Youth in Foster Care

4-H Program Leaders Working Group
Access, Equity and Belonging Committee

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Why an Equity Lens?

4-H has made a bold commitment to youth across the United States: to reflect the population demographics, vulnerable populations, diverse needs, and social conditions of the country (United States Department of Agriculture, 2017). 4-H has affirmed that we will help close the opportunity gap for marginalized youth and communities to fully thrive (Extension Committee on Organization and Policy, 4-H, 2019; National 4-H Council, 2020). Making good on these promises requires that all those working with youth in 4-H critically analyze current programs and deliver those programs through an equity lens. Administrators, professionals, volunteers, and stakeholders have a responsibility to be aware of and confront the disparities that exist within 4-H programs and in society. Doing so is critical because those who aim to develop youth without acknowledgment of and response to a young person’s possible societal inequities is perpetuating injustice (Fields et al., 2018). The 4-H Thriving Model (Arnold, 2018) describes the process of positive youth development in 4-H. We should explore the 4-H Thriving Model, our national theoretical framework, with the same level of critical review to ensure it guides our work with equity and social justice at the fore.

The 4-H Program Leaders Working Group, Access, Equity, and Belonging Committee (AEBC) has joined with the 4-H Thriving Model Taskforce to ensure this nationally adopted model is explored and utilized through an equity lens. The following fact sheet explores the Thriving Model in relation to youth in foster care.

The vast diversity of youth in foster care served by Cooperative Extension (Extension) professionals is robust. The diversity of cultures within youth in foster care requires an Extension professional first to familiarize themselves with the unique culture, socio-economic ecosystem, and history of the cultural group they plan to work with in order to ensure a level of success. An equity lens will allow an Extension practitioner to understand the specific conditions they must consider when planning to program with youth in foster care. Examples of a few such conditions are below.

Social Conditions of Youth Population

On one level, youth in foster care often have needs that are more complex than those of their peers who have not experienced foster care. This is in large part because of the adversity and trauma that youth in foster care have experienced and the treatment they need to adequately address these experiences. On another level, youth in foster care want and need the same opportunities and experiences as their peers. These include caring adults, structure and stability, and healthy spaces to take the developmentally appropriate risks that are essential to growing up (Ableidinger et al., 2015).

Adverse childhood experiences (ACEs) are common among youth in foster care and lead to greater risk of physical and mental illnesses throughout their lives (Anda et al., 2006; Brown et al., 2019; Danese et al., 2009; Pecora et al., 2009; Williamson et al., 2002). ACEs vary in severity and are often chronic. Further, it is rare to experience only one ACE. Rather, ACEs tend to be cumulative with more ACEs increasing one’s probability of negative outcomes (Kalmakis & Chandler, 2014). ACEs stem from a child’s family, home, school, and community environments that are shaped by systemic inequalities (Ellis & Dietz, 2017; Kalmakis & Chandler, 2014). Although ACEs are experienced by all social groups, they are most experienced by those who live in concentrated poverty areas with high rates of unemployment, housing instability, food insecurity, violence, inadequate schools, and a lack of healthy options, resources, or social services (Ellis & Dietz, 2017). In such environments, parents and youth are exposed to toxic levels of stress and trauma on top of systemic issues of racism, classism, and segregated housing (Dreyer et al., 2016). These compounding, adverse experiences manifest within some families in a variety of ways including a lack of resources, mental and physical illnesses, substance use, domestic violence, utilization of ineffective parenting strategies, child maltreatment, incarceration, and parent separation or divorce (Ellis & Dietz, 2017; Kalmakis & Chandler, 2014; Lefebvre et al., 2017). These are common experiences
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for youth prior to foster care placement (Berger et al., 2015; Clemens et al., 2018; Conger & Finkelstein, 2003; Herbers et al., 2012; Romano et al., 2015).

Foster care placement itself is also considered an adverse experience because of family separation, continued instability in home, childcare, and school environments, and the tendency for many youth’s physical, social, and emotional needs to remain unmet while in the foster care system (Berger et al., 2015; Cronholm et al., 2015; Mowbray et al., 2017; Pecora et al., 2009; Waid, 2014). On average, youth live in 3.4 different foster placements and some change homes over 10 times (Wulczyn et al., 2003; Zima et al., 2000). National data shows that the longer youth are in foster care, the more placement instability they experience (Children’s Bureau, 2017). School changes may accompany foster placement changes as over 30% of youth in foster care change schools at least five times (National Working Group, 2014). Inconsistency in housing and caregivers has negative impacts for all youth, and even more inconsistency is present in the lives of youth in foster care due to changes in service providers (Crume et al., 2019). For example, the estimated national turnover rate for child welfare caseworkers is about 30%, and some studies show an interruption in the quality of services provided to youth when their caseworkers change (General Accounting Office, 2003; Zlotnik, 2011).

Outcomes of Social Conditions

These compounding adversities can result in a variety of outcomes. For example, exposure to maltreatment and adverse environments can lead to youth feeling an abrupt end to childhood and an accelerated transition to adulthood with little social support (Rogers, 2011; Stein, Ward, & Courtney, 2011). Significant mental health challenges, including post-traumatic stress, are also a risk for youth in foster care (Courtney et al., 2004; Mowbray et al., 2017; Kohl et al., 2005; Pecora et al., 2009; Smith & Marsh, 2002). A study of youth aged 8-14 years in foster care found that about 19% had clinically significant post-traumatic symptoms (Kolko et al., 2010). In turn, high levels of post-traumatic stress can negatively impact relationships with peers and adults, partly due to withdrawal and/or aggressive behavior related to trauma experiences (Haight et al., 2013; Threlfall et al., 2017). Post-traumatic symptoms have also been associated with externalizing behaviors in school and more frequent suspensions (Gellman & DeLucia-Waack, 2006; Lipschitz et al., 2000; Saigh et al., 2002), more negative attitudes toward school and teachers (McGill et al., 2014), and negative beliefs about the future (Allwood et al., 2014). As a result of these cascading effects from adversity and trauma, youth may feel a lack of social support and belonging (Appleton et al., 2008).

Educational outcomes are also concerning for this population. Youth in foster care are disproportionately represented in special education, have high rates of grade repetition, low standardized test scores, and experience discipline and exclusion at higher rates than their counterparts (Scherr, 2007; Zetlin et al., 2012). High percentages of youth in foster care score in the lowest proficiency groups (Barrat & Berliner, 2013), and they are less likely to complete high school compared to their non-foster peers (Courtney, et al., 2007; Barrat & Berliner, 2013; Burley, 2013; Pears et al., 2013). A national study found that 84% of youth in foster care wanted to attend college, but only 20% of those who completed high school did so (National Working Group on Foster Care and Education [NWGFCE], 2014).

Resilience

Despite these adversities, resilience can be nurtured to support youth in foster care toward a more positive life trajectory (Zabern & Bouteyre, 2017). Resilience refers to both personal and environmental processes that promote positive outcomes and provide youth the resources and support they need to cope with adversity (Ungar, 2011). Increasing protective factors in a youth’s life is one way to increase the likelihood of positive outcomes. Studies have found protective factors for youth in foster care which include positive relationships with caseworkers, high self-esteem, engagement in school, participation in after-school activities, social support, contact with biological family, and a warm, stable, and predictable home (Jaramillo & Kothari, 2021; Zabern & Bouteyre, 2017). Similarly, a study of maltreated youth found that an internal locus of control, empowerment, having input on one’s service planning, a positive relationship with an adult outside the family, and mentoring others who are maltreated were protective for youth (Ungar, 2013). When youth engage in programs such as 4-H that use a Positive Youth Development (PYD) approach, youth exhibit higher levels of resilience and more
positive outcomes, including prosocial behavior, future aspirations, and attending school (Sanders et al., 2015). A PYD approach encourages adults to support youths’ personal agency, focus on youth’s strengths, and cultivates respect of individual youth and family circumstances (Sanders et al., 2015).

### Competencies Needed to Engage Youth Population

It is critical for youth development professionals to work towards the development of skills and knowledge that allows programs to benefit all youth. The following skills were adapted from the 4-H Professional, Research, Knowledge and Competencies (United States Department of Agriculture, 2017).

- Knowledge and training of Trauma Informed Care as it pertains to programming through the Adverse Childhood Experiences (ACEs) model.
- Knowledge of the impact of trauma/ACEs must be balanced with a strength-based perspective and an understanding of whole-child development (Cantor, et al., 2021). While the ACEs model is important for understanding youth behaviors and areas where they are deficient and needing more support, the model tends to focus on what is “wrong” with youth and it ignores youth potential for resilience and thriving. A strength-based approach focuses on solutions and the growth of youth and families even when they experience adversity (Benard, 2006). This approach empowers youth by highlighting their available assets, resources, and potential for taking control over their lives. Both strengths and deficits of individuals and their unique environments need to be understood to better support positive outcomes for each youth in foster care (Cantor et al., 2021; Titterton & Taylor, 2017).
- Informed on state/local foster care regulations/reporting (e.g., photographs—may not be allowed for safety reasons; authorized signatures for enrollment—permissions vary by states on who can sign off for certain programs/projects/service—can be either the foster parents, birth parents, and/or case worker; confidentiality of the youth’s known history—how much can be disclosed on each child by the foster family may have to be approved by case worker due to legal reasons; etc.)
- Awareness of youth mental health issues and the community organizations that support youth’s mental health and well-being. Recommend reaching out to local health departments, medical facilities, school systems, and/or Cooperative Extension Service for a list of resources and/or educational programs regarding youth mental health.
- Assist youth who may be changing placement/residence by connecting them with the next county or district’s 4-H Program to support youth’s development and children’s sense of belonging in another setting.
- Knowledge of the permanency goals for a youth in foster care’s case. The Adoption and Safe Families Act of 1997 (ASFA) stipulates five permanency goals for children/youth in foster care: reunification, adoption, legal guardianship, a permanent placement with a fit and willing relative, and another planned permanent living arrangement only if there is a compelling reason why none of the other ASFA permanency goal is the best interest of the child/youth. Federal law creates a hierarchy of preferred permanency outcomes, beginning with legal family permanency (reunification, adoption, legal guardianship). This hierarchy can be flexible and permanency goals for youth can be based on individualized planning that addresses the circumstances of each individual youth. (National Center for Child Welfare Excellence, n.d.).
- Knowledge of Reasonable and Prudent Parent Standards. These standards vary by state, giving foster parents some freedoms to make decisions on a foster child’s participation in extracurricular, enrichment, cultural, and social activities. There are certain parameters such as the foster child(ren) having to be in a permanency goal for “Another Planned Permanent Living Arrangement,” e.g., adoption (Epstein, H. & Lancour, A., 2016). A state example would be Alaska’s “Prudent Parent Standards” for foster families. This gives them the ability to make prudent parenting decisions for foster children to participate in out of school activities, like 4-H, as well as participate in program evaluation without getting state approval.
Belonging and Participation in 4-H

Youth in foster care encounter many compounding adversities which put them at risk for impaired prosocial behavior development as well as posttraumatic symptoms which may present as withdrawal and/or aggressive behaviors (Burack et al., 2006; Courtney et al., 2004; Kohl et al., 2005; Rogosch et al., 2010; Smith & Marsh, 2002). These behaviors may be misunderstood by peers and adults, and in turn youth may experience difficulties in developing and maintaining relationships which are crucial for feelings of belonging.

Youth in foster care come from varied socio-economic, cultural, and demographic backgrounds. Due to the intersectionality of this population, 4-H professionals should be aware of and implement strategies that acknowledge the whole child, including their gender identification, sexual orientation, race, ethnicity, religious affiliation, etc. For further information and appropriate strategies, please refer to the other AEBC Youth Fact Sheets for the cultural, LGBTQ+, and racial demographics as well as the socio-economic backgrounds of the foster care youth the 4-H professional is working with.

A foster family may be hesitant to get involved in 4-H if they do not know how long the child will be living with them. Communities are encouraged to offer opportunities that youth can be involved in, including short term experiences like one-day events, out-of-school programs, day camps, residential camps, SPIN clubs, and workforce prep/career readiness workshops to prepare especially youth aging out of foster care for independent living.

More than 400,000 youth are in foster care nationwide. Of that number, approximately 25,000 will age out of the foster care system each year and must be self-sufficient. Yet, statistics indicate within four years of aging out, 70% will be on government assistance; 50% will be unemployed; 50% will experience homelessness; 25% will not have completed high school; and less than 12% will earn their college degree. (ifoster.org, 2022). However, when these youth engage with programs like 4-H utilizing Positive Youth Development (PYD), results indicate more positive outcomes, including greater academic achievement and improved social behavior. (Sanders et al, 2015).

Community Relationships and Partners

There are several local, state, and national agencies and organizations that work with and/or provide services to youth in foster care. Make a point to reach out to your local Foster Care Director (called different titles in different states) so they may share 4-H programming opportunities with foster parents.

Local/State Agencies & Organizations

- Local contact of the state agency responsible for foster care (Names vary by state – for example, in Kentucky the agency is Department of Community Based Services (DCBS) and in Colorado the agency is the Department of Human Services).
- Private and non-profit agencies in addition to state agencies who manage foster and/or foster-to-adopt placements.
- School personnel over youth in foster care/homelessness.
- School/local counselors/therapists.
- Some counties might have a youth residence/group home facility, or their region might have a foster care facility.
- Faith-based and service organizations.

National Agencies & Organizations

- National Association for the Education of Homeless Children and Youth
- The Annie E. Casey Foundation
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- YMCA Safe Place
- Covenant House
- Salvation Army
- National One Circle Foundation
- Department of Housing & Urban Development
- Department of Health & Human Services

Evaluation

Evaluation is an important part of understanding the needs and outcomes of programs. If you are utilizing end-of-program evaluations or conducting other types of programmatic research, be sure to review the requirements and procedures of your organization, school, or university. Youth in foster care are considered in "state custody" and could be considered vulnerable when it comes to participating in evaluations (for safety reasons some youth are in protective custody). The state foster care system may not allow youth to complete evaluations. Refer to the Youth Experiencing Homelessness AEB Fact Sheets for more information on pre/post evaluation challenges with youth who may move into other living arrangements during the evaluation periods.

As noted under the “Belonging and Participation” section, 4-H youth development professionals may find evaluation approaches applicable to foster care youth that are culturally, racially, and/or mental health informed in the corresponding champion group’s AEBC Fact Sheet for the appropriate population.

Resource

References


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