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EXPLORING AND UNDERSTANDING THE EXPERIENCE OF TRANSITIONAL
SUPPORTS BY FORMER YOUTH IN CARE

by

Abigail Bagley

A Thesis Submitted in Partial Fulfillment
of the Requirements for a Degree with Honors
(Social Work)

The Honors College

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Advisory Committee:

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ABSTRACT

This study investigates the implications and impact of the experiences of former youth in care with transitional resources and support. It also investigates what kinds of resources or support are given to former foster care youth (transitional supports) and whether they felt ready enough to start adulthood. Structured interviews were conducted with 5 participants and the analysis showed that the participants that had the most preparation felt the most ready to transition out of care. It was concluded that the participants with the least preparation felt the least prepared and that having a mentor or advocate was beneficial in helping the participants feel prepared for their transition. Of the participants who were apart of the study, all of them took the Voluntary Extended Support Agreement, and though that helped them financially, they seemed to lack support from other people who weren't apart of DHHS.

DEDICATION

I dedicate this thesis to all former youth in care that transitioned, as well as the ones who didn't. I hope your voices were heard and I hope that things will get better as we learn more about how to help children in foster care as well as youth who are aging out. I hope that my research can help to create a better future for those who have gone through the same experiences as the participants. I also hope that this thesis can help to create better support and resources for youth in care. I am sharing my work with DHHS, so maybe they can improve their practices and help youth and former youth feel advocated for.

ACKNOWLEDGEMENTS

My paper and my study could not have been done without the help of Dr. Jennifer Crittenden, my faculty advisor. Thank you for all the ideas you threw my way and the time you took out of your week to meet with to perfect this thesis. It has been a pleasure working with you and I look forward to continuing to work with you in the future. Your guidance and support have been so valuable to me. Thank you again and I am so grateful for all you have done for me.

I want to say thanks to my committee members Robin Russel and Kelly Jaksa. Thank you both so much for also taking time out of your own schedules to meet as a committee and at the defense date. Thank you for all the advice you both gave me and thank you for helping me make this project as great as it is. I couldn't have done it without you. Thank you.

I also want to thank YLAT (Youth Leadership Advisory Team) and Ahmen Cabral for allowing me to present my thesis and recruit participants from their Bangor YLAT meeting. I was able to recruit people and also connect with the youth who had transitioned out, as well as current youth in care. That meeting really helped me understand the perspective of all the youth that were or are in care. Thank you for giving me the opportunity to talk, but also to listen.

I would also like to thank Colton Almodovar, who is a Youth Transition Specialist at DHHS for his help in recruiting people as well. He went above and beyond trying to email and recruit former youth in care for me, since he had connections. His dedication to the project showed his commitment and dedication to helping those in need. I am truly grateful for his help and his efforts.

I would lastly like to thank all my participants for their time and commitment to helping me learn more about their experiences with aging out of care. I will not be naming them, as this study is confidential, but I felt it necessary to thank them because I would not have been able to have this study without their dedication and their drive to help people. Thank you all for your help and your generosity.

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DEFINITIONS

Transitional Supports: A wide array of support and services that can be used by foster youth to help their transition out of foster care. These supports could include housing, financial assistance, the Voluntary Extended Support Agreement (education, job training, healthcare, placement needs, pregnancy/new parent support, etc.), food resources, mental health services, help finding health care, and even help with finding employment.

Voluntary Extended Support Agreement (V-9): The V-9 is an agreement between DHHS and the foster youth which outlines the services or help they will receive from DHHS. It also highlights the foster youth's responsibilities to help achieve their goals after transitioning out of care (Brodeur, n.d.). Some kinds of services they provide is help with education, job training, healthcare, placement needs, pregnancy/new parent support, or anything that the foster youth may need. They can remain getting help from DHHS with the V-9 until they are 23.

Youth Leadership Advisory Team: This group is a group of young leaders and adult partners working together to improve outcomes for youth in foster care. They are situated out of Bangor, Aroostook, Central Maine, Cumberland, Lewiston, York, and Mid-Coast. This study also tried recruiting from the University of Maine, School of Social Work, but there were no people signed up to interview from the University of Maine.

Independent living skills: Independent living skills are important when it comes to aging out. These are skills required to meet the challenges of daily living, including

time management, dressing, personal care, eating, cooking, even working. These are needed for youth to learn so they can transition to adulthood easily.

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INTRODUCTION

Background

Through the years, the number of children in foster care has skyrocketed. In America, there are more than 390,000 American youth in care with 2,401 residing in Maine (Annie E. Casey Foundation and Maine Children's Alliance, 2024). As these numbers grow larger, people are more in need of services, especially youth who age out of the foster care system. Aging out of the system means that children who were removed from their families did not reunify with their families by the time they were 18 and were not adopted by the foster family. By the age of 18, youth in care are transitioned out of the Department of Health and Human Services (DHHS) custody and are educated on how to adapt to adulthood (DHHS, 2023). Every year in the United States over 23,000 kids age out of foster care. Of the 2,401 children in foster care in Maine, around 150 of those children will age out of the system and will not reunify with their biological parents (Christian Alliance for Orphans, 2024).

To help with the transition to adulthood, DHHS offers financial assistance called the Voluntary Extended Support Agreement (or V-9). This agreement can help with a variety of things such as education, job training, healthcare, placement needs, pregnancy/new parent support, and so on (Brodeur, n.d.). All youth who are going to age out are eligible for this support, but they have to be in contact with DHHS until the end of the agreement when they turn 23. They also have to keep clean criminal records and not engage in any criminal activity. If they choose to go to college, they have to remain in good academic standing, but in return will have their tuition waived by DHHS (DHHS, 2023). As youth age out of foster care, problems can arise such as experiencing

difficulties accessing services, physical and mental health deterioration, struggling with employment and education, having negative experiences with aging out, and altered perspectives of success compared to youth who are not in the foster care system.

Literature Review

Struggles with Aging Out

With aging out of care comes the struggles of adulthood, but with less support than one might typically have outside of foster care. A study by Acoff (2018) investigated the need for resources for youth exiting care and found that such youth demonstrated a need for increased assistance to support them in their transition from foster care to independent living. With less support and being on their own, there is an increased likelihood of early parenthood, unstable relationships, dropping out of high school, poor academic performance, increased health and mental health issues, homelessness, substance abuse, and a higher rate of unemployment (Acoff, 2018). Because of this greater need for support, organizations must work together to provide youth in care with the necessary resources and support to help them transition to independent living successfully.

Transition to independent living is not always successful. Homelessness is a common occurrence for youth aging out of foster care because many people in that situation have no support or little support. There are resources, like the V-9, but many go without being educated about these resources or don't have an advocate to get the resources they need to live independently. However, familial support can help youth avoid homelessness. Youth who have already aged out of foster care and who are actively aging out have a higher risk of homelessness than youth who have kinship support

(Fowler et al., 2017). Former youth in care needs to have support and receive education about housing so that they can be as successful, because without that advocacy they may not have been educated about what independent living is going to be like. In addition, familial development is important to the housing stability of youth transitioning out of care and such reunification decreases homelessness for youth in care (Fowler et al., 2017). Thus, youth who don't have familial support in their transition to adulthood may be more likely to experience homelessness and the need for certain services or resources.

Youth in care who don't have support to help their transition are more vulnerable to experiencing mental health problems related to the process of aging out. Youth without support may have an increased risk of mental health problems and many do not receive any support for these issues (Hayes et al., 2023). But it seems as if youth who transition out have support, like other family members, they have a better time learning how to adapt to adulthood. Mental health problems were more prevalent based on the caregivers' decisions on how best to provide services. If the caregiver was family, the needs of the youth were being met as compared to if the caregiver was in a foster home (Johnson et al., 2017). Youth in care have higher levels of mental health issues compared to children who were maltreated but were living with their biological parents (Dubois-Comtois et al., 2021). Mental health problems are linked to a variety of characteristics, including type of placement, kinship care, and even things like placement disruption where a child moves from home to home (Dubois-Comtois et al., 2021). Because of this, it is important to note that with adequate support, youth who transition out of foster care will have a decreased risk of having mental health problems. With adequate support, the needs of former youth

in care are being met and thus, there are fewer struggles for them as they transition into adulthood.

Being in care for any period can lead youth in care to not only be more susceptible to mental health problems but they may also experience self-stigma as a result. When experiencing self-stigma, in this instance, a person with mental health issues has negative attitudes, including shame, about their condition, like feeling like they are a burden or having low self-esteem. Villagrana et al. (2018) emphasize that foster care alumni are more apt to seek help with their needs if they don't have a self-stigma.

Service Utilization

Utilizing services can be hard for former foster youth, because as they transition out, they may not know of services they can use or they may not be in a financial situation to use those services, such as mental health services. They may even be in a place where they need to use government assistance (TANF, WIC, etc.) due to housing and financial barriers. Former youth in care may not utilize healthcare services or mental health services when they need it, due to cost and lack of insurance (Courtney et al., 2010). In addition, many youth who have aged out were not taught certain skills needed to be successful in adulthood like managing their health and obtaining insurance (Courtney et al., 2010).

While in foster care, many youth lack the support needed for academic and financial success. Life skills needed by former youth in care include the skills for applying for college, independent living, managing financial resources, and getting emotional support to help with stress. Though they were more likely to have these problems, former youth in care were even less likely than their peers who didn't have a

foster care background to utilize mental health services (Jackson et al., 2019). Mental and behavioral health is one of the greatest unmet needs for children and teens who were in foster care or who have transitioned out. These problems can impact academic performance, academic retention, graduation rates, and physical, emotional, cognitive, and interpersonal functioning, which in turn lead to increased rates of academic failure (Jackson et al., 2019). With all this happening to former youth, mental health care is important to be able to access, and if this need goes unmet, former youth will be more susceptible to these problems and be more apt to have problems in their academic and social lives.

In addition, lack of self-determination combined with mandated services has been found to increase the negative outlook that youth in care had on using services (Villagrana et al., 2018). In this case, the lack of self-determination had been a factor that impacted youth in care's perception of utilizing services. So, people were more likely to utilize services for mental health if their perception, knowledge, and attitudes were positive. There was and still is a high amount of stigma associated with using mental health services. This stigma interferes with former youth recognizing that they may need to seek help or that they have challenges that could use treatment. Using campus resources for services also has barriers for these students as they may not know how to utilize them or they may fear judgment from others (Jackson et al., 2019). In addition, some youth in care carry a mistrust for professionals because of their time in foster care and not wanting to be subject to questions about their lives. Organizations, health professionals, and providers need to do better for youth aging out and need to make it easier for them to utilize services.

While many former youth in care have trouble accessing services, there are policies and legislation that are in place to help them. The Foster Care Independence Act of 1999 amended Title IV, part E of the Social Security Act (SSA) and updated the grants program to states for independent living programs that offer financial support, job services, training, and education to 16 to 18-year-olds who are transitioning out of foster care (Foster Care Independence Act, 1999). This act also provides many other services for former youth who have transitioned out, and those are vocational training, job seeking, counseling, substance use prevention, and even financial management skills (Collins, 2004). The Chafee Foster Care Independence Program helps the children aging out with finding education, training, and employment, and preparing for college if that is the route they take. Research indicates that receiving this kind of training can improve the experience of transitioning out of care (Collins, 2004).

Financial help is also provided to youth aged out when they are between the ages of 18 and 21. There is also a program called the Training Voucher Program that makes vouchers available for former youth in care to use for post-secondary education and training. They may remain in this program until they are 23, but they have to continue their post-secondary education to do that (Collins, 2004). These vouchers can cost up to five thousand dollars and are usually given for every semester of coursework taken. With housing, recent legislation has allowed youth to receive housing vouchers which can be used for up to 18-34 months depending on what they are awarded. These vouchers are administered under HUD's Family Unification Program, which is a housing program specifically for children in foster care or youth transitioning out of foster care. To be eligible for this program, youth and families have had to have a lack of housing in their

placement. For youth transitioning out, they have had to either be transitioned out of foster care or will be transitioned out within 90 days. To be eligible for renting assistance, youth who have transitioned out will need to meet the following: secure services where they are being taught money management skills, job preparation, educational counseling, and proper nutrition or meal preparation (Department of Housing and Urban Development, 1990).

Health of Youth Aging Out

When youth transition out of foster care, they are most often in placements where they are not with family and thus end up on their own after becoming an adults. This can be problematic, because other than the caseworker on their case, they may not have other support to help them get established with their healthcare. Any healthcare appointments they may have been going to were likely mandated by the state and managed by the caseworker. After they transition out, the responsibility falls on them to continue services and it is up to them to sort things out (Collins et al, 2018). This puts former youth at risk of overpaying for services, needing to reapply for services they previously qualified for, and scheduling those services.

As with other areas of support, former youth in care experience barriers to healthcare that can impact their engagement with the healthcare system. Former youth in care have reported avoiding self-disclosure, delaying medical procedures due to a lack of insurance, being unfamiliar with family health history information to inform care, and a reliance on donations from strangers to subsidize care (Collins et al, 2018). These barriers point to a need for increased insurance access health education and literacy among this population For many youth who have transitioned out, it is the lack of education about

how to get services, having little to no support from others, and cost that makes it difficult to access health services. Youth who have aged out may have lost health insurance or had it but the state stopped paying for it, and they may have not been educated about how to get insurance or had no support from friends or family to help them navigate this issue (Collins et al, 2018). To demonstrate this, Collins et al. (2018) share the experience of a former youth in care who waited until her pain was unbearable to go to the emergency room. She was forced to wait until she couldn't anymore because she didn't have insurance that would cover her care and she hadn't received insurance after her transition to adulthood. Another former youth in care describes not being able to access biological family health information. Her healthcare provider had asked her about health problems in her family and she didn't know of anything because she hadn't had much contact with her biological family (Collins et al., 2018). Like this participant, many youth who have transitioned out may be stuck in a doctor's office trying to fill out medical history but having no luck because they don't have any information or any contact with their biological family.

A study by Yen et al. (2009) provides insight into the interplay between housing and healthcare. Three themes emerge as important to accessing health care services: indirect and direct impacts of housing on access to health care, the health care and gender differences in housing, and former youth in care experiencing repercussions of institutions, like the suspicion of someone in authority or mistrust towards medical providers (Yen et al., 2009). Most of the participants weren't satisfied with their living conditions and were either living with family members, renting with friends, or using housing programs like subsidized housing. As for healthcare, direct impacts were things

like not accepting Medicaid, and the ones that did accept it were farther away and were a hassle to get to. Certain medical appointments, like dental, were not a primary concern of former youth and were an even lower priority than medical checkups. Another direct impact was a lack of insurance, so they could not pay for certain appointments (Yen et al., 2009).

When looking at the theme of gender and healthcare access, women may be more likely to have consistent contact with medical providers, as opposed to men. Women in the Yen et al. (2009) study reported regular appointments for contraception, prenatal care, and appointments for their children, like immunizations and well-child checks. Men in this study did not regularly set up doctor's appointments and felt like it was not important. They waited until they had infections, or they were injured to the point of needing medical attention to get any help whatsoever (Yen et al., 2009). With these gender differences being a theme throughout the interview, it shows that men need additional support when accessing healthcare. This research also shows that there is a need for education when it comes to accessing healthcare, insurance, and help with housing as well.

The last theme mostly hit on the participants having mistrust of medical providers and detailed experiences that these former youth had after aging out. When participants were interviewed, they disclosed that they were dissatisfied with how they were treated and that led to how they interacted with the healthcare system (Yen et al., 2009). Some of the participants had similar experiences where they had frustration with the care that they received from medical professionals. These participants disclosed that they had chronic diseases, like seizures, headaches, or stomachaches, but were told that testing was

unnecessary. One participant emphasized that she got sub-par care because she was a lower-class patient and had a lower medical coverage level. She felt as if they did not care about her and that they only gave the best care to patients who could afford procedures (Yen et al., 2009). This kind of thing seems to be prevalent for many people, especially people who may experience poverty. Being treated like this in turn pushes away people who can't afford healthcare and makes the impression that they will need to endure their situation because they will either not get treated correctly or will have lengthy medical bills. Overall, the healthcare system is a problem spot for former foster youth because many have little to no support and have a hard time advocating for themselves. They fear that they will be judged and then also fear about the costs of medical procedures. The people in this study explained just how hard it was for them and that they felt as if the system had failed them.

Employment and Education

Being in foster care can be a traumatic experience for children in foster care. That experience can make living conditions hard for youth who age out, especially when it comes to finding employment and seeking higher education. Watt et al. (2019) found a variety of outcomes that would be an obstacle for youth who had aged out when it came to having success in any post-secondary education. A few things were noted about this topic after talking to 3,854 youth who had exited care. Youth who exited foster care voiced that they did not feel like “college material”, they lacked financial resources, and they also lacked emotional and social support (Watt et al, 2019). It was emphasized that these could be a few reasons why college or post-secondary education achievement is low. Knowing this, they found that only 1.5% of youth in their study obtained a

bachelor's degree within 6 years of turning 18. Another statistic was that 51% of former foster youth had completed high school or received their GED (Watt et al, 2019). Around 32% of foster youth in this study had enrolled in college and around 64% had enrolled in college within the 6-year follow-up period when these researchers interviewed the same youth a second time (Watts et al, 2019). States should try to increase the number of foster youth achievements in high school before they look to increasing benefits for former youth who go to college. Although the benefits of the tuition waiver led to an influx of former foster youth applying for college, high school is also an important milestone for this population and should be examined (Watt et al., 2019).

Liu et al. (2020) analyzed independent living programs (ILPs) and whether they were benefiting the outcomes of foster youth who had exited care with higher education, employment, and housing. There were 5,633 participants in this study and approximately 66% of former youth in this study were eligible for an independent living program (Liu et al., 2020). These youth faced a variety of disadvantages that included hardships in educational attainment, employment, housing, financial stability, and life skills. It was discovered that the best kind of service for enhancing outcomes was post-secondary educational support services. These results highlighted the significance of offering ILPs to young people transitioning out of foster care. This showed that former youth who had post-secondary support with supervised independent living were more likely to get a job and not be homeless and that it was the most effective in improving all outcomes for former youth (Liu et al., 2020). By the time they got their bachelor's, most had obtained employment and had some kind of housing. One of the only downsides to attending post-secondary schools was that there was a negative association between former youth's

educational achievements and the need for financial support with tuition, such as room and board. This study described this negative association as former youth having an extra burden of having to find housing and the need for financial assistance (Liu, 2020).

Overall, areas that aided in educational attainment were having the tuition fee waiver and counseling about what college was going to be like, and attending college aided in better outcomes for housing and employment.

Lived Experiences from Youth Who Transitioned Out

It is important when trying to make a change for former foster youth and youth in care today to have the perspectives of those with lived experience in care. Scannapieco et al. (2007) interviewed 72 former foster youth about their time in foster care and their overall experience. Several themes came up throughout the interviews including the need for youth-focused practice, the need for collaboration, the need for better communication with youth, unmet needs, and the need for permanent connections (Scannapieco et al, 2007).

When it came to youth-focused practice and collaboration, former youth explained that they were not always involved in decisions about their future and that the caseworker decided plans before meeting for the first time. One participant emphasized that they did not have a say in their goals and that the caseworker would come forward with a plan for them to sign. Others felt that the caseworkers did not care about them and that they were treated like kids. Some said that the caseworker would say negative things about their biological family which upset them and made them uncomfortable (Scannapieco et al, 2007). Some even wished to be able to use their own money and to be able to own their things.

As for communication, foster youth emphasized that they wanted more communication with everyone who was a part of their case. This would include case workers, foster parents, guardian-ad-litem, and anyone who was a part of their support. Upon interviewing, former foster youth explained that they wanted more control over their future and the decision-making process (Scannapieco et al, 2007). They felt as if they weren't told about financial assistance they could get after exiting care and they felt like they couldn't open up to anyone about anything since their business was always told to somebody. They also emphasized that child protective services aren't proactive and sometimes they wait months to get a call back from their caseworker (Scannapieco et al, 2007). Many of their concerns were about not being told what would happen in their case and only finding out when it happened. Money, safe housing, bus passes, and financial help for college, were discussed as unmet needs. They also wanted to get into services and better understand their health and mental health (Scannapieco et al, 2007). But the one thing that stood out was that one unmet need they wanted for themselves and everyone else was advocacy. They felt that other people and themselves weren't advocated for as much as they could have been, which was a big factor.

The last thing that these former youth wanted was a connection with other people. A connection was a critical unmet need. Many former youth in care have made it clear that to feel a connection, they need to be connected to support groups, former foster alumni, self-esteem groups and trust within small interconnected networks (Scannapieco et al, 2007; Best et al., 2020). Many voiced that they needed a backbone to help them through adulthood and that advocacy should be a priority (Best et al., 2020). Some felt like they only had themselves after transitioning and that everyone else in their lives was

too busy, and that being able to connect with people who have been in similar situations was an important support (Scannapieco et al, 2007; Best et al., 2020). Not having adequate support has been a common thing throughout research. But, the support that is mostly lacking is support from the community and people around former youth in care. Without friends, family, mentors, or people who understand their struggle, former youth have a harder time transitioning and finding their place in the world. These youth need to know that they have support to achieve their wants and needs, so with that support comes a higher success rate for youth.

When youth are not given control over their lives, they can experience learned helplessness. This helplessness can lead to youth feeling less prepared for the transition from foster care. Gomez et al. (2015) researched learned helplessness in former foster youth by interviewing this population and holding four focus groups with a total of 134 people who had aged out of foster care. Learned helplessness was a common factor among all groups, so this study explored what systematic causes could have affected them and defined learned helplessness. They defined it as situations where someone is presented with events that are out of their control and they learn through trial and error that anything they do will not change the outcome (Gomez et al., 2015). Those who felt this way ended up explaining that they weren't ready for the 'real world' and felt dissocialized. This can be hard for former foster youth who don't have support to transition to adulthood. Without at least a little support, they have a harder time making it on their own. Not only is this idea of learned helplessness dissocializing, but it is also a barrier for former youth in care when it comes to accessing services. Former youth who had experienced learned helplessness were less likely than others who didn't to receive a

permanent placement and experienced up to 13 different placements in their time in care (Armstrong-Heimsoth et al., 2021). They are also more likely to be given fewer opportunities to practice making decisions during their time in foster care. This creates their perception of learned helplessness and also creates a feeling of distrust towards the system and anybody working for child protective services (Armstrong-Heimsoth et al., 2021). This lack of trust can lead to a variety of things, one being former youth turning aid down from DHHS and avoiding them after transitioning out.

Expanding on the experience of learned helplessness, one former youth in the Gomez et al. (2015) study explained, “So when you are in foster care all you know is every month, we going to get some money to go do this and that and the other. You don’t know where that money comes from, who’s working hard to get it and then the day when you’re like eighteen, you go out there and you do what you need to do and you’re going to see how hard it is,” (Gomez et al., 2015, pg. 511). They had felt like everything had been done for them and that if they had more freedom, they may not feel helpless now. Most felt like the rules were too strict and that child welfare workers and foster parents needed to ‘loosen the noose a bit,’ (Gomez et al. 2015). They emphasized that if they had more freedom, they may have been able to learn more skills than they did when they were in the system.

Chambers et al. (2020) asked former youth for the recommendations they would offer youth currently in foster care, foster caregivers (including foster parents, group home staff, and relative caregivers), and caseworkers. Former youth recommended that youth “hang in there” and keep going because one day they will be out of the system and that part of their life would be over. They also recommended that youth aging out

“behave properly,” because not behaving can make it harder for them. Some even told the youth in care if they don’t behave, they may have to move placements often and they may even go to the juvenile court system if it is bad enough, so the consensus was that youth should not internalize feelings and should tell someone what they are feeling. (Chambers et al, 2020). Many of the responses were similar in the aspect that they all talked about finding one person who gives them unconditional love and makes sure contact is constant. Communication is important to keep in contact with friends and family because this relationship that youth foster with others can help the transition (Chambers et al., 2020).

Advice for caregivers, from former youth, included welcoming foster care youth into their homes, talking to them about moving placements if necessary, and trying and keep in touch, because the bond they make is important. For caseworkers, former youth emphasized that they need to do a better investigation on the foster families, they need to be supportive and understanding of the stress that youth are going through, and they need to talk to them about moving placements, (Chambers et al., 2020). These findings point to the key role that foster care families play in supporting transition and the need to strengthen that process.

Perspectives of Success for Youth Aging Out

While aging out of the system can lead to negative experiences, there are instances where youth exit care and have positive outcomes. One study discussed the resilience of former youth and highlighted their success. Shpiegal et al. (2022) used data from the National Youth in Transition Database (NYTD) and the Adoption and Foster Care Analysis and Reporting System (AFCARS) to examine resilient outcomes among

foster youth who were between ages 19 and 21. This study defined resilient outcomes as former youth in care reporting the following: connected to school or employment and did not report homelessness, no substance abuse referrals, and no incarceration during the previous two years (Shpiegel et al., 2022). Around 66% of youth who were followed by this study were either employed or in school at the time of follow-up and 80% did not report homelessness within the past two years or did not report substance use referrals or involvement in the criminal justice system. For many former youth, surviving on your own is viewed as a big accomplishment as is being financially stable, being able to pay your bills, graduating high school, avoiding teen parenthood, and having an overall sense of autonomy (Goodkind et al., 2011). Many youth who age out lead successful lives and learn to manage on their own if given the proper support and education. But, to do this, youth need to be educated on how to live independently, and if they are not educated, they have to figure things out on their own.

This is something that needs to be addressed by DHHS and other supporters because youth in care are sharing that being able to survive is a success of theirs. Surviving and being able to live in a stable environment is a basic need and youth in care should be able to aspire to succeed at other things (Goodkind et al., 2011). While it is good they are doing well on their own, they should be able to think of successes like getting a raise at a job or getting good grades. This alone shows that something needs to change in the system. The system has done well with financial stability for youth who age out, but teaching life skills is what they lack (Goodkind et al., 2011). Overall, there are a lot of things that need to change with how transitioning out of care goes. Youth have trouble with education, employment, independent living skills, and so on. The first

thing we need to do is listen to youth in care and advocate for what they want, because they know what they need (Chambers et al., 2020). Struggling should not be normalcy for them and they should be able to live without worries about housing, food, or financial stability. But, while youth in care have challenges and increased risk for homelessness and criminal justice involvement and difficulties in transitioning to adulthood, they also have clear successes and resilience. Areas that are key to their success include advocacy, social support, information about resources, and preparation for the transition process.

METHODOLOGY

Positionality Statement

Before I present my study and the findings of this study, I would like to acknowledge my role and the privilege I have. In the spirit of self-reflexivity, I would like to make it known that I am a white woman who has not experienced foster care and has no idea what it is like to go through the child welfare system, let alone transition out of the system after the age of 18. I am someone who has interned with DHHS, the system which these former youth (and others) go through. I had seen only one side of the story of the department before this study and had not seen the other side of the story that affects youth in care. Doing this study has taught me so much about what these young people go through and has given me insight on how things could be changed to make their transition easier.

Purpose

This study's main objective is to explore and understand the experiences of former youth in care with transitional resources and support. To determine these things, the study investigated what kinds of resources or support (transitional supports) are given to former foster care youth and whether they felt ready enough to start adulthood after their transition. The research question is: What is the experience with transitional supports of former youth in care? With the data collected, it is hoped that with the insight from former foster youth that it could be found how the child welfare system could do better to help their transition so that it could be reported back to the Department of Health and Human Services (DHHS).

Research Design

The research had a qualitative design and used one-on-one semi-structured interviews to gather information on transitional supports. The study recruited up to 10 participants and the primary investigator interviewed the first 10 that completed the informed consent. These interviews were aimed toward former foster care youth and focused on relevant data regarding the age of leaving foster care and how that experience had affected them. It also focused on the participant's use of transitional resources after aging out and whether or not they were recipients of the Voluntary Extended Support Agreement (V9). With the V-9, the foster youth get to be an adult and keep their rights while still having DHHS in their life to help them thrive for the first few years of adulthood. DHHS will help youth up until they are 23.

These interviews started late in the Fall and Winter semesters of 2023 and went until February in the spring semester of 2024. Before the interview, participants had to electronically sign the Informed Consent Form which was hosted online through Google forms and had a place for them to add their emails to show their interest in the interviews (see Appendix A). The interview started by asking about age, experiences, and demographics, like if they are white/Caucasian, African American, Native American, and so on (see Appendix F). The participants also had to verbally consent on Zoom and on the electronic informed consent form to be able to participate in the study. Participants were audio recorded but could opt out of the video recording if they did not want their face recorded. Participants had that choice on whether their face is recorded and could change their mind at any time. Any names used were deidentified and were given an entirely new name.

The interview protocol included 6 categories with 13 sample questions. The categories were general questions (about time in care), resources they had (and how they were educated about these resources), readiness, suggestions, personal questions, and a concluding question asking them about any other topics they wanted to discuss (see Appendix F). Interviews were scheduled based on the availability of the participants. If the participants felt uncomfortable at any time, they were told they could refrain from answering. Participants had the option of joining online via Zoom or joining by phone over Zoom only. Eligible participants were presented with a digital informed consent form prior to the interview and they were asked if they had read it at the start of their interview. If consent was given, they were scheduled for an interview (for sample questions and interview scripting, see Appendix D & F). Before their interview, the participants received a confirmation email of their time and date (Appendix E), as well as their Zoom link information so that they could be prepared for their interview. This email also included resources they could use if they needed to reach out for help or experience distress related to the study.

Eligibility and Participant Recruitment

For participants to be eligible to participate in this study, they had be between the ages of 18-25 and have aged out of the system with or without V-9 supports. Participants 18 years to 25 years old who had been in foster care at some point in the state of Maine and aged out of the system were recruited from YLAT (Youth Leadership Advisory Team). The study sample was drawn from members of Bangor YLAT and social work students at the University of Maine. The recruitment email consisted of a summary of the study, an overview of the study procedures, the risks, and benefits of the study, voluntary

participation, and where to call if they had concerns about their rights as research participants, (see Appendix B). The recruitment emails were sent out by a Transition Specialist at the Bangor DHHS on behalf of the primary investigator to recruit participants from YLAT so that they can choose to reach out to participate. The Chair of the Department of the School of Social Work, Sandra Butler sent out the recruitment email to students in the School of Social Work to both the bachelor's program and master's program. This e-mail contained a link to the informed consent and a place to add their email for follow-up contact. They were asked to read the informed consent and to check the box that says they would like to participate in the study. Once a response was received, the primary investigator reached out to schedule the interview on Zoom and sent them a resource sheet so that they have access to resources if they need them (Appendix C).

The primary investigator went to the YLAT meeting in Bangor on November 8, 2024 to present the study and try to recruit participants. The recruitment email was used to present the study to the people who attended that meeting and those who were not in attendance.

Thematic Analysis

For this research study, thematic analysis in the form of coding was used. Coding is an approach through which researchers identify and organize themes and ideas from qualitative data to identify patterns. Codes (found from the process of coding) are ideas found in the data that are relevant to the goal of the research study's objective. In past studies, coding was done to extract an immense quantity of data gathered into related categories so that major themes could be found through analysis (Saunders et al., 2023).

Coding makes it easier to see certain themes and make connections between things found in the data. The members of the research team that code the data in the study are known as coders. They go through all of the material that was compiled from the data, like interview transcriptions, and identify relevant information with the right codes (Saunders et al., 2023).

In this research study, the primary investigator transcribed the interviews from Zoom and read over the interview transcriptions multiple times. There was a lead coder (primary investigator) and a secondary coder (faculty sponsor). Prior to coding, both coders had a discussion to clarify themes and codes prior to coding the material. Both coders read over the transcripts and came together for consensus on the final codes for the interviews. The second coder reviewed all the codes. After figuring out the codes, the primary investigator put all the codes into a table called a codebook. After the codes were in the table, the primary investigator defined the codes, and found examples that fit the codes description.

Ethical Considerations

Approval was obtained from the University of Maine Institutional Review Board (IRB) prior to data collection (Approval # 2023-10-06, see IRB Approval Letter in Appendix). IRB approval was received prior to recruitment and interviewing. All participants were given a chance to read the informed consent form that was approved by the IRB. They were also given the opportunity to ask questions about the informed consent information or research process prior to their interview.

RESULTS

Participant Demographics

Five participants were found to be eligible for this study and expressed interest in completing an interview. Four of these individuals completed the informed consent, scheduled, and completed an interview. All participants were over the age of 18 and had spent more than a year in foster care but had ultimately aged out after they were 18. One participant identified as male and three identified as female. Three of the participants were white/Caucasian and one was African American. Of those 4 participants, all of them were eligible for the V-9 and all of them chose to take that route after transitioning out of care. Demographics are presented in Table 1. The four interviews conducted ranged in time from 7 minutes to 12 minutes in length.

<i>Baseline Characteristics</i>	<i>N</i>	<i>%</i>
<i>Gender</i>		
<i>Female</i>	3	75
<i>Male</i>	1	25
<i>Race/Ethnicity</i>		
<i>Caucasian/White</i>	3	75
<i>African American</i>	1	25
<i>Age</i>		
<i>18-20</i>	2	50
<i>21-24</i>	2	50
<i>Time In Foster Care</i>		
<i>Unknown</i>	1	25
<i>1-2 years</i>	1	25
<i>3-4 years</i>	2	50
<i>Eligible for V-9 Agreement</i>		
<i>Yes</i>	4	100
<i>Took V-9 Agreement</i>		
<i>Yes</i>	4	100

Table 1. Participant Demographics

Overarching Themes and Thematic Analysis

For the findings of this research study, seven overarching themes emerged from the interview questions (see Appendix F). These themes were categorized into seven codes, were defined, and also had an example of what the code looked like. The codes were, positive experience with the V-9 agreement, negative experiences with aging out, preparedness, readiness, former youth tips, suggestions for caseworkers, and sources of support. The codebook is presented in Table 2. Note, each participant has been provided with a pseudonym for the purposes of reporting out findings.

Code	Definition	Interviewee Quote Examples
Positive experience with the V-9	Positive experience is whether or not former youth in care had good experiences when they aged out and if they had a positive outlook on the system and their transition.	And even like along the way, when I talk about like a struggle I'm having. They're like, Oh, we have this that could help you. But like this is what it entails. This is what you're gonna need to do. They honestly, they helped me a lot like just before I did the V-nine. They helped me like in knowing what I can do financially.
Negative Experience	Negative experiences is whether or not former youth had what they described as negative experiences when they aged out and if they had a negative outlook on the system and their transition	So I didn't realize the v-9 program existed until I was actually almost aging out of foster care So, Sarah [caseworker] sat down with me because I was like, Hey I heard through through the grapevine that I had a friend that was in foster care,
Were they prepared?	This code includes instances where interviewees expressed that they had all of the knowledge and assets to be able to transition to adulthood. These codes include discussion of the ways they felt prepared as part of the process.	And that really helped me like with aging out, cause it was just. There's a lot of stress revolved around like being by myself, not knowing what I'm doing, not having like the best influences on, like what adulthood should look like. So them having like being behind, behind, behind me, and like having my back and everything was definitely helpful.
Former Youth tips	This code is about general tips that former youth had for youth who are aging out right now.	But I want them to be able to like, recognize, hey Like I need somebody to sit down and lay stuff for me. kinda like what my friends doing. He's helping me understand more what you're getting at
Suggestions for CW	This code is about suggestions they have for caseworkers or agencies about how they could have helped make their transition better or help future transitioning youth have a better experience.	I would just say, to be very clear about what the V-9 can do for you that are aging out of care, and let them know what resources they could have, and just be like very like on it, like on about what they can do for you.

Table 2. Example of Codebook (continued)

Ready or not - emotional	This is similar to prepared, but this code is about whether or not these youth felt ready enough to transition into adulthood and whether or not they felt comfortable on their own. Feeling ready was more of an emotional express versus feeling prepared which was more about knowledge.	You know, we're gonna help you pay for this wouldn't help you pay for that. So I felt really, I don't know. I've been able to ask questions and get answers which is helped me a lot, because there's things that I could have had answered forever ago and had to help with that I just didn't. So I felt like at first it was hard, but it was. It became easier to ask for help.
Sources of Support through family, friends, mentors, etc.	This code is about any source of support that these youth had during their transition to adulthood.	I wouldn't say any family members. I don't really have much of family members that were able to support. But I have a peer mentor through EMCC, that's definitely helped me out a little bit. Super low, like chill. Really honest, he's he helped me a lot, but I think between the State and my peer mentor, as I had teachers, they're super busy, and oftentimes they won't like. especially here, for some reason, like emailing back and forth, is really hard. So I think I have my peer mentor, my caseworkers that was really it.

Table 2. Example of Codebook

Positive Experience with the V-9 Agreement

After aging out of the child welfare system, all of the participants had disclosed that they signed the V-9 agreement with DHHS to be able to receive financial help. Two participants took the college route and had their college tuition paid for and the other two used the agreement for basic needs like housing and groceries. All of the participants expressed a positive feelings about taking the V-9 and had positive impressions to share about it. One participant talked about how it affected them and what sorts of things were taken care of for her.

“They [caseworkers] were really helpful in like making sure that I was comfortable and like knowledgeable about what I was doing... So like I get help with my phone bill, I get a clothing allowance. I get, you know money for groceries, things I would need, but I was able to get financial help...” (Cassidy, 19)

One participant disclosed that it kept them from being homeless. He explained that it helped him with housing and explained that his caseworkers helped him with this, “So I thought it [the V-9] was actually good, like for people that were in foster care...they were willing to help people like find housing. I would have been homeless if that makes any sense.” (Anthony, 24).

One participant felt that how much help they received depended on what DHHS worker they had. They had one worker who really did not help them with their transition, and when she got another caseworker, that caseworker helped her with the V-9 and made her transition a lot easier. This led to her having a more positive outlook on her transition and about the agreement itself, “ But now, with the worker that I have, everything goes smoothly, and I feel like I'm supported and I have everything I need. I get everything I need. So, it really depends on the worker. (Sandra, 18).

Overall, these participants talked about how the agreement helped them financially. They get this financial help until they are 23 and the first participant talked about that, and how it was nice to know they had that support available until then. All of the participants shared how this affected them positively and made it known that the V-9 is one of the reasons why they felt their foster care transition was successful.

Negative Experiences with Aging Out

Three of the participants out of the four talked about negatives experiences with their transition. One of the three had a few negative comments about their experience but

had an overall positive outlook. These two explained in their interview that they had a lack of support and communication. One participant explained that he wanted to go to college but was not helped with that option.

“I wasn't able to really like explore the college thing. Because, Sarah [case worker] said, there was money that when I was in foster care that they put in an account for me for college, and I wasn't able to get a hold of her, so I don't know if I still have that, because I'd like to go back to school or try to go to school.”(Anthony, 24)

The same participant later disclosed that he was not even told about the V-9 until he had nearly aged out of the system and that he struggled with understanding aspects of the V-9. This kind of thing also happened for another participant as well, where she felt she wasn't being helped until she had already aged out of the system. Sandra, 18, had taken the V-9, but was struggling before she signed the agreement with DHHS. She had been homeless for a while before she was able to get that support.

“DHHS didn't do anything to help up until I aged out... They [caseworkers] weren't listening. Like I was asking for months about getting into my own place and getting into an apartment needing help with housing, applications, and all of that, and I never once got help with any of it. It was pretty tough.”(Sandra, 18)

Asking for help can be a hard thing to do, especially when there are people around you, like caseworkers or foster parents that give you everything they can. When asked about being able to ask for help, one participant explained how she struggled with asking others for assistance, “I felt like I was putting burden on people for asking questions. But now that, like I've had to sit down and talk with like my case worker and my advisor and kind of my school on, just like the stress of not knowing what's going on.” (Cassidy, 19).

Having financial help is a great thing for former foster youth, but, one thing stood out to me about the first participant and that was what she had said about the V-9. It wasn't that she had a negative experience, but it was more that she wished former youth,

like herself, were able to have financial help for longer than just up to age 23. She explained, “It is like it [the V-9] goes by quick. I wish it was later.” (Cassidy, 19).

Preparedness for Transition

When participants were asked if they had felt prepared for transition, they talked about the tools and skills that they received from people around them, like caseworkers. In their responses, they identified how they were helped to understand transitioning. One participant explained her experience around feeling prepared to age out, “They went over like the rules of the V-9, and what they could help me with and like that when I signed the V-9 when I was 18, so yeah I think felt pretty prepared.” (Melony, 21).

Some of the participants shared that they were told about what to expect after aging out and what certain things were going to happen. Most of all, the V-9 agreement was explained to them and how they were able to use it after aging out. One participant explained why she felt prepared and what sorts of things were told to her.

“I mean, when we were going through the V-9 process. I know I was just told, like you're coming of age. These are things you have to think of like you know, you're gonna have to start filing for MaineCare [Maine's Medicaid program] every year...I definitely feel like I was.. I was... I knew what I was doing and I was prepared.”
(Cassidy, 19)

Preparedness appears to be a case-by-case experience, two participants disclosed that they did not feel prepared and were scared to transition out. One participant even made it clear that he felt bad ‘prolonging’ the process, by asking for help. He explained not feeling prepared and what that was like for him, “They [caseworkers] really didn't explain what would happen. But I knew I was gonna be aging out of it soon. So, I didn't really wanna, like, not waste their time, but prolong stuff...It was kind of scary.”
(Anthony, 24).

Readiness to Transition

All of the participants were asked if they were ready for the foster care transition. Readiness responses, as opposed to “preparedness” represented more of an emotional response/reaction to the transition process, as they explained they had to really feel ready to know they were ready to transition. One participant explained their conflicting feelings about readiness, “I mean, personally, I wasn't ready to come to terms with the fact I was an adult, but, as far as like taking action to being an adult, I was ready to do it. I just didn't want to.” (Cassidy, 19).

It seemed like two of the participants had positive outlooks on their readiness and a few two not. Of the ones that did not, they had explained part of it was due to lack of communication and support. One participant explained why she didn't feel ready and the role of DHHS caseworkers in that experience.

“They [DHHS caseworkers] didn't really give me the help that I needed to age out. And I've had to figure a lot of it out on my own, like I've tried asking questions, I've tried getting the help, but it's not actually given when asked for most of the time.”(Sandra, 18)

Other participants had a more positive outlook on feeling ready, where they felt like they had the resources and tools to live on their own. The ones that had positive outlooks explained that they felt like caseworkers gave them the tools to aged out. One participant talked about what sorts of things they did and why they felt ready, “I actually think I did feel pretty ready. I was going to college, and I went to this program [Goodwill Hinkley], and they helped me get there and everything like that.” (Melony, 21)

Tips for Youth in the Process of Aging Out

Towards the end of the interviews, participants were asked if there were any tips they could give to other young people who were in the process of aging out like they had.

All of them gave a least one tip for youth who were starting their transition and what they should do if they were struggling. One participant talked about how she had been distancing herself and what others should do if they feel that way, “When I first started distancing myself it was easy to just not reach out, because, I'm not talking... so making the effort to reach out wasn't really there. But making sure to keep contact is like a big thing.” (Cassidy, 19).

Others had a different suggestion as they reflected on their own transition. One participant discussed what he wanted to see other foster youth do when they were making their transition to adulthood.

“I want to see people that are in foster care, be able to advocate for themselves...Be more independent. But I want them to be able to recognize ‘hey I need somebody to sit down and lay stuff out for me.’ Kinda like what my friend is doing. He's helping me understand more what you're getting at.” (Anthony, 24)

Another participant focused on trying to prepare other youth for what they should do when they are in the process of their transition and reminding them about the constraints of the V-9, “For youth aging out of care, don't be afraid to ask questions and try to use all the supports you can cause 23 is a short time, that's short, from 18-23. It [V-9] goes by fast, so just use all the supports you can while you have them.”(Melony, 21)/

The last participant reflected on what they had experienced and used that to frame their tip for youth. She would remind youth about what they can do and what they may have to do if there is a lack of communication. “It's hard [aging out], but it's doable. And just keep on your worker, if you need something. They are supposed to help you with this transition. So, keep on them. So, you can actually get what you need done.” (Sandra, 18).

Suggestions for Caseworkers

When it came to the question about suggestions for caseworkers or agencies, communication was brought up and talked about for all but one participant. One participant stressed that communication is key to helping youth transition and that it may not be easy for youth to ask for help.

“Just making sure that you're on the same page as you know your help, like making sure that your kids are aware. It's making sure that there's a lot of communication that's like the biggest thing cause oftentimes, like as someone who's aging now. especially at this time period of like 17, turning into 18, so I think that I would just like say, to just make sure to put in the best effort to continue to reach out, because I know it's easy, like a lot of times like for me.” (Cassidy, 19)

One of the participants did talk about communication, but it was more for explaining about the V-9 agreement and being straightforward with youth who are beginning their transition to adulthood, “I would just say, to be very clear about what the V-9 can do for you that are aging out of care, and let them know what resources they could have, and just be like very like on it, like on about what they can do for you.”(Melony, 21).

The last participant to be interviewed talked about her struggle and how she felt like she was not listened to. She discussed not being helped until she had already aged out. For a suggestion, she stressed the importance of caseworkers listening to youth when they need something and had explained that she wished her caseworkers had done a better job of listening, “Listen to the kids cause they know their life best, so they know what they need best.” (Sandra, 18).

Sources of Support

The first participant to be interviewed talked about how she had sources of support and how that affected her and her transition. Having both a caseworker and a mentor was helpful to her as she felt they “had her back” and were there for her.

“Specifically, I've worked with my case worker for most of time, I have 2. I don't really know. I guess we would call both of them. I have kind of like an advisor, and then I have my caseworker, but I think the biggest help, and all of it, was their assurance being, you know, this is a big deal. But, whatever you do, we're going to be right behind you to support and will help you like, define the best path.” (Cassidy, 19)

One of the other participants talked about how he felt supported because he was placed in a kinship home where he was with family. In his transition, he was able to have family to support him and not a foster parent who knew nothing about him, “I was never like in and out of foster care like not foster care, like foster homes. I was always with family, but they considered me still foster care if that makes any sense.” (Anthony, 24).

One participant discussed YLAT as a source of support in their transition out of care, “Yeah, YLAT is a good support. It's pretty good group of people.” (Melony, 21).

In Figure 1, there is a representation of some of the themes and how it affected aging out for the participants. Effective communication, family support, and advocacy were things that lead to a smooth transition for former youth in this study. Certain things that hindered them in their transition were things like not help or a lack of communication, feelings of being a burden, and having hardships. Although these were not inherently apart of the seven themes, these were important points made by former youth in care and were apart of what made their transition smooth or difficult.

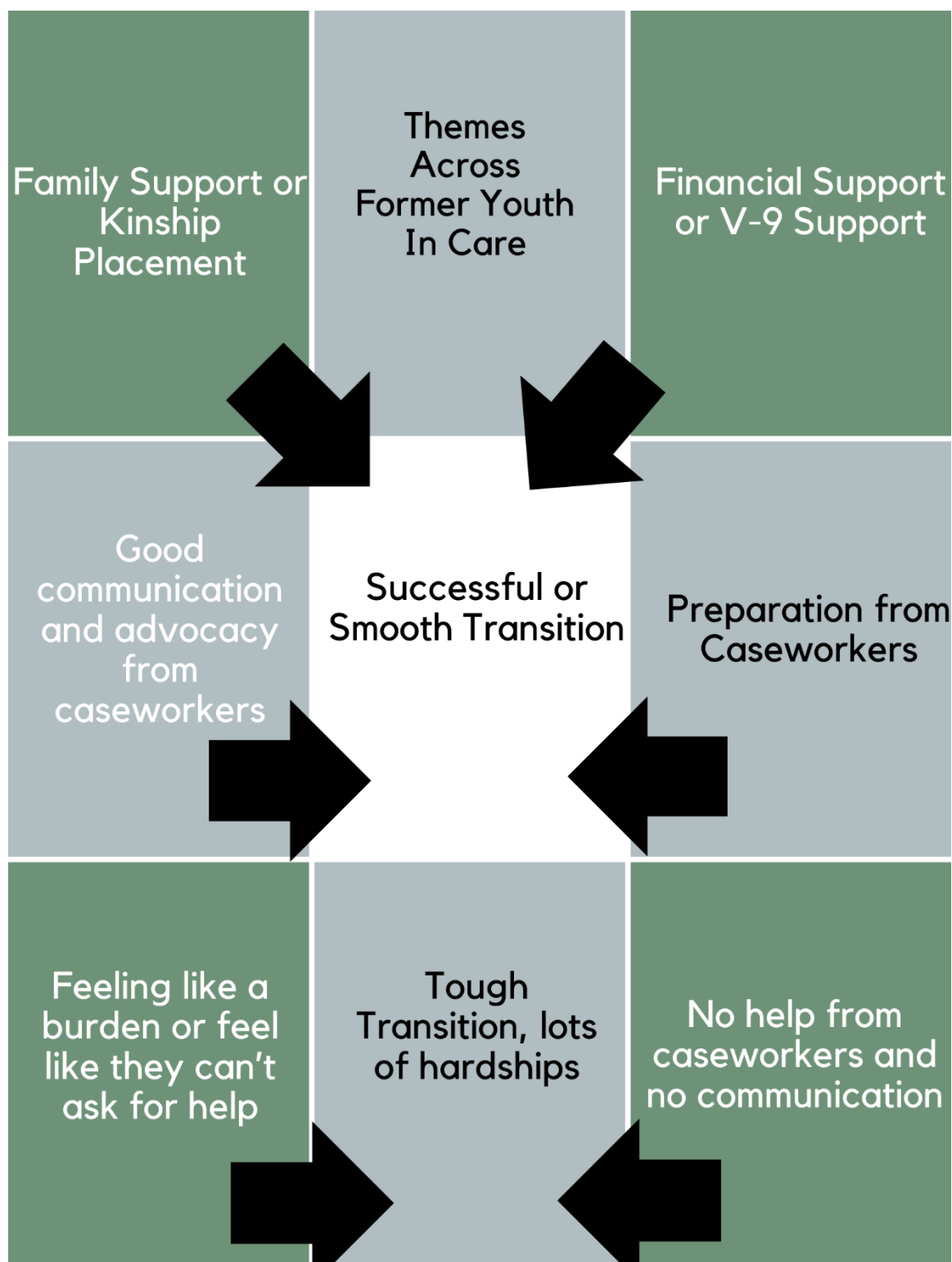


Figure 1. Illustration of Themes and their Relationships

DISCUSSION

Through a qualitative approach of collecting and analyzing perspectives of former youth in care, this study explored what resources, if any, were used by former youth in care and what kinds of things they wished were different in their transition.

One idea that stuck out was the idea that kinship or familial support is important for transitioning out of care for former foster youth. Other research supports this idea that if youth who transition out have support, such as other family members, they have a easier time learning how to adapt to adulthood (Hayes et al., 2023). Of the youth that were interviewed for this study, only one talked about having family support in their transition. When Anthony, age 24, talked about his transition, he talked about how he felt relieved to know he had a kinship placement. He explained that he didn't want to move from foster home to foster home like many of his peers did. In another study, Johnson et al. (2017) talked about how if the foster placement was family, the needs of the youth were being met more as compared to if the caregiver was in a non-kin foster home. The needs of the foster youth when they were in a foster home (that did not consist of the family) were not being met because these foster parents did not know anything about the kids. So, with these foster parents not knowing these children, it was harder to meet the children's needs and know exactly what care was needed.

Another idea that came up with all the participants, regardless of what kind of experience they had, was that communication between youth and caseworkers needs to improve. Every participant in this study explained and even suggested that caseworkers should listen to the youth in care and keep them informed about their case. Research shows that foster youth desire increased communication with all parties involved in their

case including caseworkers, foster parents, guardians-ad-items, and other individuals involved in their support system (Scannapieco et al, 2007). Other research states that when there is a lack of communication between foster youth and members of their support system, they are at an increased risk of experiencing something called learned helplessness (Gomez et al., 2023). Interviewees in this study explained how difficult it was to not be communicated with and that they wished caseworkers “listened to the kids.”

The last thing that stood out was the relationship between readiness and preparedness when it came to the answers of the former youth in care. When youth talked about preparedness, they talked about having the tools and skills needed to transition out of care. When they talked about being ready to age out, this appeared as more of an emotional reaction to feeling ready and that deep down they had to feel ready to truly be ready to age out. Research has found that with preparedness, youth talk about things like money management skills and positive relationships, as well as having the appropriate coping skills and independent living skills to transition (Häggman-Laitila et al., 2019). This is the sort of thing the former youth in the study talked about, be prepared and knowing what to expect. As for readiness, in one study by Melkman et al. (2015), youth talked about self-esteem when it came to feeling ready and talked about the emotional reactions they had about transitioning out of care. This idea aligned with what participants in this study had said, because one participant, Cassidy, age 19, talked about how she didn’t want to come to terms with the fact that she was adult and that she felt ready, but just didn’t want to.

Limitations

Recruitment for this study was challenging. The primary investigator originally recruited from the University of Maine, School of Social Work, and YLAT. Not recruiting from other places as well led to decreased numbers and limits the types of perspectives and experiences represented. A larger sample lessens the possibility that there will be unintentionally biased groupings and makes the research study more diverse. This study had three females and one male, which means that this gendered perspective may be underrepresented in the sample.

Future Research

This research study, if presented to Bangor DHHS where the primary investigator interns, will add to the information that caseworkers have to help former youth have a better transition to adulthood. For future research, using a bigger sample, like the entirety of the University of Maine, or the entirety of YLAT, and more outreach through the V-9 transition workers at DHHS, likely would have helped produce more participants. A larger sample would have likely highlighted a wider range of solutions, tips, or suggestions that former youth had to help the system to be better. But, one thing that may have strengthened this research study is interviewing youth who are about to age out or youth who are between the ages of 16 and 18. Examining the lived experiences of these youth while they are still in care may have brought forward more solutions for caseworkers or DHHS to implement to make it easier to transition out of the system.

Implications

This research study shows the importance of listening to former foster youth when they ask for help and the effect that the child welfare system has on transitioning out.

With all that has been said by former youth in this study, it is imperative that caseworkers listen and try to do their best to identify what kinds of problems may arise for former youth who age out of foster care. Without knowing what kinds of problems will arise or being taught independent living skills, youth who age out of foster care are left to fend for themselves and have an increased risk of homelessness and mental health problems. Caseworkers should be advocating for foster youth and getting them the tools they need to live successful lives after transitioning. This study's findings also show the importance of support and how support affects how successful former youth are after leaving care. With support, foster youth are less likely to experience hardships such as homelessness and are more likely to be able to find their footing as an adult. Without support, they are left to do things on their own and they struggle more with being an adult. So, it is important for youth to be educated on what adulthood will be like and what to expect so that they are fully informed of what may happen to them after they age out.

In the future, there are a few things that should be a priority, which would include: helping youth build their support team earlier on in the process of transitioning out. This support team should include people beyond just the caseworker and should even include other community supports like YLAT. YLAT educates youth on the rights they do have and helps them in the process of aging out, adoption to other families, and reunifying with their family. In this study, given that youth discussed preparedness versus readiness, there are some interventions that might help increase their emotional readiness for adulthood, like therapy, getting a mentorship through DHHS, YLAT, or companies like Big Brother's and Sisters. Overall, youth in this study have voiced a need for advocacy and more support, so places like DHHS should find ways to help incorporate a

support team or support group for youth in care who need extra help with their process in aging out.

APPENDICES

Appendix A: Institutional Review Board (IRB) Form & Approval

APPLICATION COVER PAGE

- **KEEP THIS PAGE AS ONE PAGE – DO NOT CHANGE MARGINS/FONTS!!!!!!!**
- **PLEASE SUBMIT THIS PAGE AS WORD DOCUMENT**

APPLICATION FOR APPROVAL OF RESEARCH WITH HUMAN SUBJECTS Protection of Human Subjects Review Board, 311 Alumni Hall

(Type inside gray areas)

PRINCIPAL INVESTIGATOR: Abigail Bagley EMAIL: abigail.bagley@maine.edu
CO-INVESTIGATOR: N/A EMAIL: N/A
CO-INVESTIGATOR: N/A EMAIL: N/A
FACULTY SPONSOR: Jennifer Crittenden, PhD EMAIL: jennifer.crittenden@maine.edu
(Required if PI is a student):
TITLE OF PROJECT: Exploring and Understanding the Experience of Transitional Supports by Former Youth in Care
START DATE: November 6, 2023 PI DEPARTMENT: School of Social Work

STATUS OF PI: FACULTY/STAFF/GRADUATE/UNDERGRADUATE: ☒ U (F, S, G, U)

If PI is a student, is this research to be performed:

- | | | | |
|-------------------------------------|--|--------------------------|------------------------|
| <input checked="" type="checkbox"/> | for an honors thesis/senior thesis/capstone? | <input type="checkbox"/> | for a master's thesis? |
| <input type="checkbox"/> | for a doctoral dissertation? | <input type="checkbox"/> | for a course project? |
| <input type="checkbox"/> | other (specify) | | |

Submitting the application indicates the principal investigator's agreement to abide by the responsibilities outlined in [Section I.E. of the Policies and Procedures for the Protection of Human Subjects](#).

Faculty Sponsors are responsible for oversight of research conducted by their students. The Faculty Sponsor ensures that he/she has read the application and that the conduct of such research will be in accordance with the University of Maine's Policies and Procedures for the Protection of Human Subjects of Research. **REMINDER:** if the principal investigator is an undergraduate student, the Faculty Sponsor MUST submit the application to the IRB.

Email this cover page and complete application to umric@maine.edu.

FOR IRB USE ONLY Application # 2023-10-06 Review (F/E): E Expedited Category: I.3.f and g
ACTION TAKEN:

- | | | | |
|-------------------------------------|--|-----------------------------|-------------------------|
| <input type="checkbox"/> | Judged Exempt; category | Modifications required? | Accepted (date) |
| <input type="checkbox"/> | Approved as submitted. | Date of next review: by | Degree of Risk: |
| <input checked="" type="checkbox"/> | Approved pending modifications. | Date of next review: by/n/a | Degree of Risk: Minimal |
| | Modifications accepted (date): 11.2.2023 | | |
| <input type="checkbox"/> | Not approved (see attached statement) | | |
| <input type="checkbox"/> | Judged not research with human subjects | | |

FINAL APPROVAL TO BEGIN

11.2.2023
Date

10/2018

Appendix B: Informed Consent Form

You are invited to participate in a research project being conducted by Abigail Bagley, an undergraduate student in the Department of Social Work at the University of Maine. Dr. Jennifer Crittenden, Ph.D., MSW, Associate Director for Research at the University of Maine Center on Aging and Assistant Professor of Social Work, is the Faculty Sponsor. The purpose of the research is to investigate the experience of transitional supports for former youth who have aged out of foster care. The study will investigate this by asking individuals who were previously in foster care about their experience with transitional supports that were offered by child welfare. You must be between the ages of 18-25 years to participate.

What Will You Be Asked to Do?

If you decide to participate, you will be asked to submit an electronic informed consent form. You will then be asked what dates and times work well for you to be interviewed. The interview will be via Zoom and will last approximately 45-60 minutes. You must agree to the audio recording to participate but video recording is optional. You will then be asked about the best way to communicate with you, and you will have the chance to provide your email address, address, phone number. This is so we can schedule a date for the interview, contact you about the compensation, and email you a Zoom link. After your answers are received, you will be emailed a Zoom link on a date and time that you specified worked for you. If the date doesn't end up working for you, contact the primary investigator at abigail.bagley@maine.edu and your interview will be rescheduled. A full question list will be emailed to you with a confirmation email about your interview. Here are some sample questions:

General questions:

- Tell me a little bit about your experience in aging out of care.
- Did you take the V9 agreement? Why or why not?

Resource questions:

- Were you able to access resources, like financial help or other services, after transitioning out of foster care? What was that like for you?
- How were you educated about resources you may have been entitled to after transitioning out of care?

Risks:

Anxiety and Stress: The risks of participating in the study are not limited to emotional risks like fear, stress, and anxiety from the ideas that will be discussed in the interview. The ideas and conversations in the interviews could be triggering to you based on past emotional experiences you may have had.

You may be uncomfortable answering the questions. If you feel uncomfortable, inform the primary investigator; the question can be skipped. If you become too uncomfortable, don't hesitate to opt out of the study. Participation is voluntary.

There are community and national resources available for people who don't go to the University of Maine and can be used by everyone. There are also resources for people

who are students, staff, or faculty of the University of Maine as well. At the end of the consent form there will be a link to a document that you can view that has a variety of resources. Resources include but are not limited to:

- Counseling Center (Cutler Health Building)
- Psychological Services Center
- Community Health & Counseling Services
- Maine Crisis Hotline
- National Suicide Prevention Lifeline
- National Suicide Helpline

Benefits: There are no benefits to you in this study. This research may help us to better understand perceptions of the foster care system and ways that it can be improved to better help youth in care.

Compensation: You will receive a \$20 amazon gift card after you reach the end of the interview for this study. You will be given the option to receive a gift card by mail or e-mail. It will be emailed or mailed based on your preference. There will be no prorating, so even if you answer a few of the questions and reach the end, you will still be compensated for your time.

Confidentiality: All data will remain confidential, and no names will be associated with any data resulting from this study. Your information will be deidentified when we transcribe your interview, and an alias (an alternate name) will be assigned to your interview and used for reporting. The data will be recorded automatically and will be transcribed at a later date using the Zoom recording and transcription feature. Recordings, interview transcripts and demographic forms will be kept on a password-protected Google Drive and destroyed six months after the completion of the research (no later than September 2024). All of the data, including your contact information will be destroyed no later than September 2024. Recordings will be deleted off Zoom within 72 hours of being recorded. The recordings will then be stored on a password protected computer until September 2024, and then will be destroyed. No data will be collected from you if opt out during the research process. If you have given answers to the interviews and opt out, your data will be destroyed immediately. Individual information will be protected in all data resulting from this study. Personal information collected for gift card issuance will be destroyed no later than March 2024 and will be stored on a password protected computer. This information will be stored separately from interview transcripts and all transcripts will use an alias to avoid linkage between the gift card information and the transcripts.

Voluntary: Your participation in this study is entirely voluntary. You can skip questions or stop the interview at any time. If you want to withdraw during the interview, please let Abigail know and the interview will be stopped, and your interview reading will be erased. If you leave the interview early, you will not be compensated.

Contact: If you have questions about the study, you can contact the primary investigator by email at abigail.bagley@maine.edu or by phone at 207-249-0798. The

email and phone number are checked regularly so you can expect a response within 24 hours. You can also contact the faculty advisor at jennifer.crittenden@maine.edu or by phone at 207-581-2495.

If you have any questions about your rights as a research participant, please contact the Office of Research Compliance, University of Maine, 207-581-2657 (or e-mail umric@maine.edu).

Typing your name below indicates that you have read the above information and agree to participate. You will receive a copy of this form.

Type your name here: _____

Enter Date: _____

Questions to answer:

What is your name?

What dates and times work for you to be interviewed? Interviews will be by Zoom and will be audio recorded. Select days and times that work best for you:

Please provide your email address or current home address so that we can send you your compensation. Your email address will also be used to send a Zoom link for the interview.

Link to Resources:

<https://docs.google.com/document/d/1vieXROGpbH2OGy4tWQAkBa-fD8lnF4XRgZBykqGJykw/edit>

Appendix C: Recruitment Email For All Participants

Hello,

This email is being sent on behalf of Abigail Bagley, a senior honors student at the University of Maine in the undergraduate Social Work program. You are invited to participate in a research study. Abigail Bagley is conducting the research with her honors faculty sponsor, Dr. Jennifer Crittenden, Ph.D., MSW, Associate Director for Research at the University of Maine Center on Aging and Assistant Professor of Social Work.

We are recruiting interview participants, ages 18-25, who have spent time in the foster care system. This study will investigate the experience of transitional supports for youth who have aged out of foster care. Transitional supports are a wide array of support and services that can be used by foster youth to help with their transition out of foster care. These supports could include housing, financial assistance, the Voluntary Extended Support Agreement (education, job training, healthcare, placement needs, pregnancy/new parent support, etc.), food resources, mental health services, help finding health care, and even help with finding employment. The interview is over Zoom and audio will be recorded. You must agree to the recording to participate.

If you agree to participate, you will be asked to partake in a confidential interview that will be recorded for the study. The interview should take approximately 45-60 minutes. Your participation is voluntary. Participants who reach the end of the interview will receive a \$20 Amazon gift card. To participate in the study, your interview will need to be recorded. You must agree to the audio recording but can opt out of having video (your face) recorded if you don't feel comfortable.

Please click the link below to read the informed consent form. This informed consent form link will ask what times work for you and for your email address or address so that you can be compensated. These questions will be answered electronically and will remain confidential. You will be asked to provide the best way to contact you so that we can schedule a date for the interview, send you a Zoom link, and send you your compensation. Linked below is a list of the questions so that you can see what questions are asked. If you have any questions, please contact me at abigail.bagley@maine.edu or by phone or text at 207-249-0798.

Here is the link to the informed consent form:

<https://docs.google.com/forms/d/e/1FAIpQLSe4k62icXA9gvEk3aV5ag5UqjBEVY9o3bht-RsCi3kNc70kug/viewform> and the link to the questions:

<https://docs.google.com/document/d/18qKhQr1RUUpJbVjg4Jm4iteptX8EtmALeMiRL5PO8DbI>

Appendix D: Participant Resource Handout

Counseling Services		
ON-CAMPUS RESOURCES Available for UMaine Faculty, Staff, and Students		
Counseling Center Cutler Health Building (Gannet Hall side) (FREE to UMaine students)	207-581-1392 http://www.umaine.edu/counseling/	Weekdays 8:00 am-4:30 pm After business hours, call UMaine Police, 581-4040 or 911
Psychological Services Center 330 Corbett Hall (Sliding fee scale; costs are your responsibility)	207-581-2034 https://umaine.edu/psychology/psychological-services-center/	Weekdays 8:00 am – 4:30 pm
COMMUNITY RESOURCES Available to Anyone		
Community Health & Counseling Services 42 Cedar Street Bangor, ME 04401 (Any costs are your responsibility)	207-947-0366 http://www.chcs-me.org/	Weekdays 8:00 am-5:00 pm
Maine Crisis Hotline (Any costs are your responsibility)	1-888-568-1112 https://heretohelomaine.com/	7 days/week 24 hours
Psychological Services Center 330 Corbett Hall (Sliding fee scale; costs are your responsibility)	207-581-2034 https://umaine.edu/psychology/psychological-services-center/	Weekdays 8:00 am – 4:30 pm
Contact Your Primary Care Provider (Any costs are your responsibility)		
Aroostook Mental Health Center	207-498-6431 CBrown@amhc.org TGuerrette@amhc.org	
NAMI Helpline (National Alliance on Mental Illness)	1-800-464-5767 & Press #1	Monday-Friday 8am-4pm (office hours) info@namimaine.org
Other Maine Resources	https://www.rtor.org/directory/mental-health-maine/ Resource Line: 203-724-9070	

NATIONAL RESOURCES
Behavioral Health Services Locator https://findtreatment.samhsa.gov/
<p>National Suicide Prevention Lifeline, Toll-Free, 24-hour Hotline, 1-800-273-TALK (1-800-273-8255)</p> <p>National Suicide Helpline: Call 988 or go to https://988lifeline.org/ for more information.</p>

Appendix E: Semi-Structured Interview Protocol

Introduction

“Hello and thank you so much for making the time to speak with us today. My name is Abigail Bagley. I am a senior undergraduate social work student at the University of Maine. This study is investigating the experience of transitional supports for youth who have aged out of foster care. My honors faculty sponsor is Dr. Jennifer Crittenden. Transitional supports are a wide array of support and services that can be used by foster youth to help with their transition out of foster care. These supports could include housing, financial assistance (Voluntary Extended Support Agreement), food resources, mental health services, help finding health care, and even help with finding employment.

“Before we start, I would just like to remind you that this interview will be audio recorded and that you can skip questions at any time and also leave at any time. If you don’t feel comfortable with being video recorded, you may turn off your camera. The first thing I would like to speak with you about is the current study’s informed consent. Have you had a chance to review the informed consent provided to you (review highlights of the form, Appendix A)? Do you have any questions regarding the informed consent? (At this time, the interviewer will answer any questions and give the participant the option to provide verbal consent to engage in the interview). Were you able to look at the handout with services on it? (if they haven’t, put PDF in the Zoom chat and ask if they would like a copy sent to their email). “To document consent for our study, do you consent to participate in this interview today?”

Interview

Explain process: “I/we will now begin to ask you a number of open-ended questions. Remember, you are welcome to let me know if you would not like to respond to any individual questions and you may end your engagement in the interview at any time.”

Appendix F: Reminder Email For Key Informants Interview

Subject: Reminder of Interview Appointment for Transitional Supports Study

Dear _____,

You recently signed up to participate in an interview for the Transitional Supports Study which is being conducted by Abigail Bagley at the University of Maine. We are recruiting individuals who have previously been in foster care in Maine and have aged out/transitioned out of the system as teenagers/young adults. A total of 10 participants are being recruited from YLAT and from the School of Social Work at the University of Maine. This study will investigate the experience of transitional supports for former youth who have aged out of foster care. The study will investigate this by asking individuals who were previously in foster care about their experience with transitional supports that were offered by child welfare.

This email acts as a reminder that you, _____, are scheduled to participate in a semi-structured interview with Abigail Bagley, an undergraduate social work student at UMaine.

DATE XX/XX/XXXX TIME XX:XX

A personal meeting room has been set up for each interview via Zoom. You will have the option of joining online via Zoom or joining by phone only. Interviews will be audio recorded for those joining by phone only or video recorded for those joining on Zoom. Below is your Zoom meeting link and call-in information.

ZOOM INFORMATION HERE

Participation in this study is entirely optional. Interviews are estimated to take up to one hour. Results may help the investigators better understand participants' perceptions of the foster care system. For example, what resources they received from leaving the system and whether or not they felt ready as they transitioned out of the system. Attached to this email is an informed consent form with more information about the study. Additionally, you can find a copy of the questions that will be asked during the interview and a handout with services. If you have any questions, please let me know. We look forward to speaking with you soon!

Abigail Bagley

Appendix G: Questions For Interviewing Key Informants

Definition of transitional resources:

You will hear me talk about transitional resources. Transitional supports are a wide array of support and services that can be used by foster youth to help their transition out of foster care. These supports could include housing, financial assistance, the Voluntary Extended Support Agreement (education, job training, healthcare, placement needs, pregnancy/new parent support, etc.), food resources, mental health services, help finding health care, and even help with finding employment.

Introduction:

- What is your age?
- What is your gender identity?
- What is your race/ethnicity? Indicate all that apply:
 - American Indian or Alaskan Native
 - White/Caucasian
 - Asian/Pacific Islander
 - Black or African American
 - Hispanic or Latino/a/x
 - Other
- How long were you in foster care?
- Were you eligible for the V9 Agreement (Voluntary Extended Support Agreement)?
 - Yes
 - No

General:

- Tell me a little bit about your experience in aging out of care.
- Did you take the V9 agreement? Why or why not?

Resources:

- Were you able to access resources, like financial help or other services, after transitioning out of foster care? What was that like for you?
- How were you educated about resources you may have been entitled to after transitioning out of care?

Readiness:

- Is there anything you wish the system would have done better for you? What could have been improved?
- Did you undergo any formal preparation for transition? If yes, describe the process?
- Did you feel ready to transition? Why or why not?

- Did you feel prepared when you exited care? Why or why not?

Key Informants Suggestions:

- What sorts of things did you find helpful in the transition process?
- What suggestions for facilitating transition do you have for agencies, caseworkers and other individuals who work with children in foster care?

Personal Questions:

- Did you feel like you could ask for help with things you may have been struggling with? Why or why not?
- Did you have any family or friends available to you for support? Did you have any mentors, teachers, therapists or other adults that served as support?

Conclusion:

- Is there anything else you would like to discuss about your transition out of foster care that I haven't asked you about yet?

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AUTHOR'S BIOGRAPHY

Abigail Bagley grew up in Newport, Maine and graduated from Nokomis Regional High School in 2020. She is majoring in Social Work with a minor in psychology and is a member of the Honors College at the University of Maine. She plans to graduate in May of 2024 and go on to get her master's degree in social work. In addition, she is a member of the Student Social Work Organization that prides itself on having a passion of helping others.

Upon graduation, she plans to continue her education at the University of Maine and be a part of the Advanced Standing program where she can get her master's degree in social work in one year. She hopes to begin her career after that as a counselor to adolescents in a school setting and work with schools in Winthrop, Maine.