



An Overview: Foster Care and Policies Designed to Support Youth in Care

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Abstract This chapter will help the reader to understand the design and outcomes of the foster care system in the USA. The first half explores the historical roots and modern structure of the foster care system, beginning with legal efforts to keep children safe in the early 1600s to the creation of the current form through the enactment of Child Abuse Prevention and Treatment Act (CAPTA) of 1974. It next examines the children placed in foster care, placement options, and the outcomes for these children, with a deeper dive into educational outcomes. The second half describes federal policies related to youth in foster care, beginning with a general overview and then examining their connections to policies and laws related to adoption, college cost, and college-going.

Keywords Federal policies · Foster care placements · Magnitude of foster care · Characteristics of foster youth

This chapter provides an overview of how the foster care system is structured and how it is intended to work. Of course, states differ in their foster care policies (e.g., some states enable youth to remain in the foster care system until age 21 rather than age 18). However, the intent in this chapter is to sketch the common features and contours of the foster system so that someone who is unfamiliar with it will have a better idea of what the system is designed for and what it is intended to do. We begin the chapter with a brief history of how foster care developed in the USA.

We highlight what we think are the key federal policies that impact FFY in higher education as well. Then, we present a generalized overview of how youth progress through the foster care system, including reasons for entry, types of placements, and avenues of exit. Finally, we present information about traditional college-bound aged (17–21) youth who were in foster care, what brought them into care, and what experiences they had in the foster care system. This is important information to consider in light of the diversity that exists among those in foster care. Older youth in care may differ in important ways (e.g., disabilities, placement settings, case goals) from younger children in care. These differences should be considered as we seek to understand the experiences of FFY in higher education as well as support their success. This chapter is intended as a primer on the foster care system and will be especially relevant to those with little prior knowledge of how foster care works. Yet, even for those with deep knowledge of the system, we believe the information shared about youth aged 17–21 who were in care in 2016 is helpful in understanding FFY in higher education.

A BRIEF HISTORY OF FOSTER CARE IN THE USA

Myers (2008), who has written extensively about the history of child welfare in the USA, divides the history of foster care in the USA into three periods: Colonial times to 1875; 1875 to 1962; and 1962 to the current time. The period prior to 1875 is characterized by the lack of organized protection for children, although Myers (2008) notes that cruelty to children has never been entirely overlooked as criminal prosecution of abuse occurred prior to the creation of child protection societies in 1875. Moreover, magistrates during the colonial period could remove children from neglectful and abusive parents.

Myers (2008) writes that the rise of organized child protection in the USA paralleled efforts to protect animals and has its origins in the rescue of Mary Ellen Wilson from her guardians in 1874. Wilson lived in a tenement in Hell's Kitchen in New York City. She suffered beatings and neglect at the hands of her caretakers. A religious missionary named Etta Wheeler sought to help her but received no assistance from the police and formal institutions like child protective services and juvenile courts did not exist. She sought the advice of Henry Bergh, the founder of the American Society for the Prevention of Cruelty to Animals. Bergh asked his attorney to find a legal mechanism to remove Wilson from

her guardians. Wheeler and Bergh were successful in rescuing Wilson. Stemming from these efforts, Bergh created the New York Society for the Prevention of Cruelty to Children. By 1922, about 300 nongovernmental societies devoted to child protection were created (Myers, 2008).

Similarly, juvenile courts—first created in 1899—had spread to all but three states by 1919. Other government institutions began to play a role in the protection of children, such as the Children’s Bureau, which was created in 1912. Myers (2008) cites the Great Depression as the event that shifted the role of government in tending to the welfare of children. The Social Security Act included the creation of Aid to Dependent Children, providing money for poor families. As more and more states as well as the federal government developed laws and programs to care for children, societies for the prevention of cruelty to children—such as the one formed by Bergh—began to diminish in activity and numbers (Myers, 2008).

In the mid-twentieth century, physicians began to draw more attention to child abuse and child neglect. Nationally, there was also a push to enact mandatory reporting of child abuse among states resulting in all but two states having reporting laws by 1967 (Myers, 2008). The availability of data made more the scope of the issue more apparent and drew further attention to the issue. The passage of the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 solidified the role of government in addressing child abuse and neglect, effectively creating a nationwide system of government-sponsored child protection. CAPTA provided federal funds to support state efforts to address abuse, including investigation and reporting. In addition, the Act created The National Center on Child Abuse and Neglect, which was charged with administering CAPTA and also funding research on maltreatment (Myers, 2008). Although outside the scope of this chapter to review all policies passed in support of child welfare since CAPTA, it is important to note that the role of government in child welfare has continued to expand throughout the late twentieth century and into the twenty-first century. Concurrently, beliefs and paradigms about what was best for children evolved and shifted. For example, the work of Richard Gelles was influential in challenging the primacy of the *family preservation* philosophy, which asserted that the preservation of family was paramount (as opposed to the protection of children). Myers’ (2008) work, on which the preceding discussion is based, provides additional detail and depth on the evolution of child protection philosophies and policies. While it is outside the scope

of this chapter to discuss each of the policies that shape foster care and the educational trajectories of foster youth, we do highlight and briefly describe what we think are the most pertinent policies next.

KEY POLICIES RELATED TO YOUTH IN FOSTER CARE

In recognition of the challenges experienced by youth who “age out” of the child welfare system, several policies have been enacted to better serve this group of young people in the last two decades to prepare for and during their transition to adulthood. The John Chafee Foster Care Independence Program (CFCIP), or the Chafee Act, was created as a result of the amendment to Title IV-E of the Social Security Act by the Foster Care Independence Act (FCIA) of 1999 (Public Law 106–169), which was aimed at assisting youth who aged out of foster care with independent living skills (US DHHS, 2018). Funding was doubled for states to develop, deliver, and evaluate independent living programs for older youth in care as they transition into adulthood. Such programs typically address finances, housing, health, education, and obtaining employment (US DHHS, 2018).

The Chafee Act was further amended in 2001 to include annual educational and training vouchers (ETV) of up to \$5000 per year for youth up to 23 years old. To be eligible, the individual must be enrolled in a program by the age of 21 to continue to receive the voucher for two more years (Benedetto, 2008; Courtney, 2009). Critics of the ETV argue that \$5000 is often not enough to offset costs of higher education, and that in many cases, these benefits do not reach the intended population due to organizational difficulties in administering the funds (Benedetto, 2008).

The Fostering Connections to Success and Increasing Adoptions Act

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) amends parts B and E of Title IV of the Social Security Act to improve outcomes for children in foster care, provide for tribal foster care and adoption access to the title IV-E funds, improve incentives for adoption, and to connect and support relative caregivers (US DHHS, 2018). Fostering Connections aims to promote educational stability for youth in care by requiring child welfare agencies to collaborate with school systems to ensure a child remains in

their school of origin, when possible. When this is not possible, the law requires students to be enrolled immediately in another school when swift transfer or school records.

As it relates to older youth in care, the Fostering Connections Act increased the age limit in which youth could remain in care from 18 to 21 and allowed the continuation of access to support services including Supported Independent Living (SIL) (US DHHS, 2018). The Fostering Connections Act amended the CFCIP to allow youth who enter kinship guardianship or who are adopted to receive services after age 16 and required that a youth’s caseworker develops a personalized transition plan as directed by the youth, at least 90 days prior to emancipation (US DHHS, 2018). Regarding education, Fostering Connections amended the Education and Training Voucher Program (ETV) to permit vouchers for youth who enter into kinship guardianship or adoption after age 16 and required that a youth’s case plan includes a clear plan for ensuring educational stability while in care and as they transition from care (US DHHS, 2018).

The College Cost Reduction and Access Act

Although not a policy specifically targeting youth in foster care, the College Cost Reduction and Access Act of 2007 (CCRAA; H.R. 2669) includes several elements that benefit youth who are pursuing a post-secondary education. First, the CCRAA makes it clear that for the purposes of federal financial aid, youth who are an “orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older” is considered an “independent student.” This is significant because as an independent student, only the youth’s income—not the parent or guardian’s—is considered when the determination of eligibility of financial aid is made for postsecondary education and training programs.

The College Cost Reduction and Access Act also authorized funding for the Pell Grant program through the 2017 fiscal year and provided for an increase in the maximum award for up to \$5820 in 2016–2017, up from \$3790 in 1996–1997 (in constant 2016 dollars) (CollegeBoard, n.d.). The majority of youth aging out of foster care are eligible for Pell Grant funding and many apply for and obtain it to assist with costs associated with college.

The College Cost Reduction and Access Act also phases in a reduced interest rate on new subsidized Stafford loans for undergraduate students to help reduce the financial burden of student loan interest during repayment. The Act also includes a provision for an income-driven repayment plan for students with federal loans and defines a public service loan forgiveness plan for those working at least 10 years in public service following graduation.

Higher Education Opportunity Act

The Higher Education Opportunity Act (P.L. 110–315; HEOA) became law in August, 2008, and reauthorized the Higher Education Act of 1965. The overarching purpose of the bill was to lower the cost of a college education and includes provisions regarding the simplification of the federal aid application (FAFSA), developing campus safety plans, and provides guidance regarding the relationships between student lenders and higher education institutions. The HEOA adjusted the Federal TRIO Programs and the Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP), which aim to increase the number of low-income and disadvantaged students in postsecondary programs (Nowak, 2013). Institutions and/or states applying for funding for these programs were required under HEOA to make youth in foster care eligible for programming such as mentoring and tutoring under these programs. The law also stipulates that youth in care (and other disconnected individuals) are provided with an early awareness of financial aid eligibility through public awareness campaigns such as print, television, radio, and the Internet. Title VII of the HEOA includes direction to provide support and assistance for demonstration projects “to provide comprehensive support services to ensure that homeless students, or students who were in foster care or were a ward of the court at any time before the age of 13, enroll and succeed in postsecondary education, including providing housing to such students during periods when housing at the institution of higher education is closed or generally unavailable to other students.”

The Uninterrupted Scholars Act

The Uninterrupted Scholars Act of 2013 addresses barriers related to the Family Educational Rights and Privacy Act (FERPA) that were

frequently experienced by child welfare workers and youth as they attempt to implement provisions of the Fostering Connections Act. The purpose of FERPA is to protect the privacy of student education records and specifies what information can be shared, when, and with whom. The Uninterrupted Scholars Act stipulates an exception that makes it easier for schools to release information about a child’s education to a child welfare agency without having to obtain explicit permission from a child’s parent and eliminates the requirement to notify a parent in such cases. This allows for a swifter transfer of records and information to promote educational enrollment and stability.

With some historical context provided and an overview of key policies affecting foster youth, we next provide an overview of how foster care typically works across the USA, knowing that differences exist state-by-state.

HOW FOSTER CARE WORKS

In 2016, there were over 2.3 million “screened-in” reports of child abuse and neglect made to child protection agencies in the USA involving 3.5 million children (US Department of Health and Human Services, 2018). Children in their first year of life have the highest rate of victimization, at 24.8 per 1000 children (of the same age in the USA), and 28.5% of all victims were 3 years old or younger.

Figure 3.1 depicts a generalized view of the foster care system. Youth can enter the system through voluntary surrender of the caretaker or through removal by the state for a variety of reasons, including neglect, emotional abuse, parental drug abuse, and more. When it is necessary to remove a child from the home, the substitute care setting (placement) must be the least restrictive and most family-like setting available to meet the child’s needs. There are several types of foster care placements, including kinship (relative) foster homes, non-relative family foster homes, pre-adoptive homes, group care and institutions, and supervised independent living (SIL). A child who has been legally removed from the home is often placed in these substitute care settings temporarily until permanency can be achieved. It is also possible that a placement becomes a permanent placement following court approval.

Once a youth is removed, there are several placement options: non-relative foster care, kinship/relative care, post-adoptive homes and adoption, group homes/institutions, and SIL. In FY2016, almost half

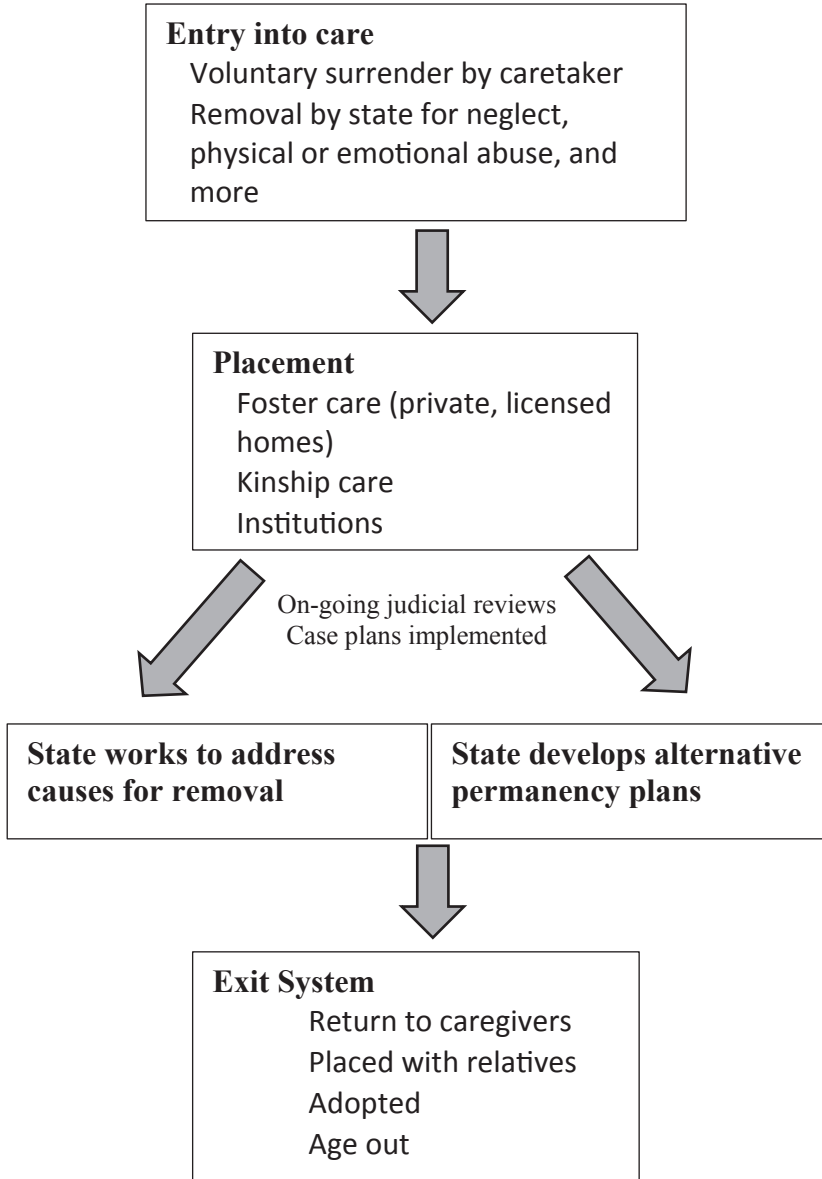


Fig. 3.1 General overview of foster care process

of children (45%) in foster care were living in non-relative family foster homes, where foster parent(s) are typically licensed by their state of residence to provide temporary care for children in out-of-home care (US DHHS, 2018). Next to relative foster care, family foster care is a preferred placement option because it is less restrictive and allows the child to be cared for in a more natural, family-like environment.

Kinship care is defined as a licensed or unlicensed home of the child's relatives through blood, marriage, adoption, tribal or clan members or others who are determined to have a kinship bond with the child (Font, 2014). Kinship care is the preferred substitute placement option because it is the least restrictive setting and allows children to maintain their cultural and familial connections (Wu, White, & Coleman, 2015). State policies often prioritize kinship care as a placement option and efforts must be made to identify and determine if a child's kin may serve as an appropriate placement (Children's Bureau, 2011). Over the past decade, the percentage of children in kinship care increased from 24% in 2006 to 32% in 2016 (US DHHS, 2018).

Most often children in foster care whose parents' rights have been terminated are adopted by non-relative foster families; however, about 22% of adoptions are by relatives (Malm, Vandivere, & McKindon, 2011). In 2016, on a single day 4% of children in the foster care system were placed in pre-adoptive homes (US DHHS, 2018). Approximately, 23% of children exit the foster care system to adoption; however, rates of adoption vary by developmental stage.

A group home is defined as "a licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children" and an institution is defined as "a child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experiences" (45 C.F.R. § 1355, Appendix A, 2012). In 2016, an estimated 12% of children in out-of-home care were placed in some form of group care or institution (US DHHS, 2018). Across the country, group care and institutional placements have declined by 37% over the past decade (Children's Bureau, 2014).

SIL is defined as "an alternative living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides the opportunity for increased responsibility for self-care" (45 C.F.R. § 1355, Appendix A, 2012). SIL supports

youth as they transition into adulthood by providing psychosocial, educational, employment, and vocational supports and supervision to assist youth as they transition to adulthood. In 2016, there was an estimated 1% of youth in foster care living in SIL (US DHHS, 2018). SIL for older youth in care is a promising practice; however, there is a lack of rigorous evaluation of programs to support its effectiveness. Research has shown that youth in SIL settings or programs show improvements in daily living skills and self-sufficiency (Colca & Colca, 1996; Mallon, 1998).

Placement may include a case plan and ongoing judicial reviews. Case plans detail what services are provided to the caretakers, what the case goal is (e.g., reunification), as well as what supports are in place for the youth that has been removed from the home. Often, caretakers who have had a child removed will have to meet certain goals and requirements (e.g., negative test for drug use) as part of the case plan and in order to regain custody.

Family preservation is a guiding principle of the national child welfare system, but the safety of youth is codified in the 1997 Adoption and Safe Families Act (ASFA) as a top priority (Myers, 2008). Moreover, ASFA prioritizes the safety of children in a reasonable time frame by attempting to prevent children from lingering in foster care too long. Specifically, ASFA requires that states file for the termination of parental rights (TPR) once a child has been in care 15 of the most recent 22 months. This philosophy is known as permanency and aims to ensure youth in care have a legally permanent, stable, and supportive home or living situation as quickly as possible.

The twin goals of family preservation and permanency may appear contradictory in nature. The state is simultaneously working to address the underlying conditions that lead to the removal of a child, yet at the same time is working to ensure that if the caretakers cannot provide a safe and stable home, another, permanent living arrangement (e.g., an adoptive home) is available for the child. This is sometimes called concurrent planning or concurrent placement. Youth exit the system by being reunited with their caretaker, by having custody granted to relatives (although parental rights are not necessarily terminated in these cases), by being adopted, or by aging out of the system.

As mentioned above, the foster care systems of states and even counties may look different from one another, but the preceding provides a general map for conceptualizing the foster care system. This generalized perspective is helpful for understanding the experiences of FFY that do

enroll in higher education, but it also risks glossing over the diversity that exists in the foster care system. Youth are removed from their homes for reasons, may stay for shorter or longer periods, and have different placement experiences. Moreover, the experiences of older youth in care may differ from younger youth. With all of this in mind, we next provide an overview of youth in foster care who were traditional college-bound age, which we define as being 17–21. We begin with a brief overview of all youth in care.

YOUTH IN FOSTER CARE

The number of youths in foster care has fluctuated over time, with about 437,000 youth of all ages reported to be in care in 2016 (at the end of the federal fiscal year, which is the federally defined reporting period for these statistics) (see Fig. 3.2). In 1982, there were 262,000 youth in care. Total youth in care peaked in 1999, with about 567,000. Keep in mind that these figures represent a snapshot in time (i.e., the last day of a federal fiscal year, September 30). Youth enter and exit care on an ongoing basis. A youth removed from their home could enter and exit care within a given year.

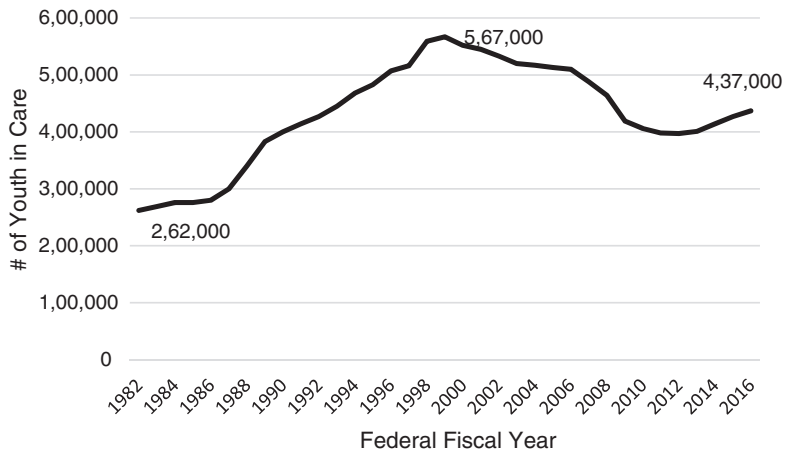


Fig. 3.2 Youth in foster care at the end of federal fiscal year, 1982–2016 (Sources Author analysis of AFCARS [2016] and Brown et al., p. 50)

Foster youth caseloads experienced a significant increase in the late 1980s following the HIV/AIDS and crack cocaine epidemics; typically, these children were either separated from their parents or lost a parent to AIDS (Swann & Sylvester, 2006). Many of these children were subsequently placed in foster care while waiting to be placed in the care of family members (Barbell & Freundlich, 2001). Similarly, the Anti-Drug Abuse Act, implemented in 1986, significantly increased the number of women incarcerated in correctional facilities and the length of their prison sentences (Swann & Sylvester, 2006). Children who enter the foster care system because of parental drug abuse were more likely to remain in state care for longer lengths of time than foster children whose parents did not abuse substances. Similarly, children whose mothers were incarcerated were more likely to be removed from their homes than if their fathers were incarcerated, with 10% of incarcerated mothers in 1997 reporting that their children were in foster care compared with two percent of incarcerated fathers (Mumola, 2000).

However, in the early 2000s, foster youth caseloads entered a steady decline that would last for over a decade. By the early 1990s, the number of qualified foster parents decreased from 134,000 in 1984 to 100,000 by 1991—a decrease of 25% (Jost, 1991). Since the early 2000s, there has also been a decrease of foster youth placed in group homes and a consistent increase of foster youth placed in the care of relatives. Children placed with family members typically display fewer behavioral issues than children placed in homes with non-relatives, suggesting that keeping youth in the care of relatives may help prevent re-entry into the foster care system (Child Trends, 2018). Caseloads have largely decreased thanks to “expediting permanency for foster youth, thus reducing the average length of time in care. Reports of maltreatment and foster care entries, however, have remained relatively stable” (California Child Advocates for Change, 2016, p. 1) (Fig 3.2).

To provide an overview of youth in care, we draw on information contained in the Adoption and Foster Care Analysis and Reporting System, also known as AFCARS.¹ All states are required to report data on children in foster care, including information on demographics, reasons for removal, prior stays in foster care, and more. Some data about foster parents and biological parents are also included in the annually reported data. AFCARS was born of federal efforts dating back to 1986 in the Department of Health and Human Services (HHS) to create a system for collecting data and monitoring outcomes for youth placed in care.

AFCARS, which was created in 1993, provides a snapshot of all youth in foster care for the federal fiscal year² (AFCARS, User's Guide 2016).

As previously mentioned, our interest in this book is former foster youth who attend higher education; therefore, we provide a portrait of foster youth aged 17–21 who were in foster care during in 2016. This is the age group that would be considered traditional college-bound age but is not necessarily representative of the typical youth in care. For example, in 2016, the average age of a child in foster care was 8.5 (US DHHS, 2018). The 17–21 age group represents just about 11% (or 74,752) of all youth in care during the 2016 reporting period. We share demographic characteristics, reasons for removal, disabilities, number of removals, case goals, and other details of these youths' experiences in care. This information provides context for understanding the population of foster youth who *could* be college bound and, for those who do enroll in college, what typical experiences in care may have been. There are limitations to this information. For example, we cannot tell from these data whether the experiences and characteristics of youth who enroll in college are different than those of youth who do not enroll in college. Nonetheless, the following provides context that is important to consider as we seek to explore and understand the educational of FFY in higher education.

Characteristics of youth. Of those youth who were aged 17–21 and in foster care in 2016, men appear slightly overrepresented (51.6% versus 50.5%) compared to the general US population aged 18–24 in 2018 (see Table 3.1). About 40% of youth in care who were aged 17–21 were White, around 30% were African American or Black youth, and about 22% were Hispanic youth. As a point of comparison, White youth constituted 73.4% of youth ages 18–24 in 2018, African American or Black youth were 15.1% of youth aged 18–24, and Hispanic youth were 22.5% of the population aged 18–24 (US Census Bureau, 2018)

About 40% of older youth in foster care had a diagnosed disability, with 15% of youth not yet having a determination on disabilities, meaning that a clinical assessment of the youth by a qualified professional has not yet been conducted (see Table 3.2). As a point of comparison around 22% of foster youth under age 17 had a diagnosed disability. The most commonly reported diagnosis was being emotionally disturbed, as defined below.

Table 3.1 Gender, race, ethnicity of 17–21-year-old youth in foster care, 2016

	<i>Column N %</i>
<i>Child sex</i>	
Male	51.6
Female	48.4
<i>Derived race/ethnicity variable</i>	
White	39.5
Black or African American	29.6
Hispanic (any race)	21.9
More than one race	4.9
Race/ethnicity unknown	1.5
American Indian, Alaskan Native	1.4
Asian	0.9
Hawaiian or other Pacific Islander	0.2

Source Author analysis of AFCARS (2016)

Table 3.2 Disabilities among 17–21-year-old youth in foster care, 2016

	<i>Column N %</i>
<i>Diagnosed disability</i>	
Yes	39.1
No	45.9
Not yet determined	15.0
<i>Type of disability</i>	
Emotionally disturbed	30.1
Other diagnosed condition	16.5
Visually or hearing impaired	7.5
Mental retardation	4.5
Physically disabled	1.1

Source Author analysis of AFCARS (2016)

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: An inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. (AFCARS Foster Care Codebook, 2016)

This diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders, third edition, and includes over a dozen disorders such as eating disorders, schizophrenic and other psychotic disorders, post-traumatic stress disorder, attention deficit and disruptive disorders, and more (Table 3.2).

Removal manner and reason. An important part of the contextual experiences for youth in care is the manner and reason for their removal from a primary caregiver. Over 90% of youth are removed through an order issued by the court (see Table 3.3), whereas about 6% are voluntary, meaning a placement agreement has been put in place between the primary caregiver and the child welfare agency. A “not yet determined” removal manner indicates that a voluntary placement agreement or court order is not yet in place, which can occur in very short-term cases (AFCARS Foster Care Codebook, 2016).

Table 3.3 Removal manner and reason for 17–21-year-old youth in foster care, 2016

	<i>Column N %</i>
<i>Removal manner</i>	
Court ordered	91.70
Voluntary	6.10
Not yet determined	1.10
<i>Reason for removal^a</i>	
Neglect	43.2
Child behavior problem	36.6
Caretaker inability to cope	18.8
Drug abuse parent	11.2
Abandonment	9.1
Sexual abuse	6.8
Inadequate housing	6.4
Drug abuse child	4.3
Alcohol abuse parent	4.0
Parent incarceration	3.8
Child disability	3.6
Relinquishment	2.2
Alcohol abuse child	1.3

^aDoes not total to 100%. Youth may have been removed for multiple reasons

Source Author analysis of AFCARS (2016)

There are 15 categories of reasons for removal reported by states to AFCARS, ranging from neglect or caretaker inability to cope with inadequate housing. Shown in Table 3.3 are the 13 reasons for removal reported for youth aged 17–21 in 2016. The most common reason was neglect, defined in AFCARS Foster Care Codebook (2016) as negligent treatment or maltreatment, which includes failing to provide adequate food, shelter, or care. Just over 43% of youth were removed for neglect, followed by about 37% for behavioral problems. These include behaviors that negatively affect learning, socialization, moral development, and growth (AFCARS Foster Care Codebook, 2016). About 19% of youth were removed because of a caretaker's inability to cope, which means the caretaker suffered from a physical or emotional illness or another disabling condition that prevented them from providing adequate care for the youth (AFCARS Foster Care Codebook, 2016).

Placement setting, case goals, and family structure. Once removed, about 28% of foster youth aged 17–21 were placed in foster homes with a non-relative, followed by institutions, groups homes, and SIL (see Fig. 3.3). As one might guess, the typical placement setting looks a little bit different for these older foster youth compared to younger youth in care. About 70% of youth under 17 were in foster homes (with relatives or non-relatives), followed by trial home visits and pre-adoptive homes. Only 9% of youth under age 17 were in group homes or institutions. For older foster youth, emancipation was the most common case plan goal, followed by reunification with a parent or principal caretaker. Reunification and adoption constituted about 78% of case plan goals for youth under age 17 (see Table 3.4).

Nearly half of older youth who are placed in the foster care system are primarily removed from a home headed by a single woman (see Table 3.5). Of those who are placed in a foster home, about 16% end up with a married couple and around 14% stay with a single female.

Removals and time in care. The majority (65.8% or 49,121) of older youth in care had been removed from a primary caregiver once in their life (see Fig. 3.2). A smaller, but still significant proportion (34%) had been removed more than once, with about 1% of youth removed five or more times. For youth who were in care in 2016, the average total lifetime days in care was 1287 (about 3.5 years) and the average

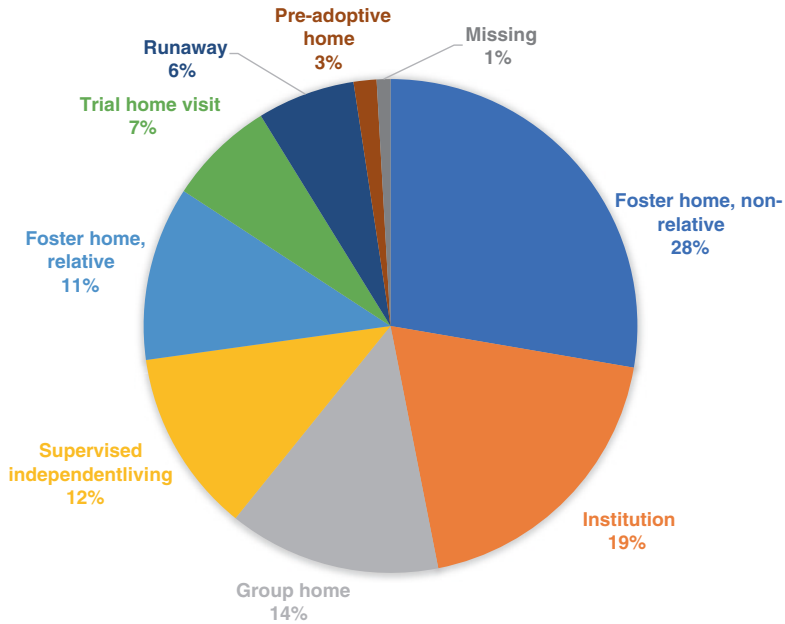


Fig. 3.3 Placement settings for 17–21-year old youth in foster care, 2016

Table 3.4 Placement setting and case plan goals for 17–21-year-old youth in foster care, 2016

	Column N %
<i>Most recent case plan goal</i>	
Emancipation	32.4
Reunify with parent, principal caretaker	31.6
Long-term foster care	10.5
Missing	6.9
Adoption	6.4
Live with other relative(s)	4.4
Guardianship	3.9
Case plan goal not yet established	3.9

Source Author analysis of AFCARS (2016)

number of placements in the current episode of foster care was 5 (not shown) (AFCARS, 2016). Of youth aged 17–21, about 24% were no longer eligible for foster care due to their age (often called *aging out*) (Fig. 3.4).

Table 3.5 Family structures for 17–21-year-old youth in foster care, 2016

	Column N %
<i>Principal caretaker family structure</i>	
Single female	48.1
Married couple	22.1
Unmarried couple	10.6
Single male	9.5
Unable to determine	6.4
Not applicable	3.3
<i>Foster family structure</i>	
Not applicable	64.9
Married couple	16.3
Single female	13.6
Unmarried couple	2.7
Single male	2.5

Source Author’s analysis of AFCARS (2016)

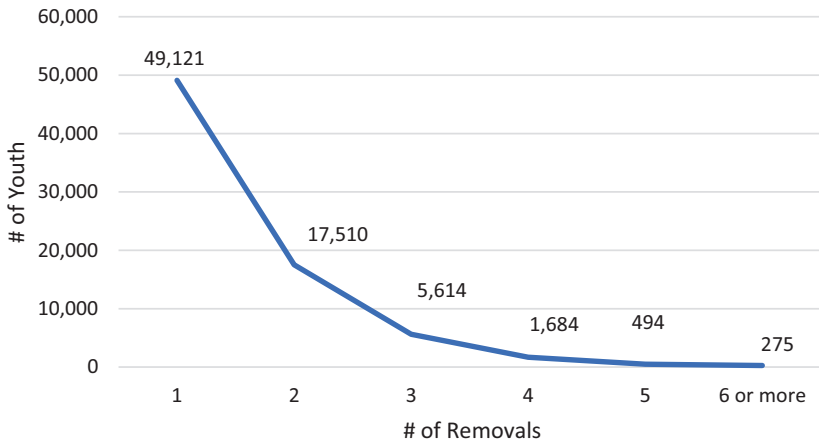


Fig. 3.4 Number of lifetime removals for 17–21-year-old youth in foster care, 2016 (Source Author analysis of AFCARS [2016])

The preceding illustrates that the foster care experiences of older youth differ from those of younger youth. This is relevant to understanding the educational trajectories of FFY in several ways. First, older foster youth are less likely to be placed in a traditional home setting than younger youth. In total, 45% of foster youth aged 17–21 were placed

in group homes, institutional settings, or SIL. Efforts to educate foster youth about college opportunities (including how to pay for college) need to take these differences into account and not rely entirely on transmitting information *home* through guardians. How *home* is defined and what it looks and feels like for older foster youth may not conform to a school's notions of a traditional family. Second, the preceding suggests that additional supports may be necessary for FFY once they enroll in college. For example, a higher proportion of foster youth aged 17–21 had diagnosed disabilities than younger youth. As illustrated and discussed more in later chapters, this requires that institutions of higher education have sufficient mental health and other supports in place if they want FFY to graduate. Finally, the preceding information also highlights that even among a narrower age range, 17–21-year-old youth in this case, experiences in foster care can vary dramatically. For instance, 30% of the youth in this age group experiences more than one removal in their lifetime. Although much of this book presents averages and national snapshots of FFY in higher education, the diversity of people and their experiences in foster care is something that should remain at the forefront of our minds.

CONCLUSION

The development of the foster care system in the USA paralleled the growth of the nation from a colony, to an industrialized economy, to a post-industrial society. National and state governments play a nearly exclusive role in ensuring the welfare of families and children who are struggling. The foster care system exists for one purpose: to provide for children who are not able to be safely cared for by their parents or caretakers. Safety is a top priority of the system along with stability and permanency. Although described as a system, foster care is not monolithic and youth who enter care are diverse in many ways. As described above, foster youth can enter care for numerous reasons and may be placed in a variety of settings. These differences are important and almost certainly impact the educational trajectories of these youth. Unfortunately, we lack good data that link the diversity of foster care experiences to former foster youth who enroll in college. In the next chapter, we use national data to describe and better understand college readiness and college enrollment among former foster youth.

NOTES

1. The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) were originally collected by the Children's Bureau. Funding for the project was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The collector of the original data, the funder, the Archive, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.
2. States report data to AFCARS over two reporting periods during the federal fiscal year (October 1 to September 30 of the following year). The first period extends from October 1 to March 31, and the second period extends from April 1 to September 30, according to the *AFCARS, Data User's Guide* (2016).

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