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## Life beyond Foster Care: Transitional Tools to Support Youth with Disabilities into Adulthood

### Abstract

This paper investigates the transition planning for youth with disabilities living in foster care. Statutory regulations in South Africa contend that foster care lapses when young people reach the age of 18. It is however not certain how many of them are ready to navigate into an adult and independent lifestyle. This paper is concerned with the question on: *How is the transition for youth with disabilities facilitated towards adulthood?* Two foster homes catering for orphans, abused and children with disabilities were purposefully selected. Semi structured interviews were conducted with six caregivers. Findings revealed that there was no planning in place for these youth who are about to exit the foster care. Furthermore, these youths are not even aware that they will have to live independently after the age of 18 years. In conclusion, this paper suggests collaboration among the multi stakeholders, policymakers, and practitioners at all levels to best prepare youth with disabilities aging out of foster care for life beyond care and what lies ahead of them. A supportive environment can provide the tools and resources that youth with disabilities need as they prepare for their transition ‘journey’ and to make a smooth landing at their destination of choice.

Keywords: transition, disability, youth, foster care, adulthood

### Background and introduction

We all go through transitions in our lives, from infancy to childhood, from early childhood education to high school, and from adolescence to adulthood. Planning and preparing in advance for changes helps make things easier. It is important to plan for the transition from school to adult life. It is never too early to think about and prepare for youth with disabilities’ future. Transitions for youth with disabilities aging out from foster care system can be especially challenging. When teens turn eighteen, they are legally independent persons. An 18-year-old teen is assumed to be able to make medical, financial and life decisions on his/her own. People who are at the age of 18 can start receiving their own medical information and signing consent forms for medical procedures. Doctors and hospitals, government programs and social service agencies need written permission to speak with anyone else about that person. All of these can be a challenge for youth with disabilities and the caregivers. If no preparation is made for the day when the youth with disabilities turns eighteen, there may be disruptions in insurance, health care and support services.

It has been established that the transition from adolescence to adulthood is a challenging time for all young people (Collins, 2001; Osgood et al., 2005). Transition is generally defined as the act of passing from one state or place to the next (Merriam-

Webster, n.d.). The concept of “transition” is situated within the sociological concept of the life course. In this paper, it refers specifically to the passage of youth from youth-serving systems and services to adulthood. This passage may also be referred to as “aging out” or “emancipation” from the children’s systems. Transition policies and services generally encompass youth ages 14-18 or 14-21, although this varies from program to program and state to state.

Transition is the process that takes young people with disabilities from childhood to adulthood. The transition process promotes movement from school to post-school activities as well as from living in state care to independent living. According to Courtney et al. (2005), youth with disabilities transitioning from foster care to adulthood often do not receive critical services and supports to ensure their safety, stability, and wellbeing after they “age-out”. They typically lack coordinated and well-executed transition plans. A youth transition plan needs to be created and in place well before youth ages-out of the child welfare system. Transition services for young adults generally focus on connecting the young person with post-secondary or vocational education, employment, adult social services, and community resources, and preparing them to live independently. In this paper, *transition* will be used to refer generally to this process of leaving youth-serving systems at the age of majority (either 18 or 21).

Youth with disabilities are disproportionately represented in the child welfare system. Research has demonstrated that transition planning for youth with disabilities aging out of foster care in comparison to their same-aged peers is poorly planned (Courtney & Heuring, 2005). For youth with disabilities, this transition into independence is sudden, and they often enter adult life with no connection to community or family, little or no financial support, and few of the skills necessary for independent living (Osgood et al., 2005). Although youth with disabilities who are in foster care are involved with multiple service systems and agencies, but are rarely able to experience a seamless, coordinated approach to their care. Instead, they may receive contradictory or duplicative services or may fall through the cracks and receive very few services at all (Geenen & Powers, 2006). Foster and Gifford (2004) argue that transition planning is important for all youth with disabilities; it is, however, especially critical for youth exiting foster care who move abruptly into adulthood and typically have minimal resources and support. In addition, youth transition from foster care and youth with disabilities exiting special education are more likely to be unemployed or underemployed, more likely to struggle with poverty and homelessness, and less likely to be enrolled in post-secondary education or training than their same-aged peers (Slayter, 2016). This means that they might need constant supervision and support from their caregivers. Therefore, transition can be even more difficult, due to different reasons such as mental and physical health, family support and social relationships, residential status and housing, employment and economic stability, education, and risk and criminal behaviours (Kessler & Jaklitsch, 2004).

## **Theoretical framework**

The theoretical framework which underpins this paper is collaboration framework, thus all stake holders involved in the youths’ life should engage as young people need a comprehensive, multisystem transition support network. Collaboration framework is designed to help individuals and practitioners who are either starting collaborations or need help in strengthening an existing collaboration. Specifically, the framework assists people, groups, and organizations to achieve clearly defined outcomes. Drawing

from a diversity of people and opinions, the framework is based on a core foundation of shared vision, mission, principles, and values. It clarifies the factors, both process and contextual, which can either promote or inhibit the effectiveness of a collaboration, which in turn affects its desired outcomes. It is unrealistic to imagine that the foster care system alone can provide the resources necessary to address the employment, education, health care, housing, and family challenges of this population. Therefore, collaboration between schools and foster care is important in creating comprehensive transition plans that emphasize more specific and individualized personal, career, and education goals for each youth (Longoria, 2005).

Regarding services for youth with disabilities in the foster care system, collaborative approaches could include increased flexibility and autonomy for front-line workers and school personnel, so that they could truly meet the diverse transition needs of the children they serve (Geenen & Powers, 2007). Currently there is no clear transitioning plan that is in place. Furthermore, stakeholders who are involved in the life of a youth with disabilities are not communicating on what should be done in preparing for transition. However, some foster homes are managing the process without the involvement of other professionals as well as taking the individual's needs into consideration. The best practice for collaboration to be effective is by creating a transition team that will be responsible for managing the process. This team would incorporate a universal approach which will service all youth with or without disabilities. Moreover, this team would incorporate person-centred planning that is youth engagement in the development of service as well as the desired goals and outcomes of transition planning (Kaehne & Beyer, 2009).

## Methodology

The research paradigm chosen for this paper aligns itself to constructivism and interpretivism as it focuses on human action, intent and communication (Lincoln & Guba, 2013). Thus, reality is constructed from social interaction that allows an individual to assert his own views and beliefs. Two foster homes catering for orphans as well as youth with disabilities were purposefully selected as research site of this project.

Furthermore, six caregivers were selected to participate in this study. The criteria used to select sites for the study, which included manageability in terms of the number of sites, accessibility of the community and the caregivers (i.e., prospective respondents), and the willingness of respondents to speak freely and provide accurate and reliable information with the interviewer. According to McMillan and Schumacher (2010), in-depth interviews use open-ended questions to obtain data from the participants and help in understanding how they construct meanings. Each participant was interviewed once, and follow-up sessions were arranged for clarification of issues that arose in the interviews. Any conflicting statements and incomplete sentences spoken by participants were re-checked and followed up immediately.

The following questions guided the interviews:

- What is the nature of transition planning for youth with disabilities aging out of the foster care system?
- How are the other stake holders involved in transition planning for youth with disabilities aging out of the foster care system?

- What strategies can the caregivers use in planning and preparing for transition of youth with disabilities aging out of the foster care system?

Data analysis and collection were done concurrently to make sure that valuable information was properly recorded. The analysis of interview transcripts and field notes was based on an inductive approach geared to identifying patterns in the data by means of thematic codes. “Inductive analysis means that the patterns, themes, and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis” (Mayan, 2009, p. 87).

## Findings and interpretation of results

During the interviews, all participants (caregivers) reported that planning has not been done as they did not know that it was their responsibility to plan for transition. However, they are aware that when the child turns 18 years of age will have to leave the foster care. In responding to the question asked:

*Eish, you know I was asking myself what is going to happen to the children once they turn 18 years.*

*I thought these children will stay in foster care until they get married.*

*Is it my responsibility to make the plan, I thought the social worker will decide where the child must go once they are 18 years of age?*

Looking at these responses, caregivers did not know that planning for life beyond care is part of their responsibilities. It is also clear that caregivers do not even have an idea on how planning must be facilitated.

In addressing the issue of unpreparedness and lack of planning for youth aging out of foster care system, collaboration is recommended. Collaboration involves working together to create meaningful outcomes for all involved parties as stated by Longoria (2005). Collaboration means that a seamless process/journey occurs at all levels from community to agency, from young persons to policy level, working toward the same outcomes. Youth with disabilities need collaboration with others around them to get encouragement to take on greater responsibility in the home or school, based on an individual’s maturity level (for example, chores).

Collaborative efforts will prevent “passing the buck” between family and service providers in making transition plans which could have youth caught in the middle. Everyone should work together with the youth on their goals and enable youth to gain responsibility and control for the direction of their own lives.

Early preparation means that caregivers/foster parents should have the opportunity to be prepared for all transitions throughout the life course, by working collaboratively with other families and service providers. Service providers such as social workers and occupational therapists can work with communities, along with youth and caregivers, to develop collaborative community capacity building opportunities. For example, create opportunities for youth to use and test skills in community settings such as businesses, community centres and extracurricular clubs or groups as part of preparation.

The best planning occurs when the foster care, the school, social services, medical professionals and others caring for the child work together. This will improve the youth’s employment ability, continuing education options, housing options, and have a meaningful life that continues beyond care.

## **Lack of knowledge**

Lack of knowledge was reported by the caregivers as a challenging factor. It also transpired that the youth aging out of foster care was not aware that s/he is about to exit as there was no one who communicated or prepared the youth in advance. Caregivers have an assumption that the future planning of children placed under their care lies with the social workers.

*I'm just a caregiver, my duty is to make sure that these kids are in a safe environment and well taken care of.*

*I don't have the authority to decide the future of all the children under my care. I don't even know how to tell them that one day they will have to exit the foster care.*

*How do you tell someone to get ready to leave, when you don't even know where they will stay after care.*

Everyone around youth should work together to reduce the number of assessments and people youth have to work with, in order to reach a goal. This requires collaboration on all levels. As foster youth with disabilities age out of the child welfare system, coordination of transition planning among key agencies and systems is imperative. Frey et al. (2005, p. 1) states: "Aging out" without a permanent family and/or adequate preparation for adulthood is a crisis. It is a personal injury to each youth in care and a public emergency for our national child welfare system.

Some are disabled to an extent that they cannot make choices about housing, medical care, finances, and legal issues. Once they've aged out, these youths have no one to make these critical decisions on their behalf. However, for foster youth, preparation must take place in their final years in foster care to ensure seamless oversight and safeguards.

## **Recommendations**

Youth with disabilities must learn self-determination skills through formal goals on their plan and be actively engaged in the planning process (Wehmeyer et al., 2000). Consistency in planning, especially for those that transfer between numerous foster placements, must be addressed.

Transition plans must contain specific goals, action steps, and clear responsibility designation to ensure success. Service needs and agencies must be integrated and built upon supports and services available, including education/training, independent living programs, medical aid, and other health services. At a minimum, transition plans must include employment, education, housing, life skills, personal and community engagement, personal and cultural identity, physical and mental health, and legal information (Sheehy et al., 2000).

## **Appointment and training of educational surrogates**

Although foster parents often function as an educational surrogate, many do not have training in special education and disability issues. Disruptions in foster placement create disruptions in the educational process and leave youth without a consistent, informed, and involved supporter (Geenen & Powers, 2006). A more consistent approach that includes stable, committed caregiver to ensure youth receive the coordinated, comprehensive services they are entitled to, is imperative.

## Conclusion

This ancient African proverb, “it takes a village to raise a child”, is very true. No person, or family is an island, especially when caring for a child with disabilities. Communities – including families, schools, businesses, employers, health care providers, public service agencies, and many others, must work together to find, and share resources to help a successful transition to adulthood. Services coordinated between all agencies are important for youth with disabilities. When able, the youth with disabilities should be independent and respected members of their communities. The planning process for the change should be thoughtful, person-centred, and consider the person’s unique abilities and challenges. Transition planning should help youth with disabilities and family by providing information about community-based services and support, social security income, and affordable housing options.

All young adults are different, as are all families. There is no single “right plan” for transition to adulthood.

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