., Farineau, H. M., & Mullis, A. K. (2015). Child behaviors as a moderator: Examining the relationship between foster parent supports, satisfaction, and intent to

- continue fostering. *Child Abuse Neglect*, 45, 46–56. <https://doi.org/10.1016/j.chiabu.2015.05.007>
- Cooley, M. E., Thompson, H. M., & Newell, E. (2019). Examining the influence of social support on the relationship between child behavior problems and foster parent satisfaction and challenges. *Child and Youth Care Forum*, 48(3), 289–303. <https://doi.org/10.1007/s10566-018-9478-6>
- Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chapin Hall Center for Children at the University of Chicago.
- Courtney, M. E., & Hughes-Heuring, D. (2005). The transition to adulthood for youth 'aging out' of the foster care system. In W. Osgood, C. Flanagan, E. M. Foster, & G. Ruth (Eds), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27–67). University of Chicago Press.
- Courtney, M. E., Terao, S., & Bost, N. (2004). Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care. University of Chicago Press.
- Cronin, S., Becher, E., Schmiesing-Christians, K., Maher, M., & Dibbs, S. (2015). Parents and stress: Understanding experiences, context, and responses. <http://hdl.handle.net/11299/172384>
- Denlinger, M., & Dorius, C. (2018). Communication patterns between foster parents and case managers. *Children and Youth Services Review*, 89, 329–339. <https://doi.org/10.1016/j.chilyouth.2018.04.034>
- Dworsky, A. (2005). The economic self-sufficiency of Wisconsin's former foster youth. *Children and Youth Services Review*, 27(10), 1085–1118. <https://doi.org/10.1016/j.chilyouth.2004.12.032>
- English, D. (2007). *A research overview of reunification* [Audio podcast]. <http://www.hunter.cuny.edu/socwork/nrcfcp/teleconferences/teleconferencearchives.html#reunification>
- Finkelstein, M., Wamsley, M., & Miranda, D. (2002). *What keep children in foster care from succeeding in school? Views of early adolescents and the adults in their lives*. Vera Institute of Justice. <https://www.vera.org/publications/what-keeps-children-in-foster-care-from-succeeding-in-schools-views-of-early-adolescents-and-the-adults-in-their-lives>
- Foster, E. M., & Gifford, E. J. (2005). The transition to adulthood for youth leaving public systems: Challenges to policies and research. In R. A. Settersten, Jr., F. F. Furstenberg, Jr., & R. G. Rumbaut (Eds), *On the frontier of adulthood: Theory, research, and public policy* (pp. 501–533). University of Chicago Press.
- Geenen, S., & Powers, L. E. (2006). Are we ignoring youths with disabilities in foster care? An examination of their school performance. *Social Work*, 51(3), 233–241. <https://doi.org/10.1093/sw/51.3.233>
- Geenen, S. J., Powers, L. E., Hogansen, J. M., & Pittman, J. O. E. (2007). Youth with disabilities in foster care: Developing self-determination within a context of struggle and disempowerment. *Exceptionality*, 15(1), 17–30. <https://doi.org/10.1080/09362830709336923>
- Hatton, H., & Brooks, S. (2008). *Preventing re-entry into the child welfare system: A literature review of promising practices*. Northern California Training Academy: The Center for Human Services. <http://www.childsworld.ca.gov/res/pdf/PreventingRe-entry.pdf>
- Hayes, M. J., Geiger, J. M., & Lietz, C. A. (2015). Navigating a complicated system of care: Foster parent satisfaction with behavioral and medical health services. *Child and*

- Adolescent Social Work Journal*, 32(6), 493–505. <https://doi.org/10.1007/s10560-015-0388-2>
- Hudson, P., & Levasseur, K. (2002). Supporting foster parents: Caring voices. *Child Welfare*, 84(6), 853–877.
- Huscroft-D'Angelo, J., Trout, A.L., Epstein, M., Duppong-Hurley, K., & Thompson, R. (2013). Gender differences in perceptions of aftercare supports and services. *Children and Youth Services Review*, 35(5), 916–922. <https://doi.org/10.1016/j.childyouth.2013.01.024>
- Huscroft-D'Angelo, J., Trout, A. L., Henningsen, C., Patwardhan, I., Lambert, M., Synhorst, L., & Tyler, P. (2019). Legal professional perspectives on supports for youth and families during reunification from foster care. *Children and Youth Services Review*, 107. <https://doi.org/10.1016/j.childyouth.2019.104525>
- Kids Count. (2017). *Kids Count data center*. <http://datacenter.kidscount.org>
- Leathers, S. J., Spielfogel, J. E., Geiger, J., Barnett, J., & Vande Voort, B. L. (2019). Placement disruption in foster care: Children's behavior, foster parent support, and parenting experiences. *Child Abuse and Neglect*, 91, 147–159. <https://doi.org/10.1016/j.chiabu.2019.03.012>
- Leslie, L., Hurlburt, M. C., Landsverk, J., Barth, R., & Slymen, D. J. (2004). Outpatient mental health services for children in foster care: A national perspective. *Child Abuse and Neglect*, 28, 697–712. <https://doi.org/10.1016/j.chiabu.2004.01.004>
- National Association of School Psychologists. (2019). *Trauma: Brief facts and tips*. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/trauma>
- National Foster Care Review Coalition. (2009). *Meeting the educational needs of children in foster care: A national perspective*. <http://nfcrc.les.wordpress.com/2010/05/nfcrc-education.pdf>
- National Foster Youth Institute. (2018). *Education: Foster youth face a special set of challenges outside the classroom that have a serious impact on their academic performance*. <https://www.nfyi.org/issues/education/>
- Neiheiser, L. M. (2015). Students in foster care: Individualized school-based supports for successful lives. *School Psychology Forum*, 9(1), 21–31.
- Ogong, W. (2012). Barriers to successful reunification of children with their families after foster care. <http://www.stoneleighfoundation.org/sites/default/files/Wanja%20Moving%20the%20Dial.pdf>
- Park, J. M., Metraux, S., & Culhane, D. P. (2005). Childhood out-of-home placement and dynamics of public shelter utilization among young homeless adults. *Children and Youth Services Review*, 27(5), 533–546. <https://doi.org/10.1016/j.childyouth.2004.10.001>
- Patnaik, G. (2014). Life skill enhancement strategies to minimize stress. *Social Science International*, 30(2), 281–289.
- Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children and Youth Services Review*, 34(6), 1121–1129. <https://doi.org/10.1016/j.childyouth.2012.01.044>
- Pecora, P. J., & English, D. J. (2016). Elements of effective practice for children and youth served by therapeutic residential care (Research Brief). *Casey Family Programs*. Available from www.casey.org
- Pecora, P. J., Kessler, R. C., O'Brien, K., White, C. R., Williams, J., Hiripi, E., & Herrick, M. A. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children and Youth Services Review*, 28(12), 1459–1481. <https://doi.org/10.1016/j.childyouth.2006.04.003>

- Rexroad, J. (2019). The top ten ways to lose a foster parent. *The Chronicle of Social Change*. <https://chronicleofsocialchange.org/fostercarecapacity-org/the-top-10-ways-to-lose-a-foster-parent/38245>
- Rhodes, K. W., Orme, J. G., & McSurdy, M. (2003). Foster parents' role performance responsibilities: Perceptions of foster mothers, fathers, and workers. *Children and Youth Services Review*, 25(12), 935–964. [https://doi.org/10.1016/S0190-7409\(03\)00104-X](https://doi.org/10.1016/S0190-7409(03)00104-X)
- Ringle, J. L., Huefner, J. C., James, S., Pick, R., & Thompson, R. W. (2012). 12-Month follow-up for youth departing an integrated residential continuum of care. *Children and Youth Services Review*, 34(4), 675–679. <https://doi.org/10.1016/j.childyouth.2011.12.013>
- Ryan, C. L., & Bauman, K. (2016, March). *Educational attainment in the United States: U.S. Population characteristics: Current population reports*. US Census Bureau. <http://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf>
- Semanchin-Jones, A. S., & LaLiberte, T. (2013). Measuring youth connections: A component of relational permanence for foster youth. *Children and Youth Services Review*, 35(3), 509–517. <https://doi.org/10.1016/j.childyouth.2012.12.006>
- Smithgall, C., Jarpe-Ratner, E., & Walker, L. (2010). *Looking back, moving forward: Using integrated assessments to examine the educational experiences of children entering foster care*. https://www.chapinhall.org/sites/default/files/Looking_Back_Moving_Forward_111810.pdf
- Sutherland, K., & Miller, R. (2012, May 22). *Working with children who have experienced cumulative harm whose families have multiple and complex needs*. Presented at the best interests case practice model professional development series, Royal College of Surgeons, Melbourne, Australia.
- Taussig, H. N., Clyman, R. B., & Landsverk, J. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics*, 108(1), 577–604. <https://doi.org/10.1542/peds.108.1.e10>
- Texas Family Initiative. (2018). *How long you can keep a foster child depends on a child's reasoning for needing foster care*. <https://texasfamilyinitiative.org/how-long-foster-child-foster-care/>
- Trout, A. L., Chmelka, M. B., Thompson, R. W., Epstein, M. H., Tyler, P., & Pick, R. (2010). The departure status of youth from residential group care: Implications for aftercare. *Journal of Child & Family Studies*, 19, 67–78. <https://doi.org/10.1007/s10826-009-9283-9>
- Trout, A. L., Hoffman, S., Huscroft-D'Angelo, J., Epstein, M., Duppong Hurley, K., & Stevens, A. (2014). Youth and parent/caregiver perceptions of aftercare supports at discharge from residential care. *Child and Family Social Work*, 19, 304–311. <https://doi.org/10.1111/cfs.12003>
- Trout, A. L., Tyler, P., Stewart, M., & Epstein, M. E. (2012). On the way home: Program description and preliminary outcomes. *Children and Youth Services Review*, 34(6), 1115–1120. <https://doi.org/10.1016/j.childyouth.2012.01.046>
- Tullberg, E., Vaughn, W., Muradwij, N., & Kerker, B. D. (2019). Unpacking “support”: Understanding the complex needs of therapeutic foster parents. *Children and Youth Services Reviews*, 105. <https://doi.org/10.1016/j.childyouth.2019.104420>
- Tyler, P. M., Thompson, R. W., Trout, A. L., Lambert, M. C., & Synhorst, L. L. (2017). Important elements of aftercare services for youth departing group homes. *Journal of Child and Family Studies*, 26, 1603–1613. <https://doi.org/10.1007/s10826-017-0673-0>

- U.S. Department of Education. (2015). *U.S. high school graduation rate hits new record high*. <http://www.ed.gov/news/press-releases/us-high-school-graduation-rate-hits-new-record-high-0>
- Williams-Mbengue, N. (2016). *The social and emotional well-being of children in foster care*. National Conference of State Legislators.
- Zetlin, A. G., Weinberg, L. A., & Kimm, C. (2004). Improving education outcomes for children in foster care: Intervention by an education liaison. *Journal of Education for Students Placed at Risk*, 9(4), 421–429. https://doi.org/10.1207/s15327671espr0904_5
- Zlotnick, C., Tam, T. W., & Soman, L. A. (2012). Life course outcomes on mental and physical health: The impact of foster care on adulthood. *American Journal of Public Health*, 102(3), 534–540. <https://doi.org/10.2105/AJPH.2011.300285>