Mental Health and Homelessness Among Youth Aging Out of Foster Care: An Integrated Review

Amira Clemens[1]

[1]Drexel University

ABSTRACT

Purpose: To identify the risk of homelessness and mental health needs of youth aging out of foster care. This integrative review aims to synthesize the literature on the health outcomes of aging out of foster care. The intent is to highlight the mental health needs and risk of homelessness in those who have aged out of foster care and to determine the role of nursing care in this population.

Design: Systematic integrative literature review

Methods: Integrative review methods will be used to identify the risk associated with aging out of foster care and the adverse health outcome, including mental health and homelessness. Current research, including experimental and non-experimental studies, was retrieved using OVID, MEDLINE, PubMed, and CINAL. The PRISMA guidelines' general framework will provide guidance for reviewing, structuring, reporting, and discussing the findings from the various computer database searches.

Findings: Fifty-eight abstracts were reviewed, and twenty-five met the inclusion criteria**.** They were reviewed using the Joanna Briggs Institute approach for mixed methods using the PICo inclusion criteria. Both qualitative and quantitative studies were used to support the identified problem with the phenomenon of interest.

Conclusions and Clinical Relevance: This literature review provided an in-depth understanding of adolescents aging out of foster care and their struggle with mental health issues. This synthesis of the literature offers nurses suggestions on important suggestions for important research questions and clinical care in this population.

Introduction and Background

More than 25,000 adolescents age out of the United States foster care system every year before obtaining a permanent home (Dworsky et al., 2013; Best & Blakeslee, 2020; Crawford et al., 2018; Fowler et al., 2017; Klodnick & Samuels, 2020; Shah et al., 2016; Samuels & Pryce, 2008). In some states, these adolescents age out of the foster care system between ages 18 and 21 (citation)**,** beginning their young adulthood with unstable conditions and being left to fend for themselves. In other states, young adults can stay in care until 24 years old if they are in school. Housing, financial assistance, food, and emotional support are vital to the transition from adolescence into adulthood. However, foster youth who age out of the system rarely have parental support, and they may lack the life skills needed to be self-sufficient (Shah et al., 2016)

Aging out of foster care, or simply aging out, is operationally defined by a court-ordered jurisdiction of a fostered youth that is no longer mandated (Atkinson, 2008). Arnett (2014) uses the label *emerging adult* to describe the transition to adulthood. He/she describes an emerging adult as someone in their late teens to early twenties who are focused on themselves and trying to find their identity. At the same time, in a period of instability, they feel a sense of being in the middle of their present circumstances and other possibilities that are evident (Arnett, 2014). This

term has been widely adopted by researchers who study aging out. The shift to independence is more difficult for today's young adults, who rely on parental support much longer than young adults in the past (Shah et al., 2016). This problematic transition is exponentially more significant for those who have aged out of foster care.

Aging out creates significant health risks for former foster youth, including substance abuse, anxiety disorders, psychosis, violence, and incarceration (Patterson et al., 2015). Nearly 40% of people who age out of foster care experience homelessness (Shah et al., 2016; Fowler et al., 2017; Klodnick & Samuels, 2020). Many youths entering foster care have a history of abuse, neglect, and abandonment. Many were also exposed to poverty, parental substance abuse, violence in their homes and communities, and incarceration of a parent (Crosson-Tower, 2007; Taussig, 2002). These pre-foster care factors can increase risk behaviors among foster youth. There are multiple reasons young people who age out of the foster care system suffer from complex health and social issues once they transition into adulthood. For instance, those with a troubled childhood have an increased chance of facing issues once they reach adulthood. Vulnerable populations, like the adolescents aging out of foster care, are at risk for poor health outcomes due to disadvantages that impact their access to healthy environments, support, networks, and low social status (Mechanic & Tanner, 2007).

In 2003 the Casey Family Programs defined the disparities in the mental health of those formerly in foster care compared to the general population (Brown, 2003). Brown's study used the Case Family Program and found higher rates of post-traumatic stress disorder, major depressive episodes, anxiety, and drug/alcohol dependence in those with a history of foster care versus the general population. The significance of these mental health issues increases the need for trauma-informed care.

Purpose

This integrative review aims to synthesize the literature on the health outcomes of aging out of foster care. The intent is to highlight the mental health needs and risk of homelessness in those who have aged out of foster care and to determine the critical nursing research and clinical care for this vulnerable population.

Problem Definition

What is Aging Out of Foster Care?

The purpose of defining aging out of foster care is to understand how this term is used in the literature related to this phenomenon. This review will lead to understanding the risks associated with aging out. The lack of knowledge of how individual health issues are interrelated to other concepts indicates the need to explore the problem(s). Increased understanding of any topic improves positive outcomes and impacts the population and community.

Aging out is not a phrase with a single definition; it is a concept. Thompson (2017) defines aging out as when a foster youth, who is never adopted, becomes too old to remain in the foster system. This process begins between 18-24, depending on the state.

Another example of aging out is in health care when an adolescent exceeds the appropriate age for care by a pediatrician. As patients reach adulthood, their health care needs are typically met by health providers skilled in caring for adults. Except in cases of rare childhood diseases, adults are not cared for by pediatricians because they no longer fit this patient population. Further, if an adult wanted to return to school to obtain their diploma, they would not be allowed to return to an institution with underaged children. They would have to opt for a general education diploma (GED). Aging out is sometimes used to describe when children are receiving services no longer meeting the services' criteria.

Many adverse health issues occur with people aging out of foster care. Mental health and homelessness are the most significant issues faced by those who age out of foster care (Patterson et al., 2015). Some of the factors

impacting these issues are unaddressed mental and behavioral health identification. Substance abuse and risky health behaviors may be signs of mental instability. Homelessness and poverty are also associated with multiple health risks. Youth in foster care are afforded financial support by either the agency where they live or their foster parent(s). They also receive state-issued health insurance. These support systems are lost when young adults transition out of foster care, sometimes leaving them incapable of receiving services to combat issues that may not have been discovered before the transition. Considering the number of people who age out of foster care yearly and the related risks accompanying this population, this is a public health priority. However, there is missing research about strategies to address these issues within this population.
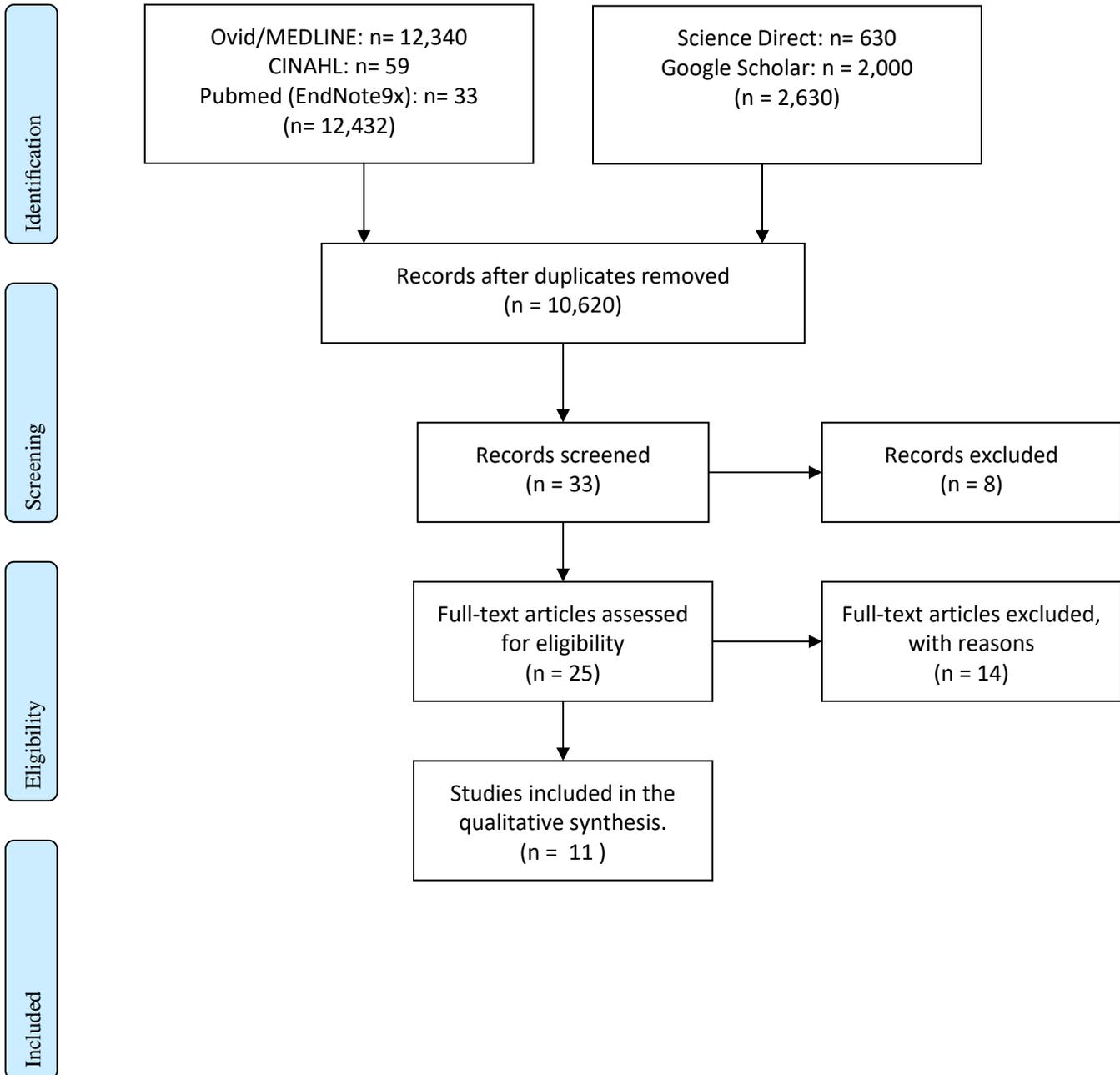
Methods

An integrated review helps provide a clear understanding of a phenomenon of interest through research (Whittemore & Knafl, 2005). The Whittmore and Knafl method assists in the organization of this type of review. The Johanna Briggs Institute (JBI) manual was used to assist with synthesizing data for review questions. The PICo inclusion criteria from the JBI method where P is the population, I is the Interest (Phenomenon), and Co is the context (Aromataris & Munn, 2020). The PICo protocol is a method used when creating systematic reviews that help with the development of the review questions. It helps to clearly describe your population, information about the phenomenon of interest, and the outcomes of the studies included in the review. The PICo process was used to evaluate the studies used in this review. See table 1.

Eligibility criteria

Inclusion criteria included research studies published in the last five years, full text written in English, and those to which the PICo method could be applied. Exclusion criteria included literature reviews and unpublished work that did not include people who aged out of foster care.

By assessing the abstracts of the articles, studies were chosen based on the population and demographic criteria. Articles were screened to meet the initially stated inclusion criteria. Those from peer-reviewed journals were the top choice for this process. All the articles used included research studies of varied types. The JBI PICo method helped identify if the chosen articles were appropriate for validating and supporting the research questions (Aromataris & Munn, 2020). The article selection process is listed in the PRISMA diagram on the next page.

PRISMA 2009 Flow Diagram

Identification

Ovid/MEDLINE: n= 12,340
CINAHL: n= 59
Pubmed (EndNote9x): n= 33
(n= 12,432)

Science Direct: n= 630
Google Scholar: n = 2,000
(n = 2,630)

Screening

Records after duplicates removed
(n = 10,620)

Records screened
(n = 33)

Records excluded
(n = 8)

Eligibility

Full-text articles assessed
for eligibility
(n = 25)

Full-text articles excluded,
with reasons
(n = 14)

Included

Studies included in the
qualitative synthesis.
(n = 11)

Literature Search

A literature search using Ovid/MEDLINE, PubMed, CINAHL, and Google Scholar databases was used. This search used the keywords "aging out of foster care," "foster care," "transitional care," and "aging out." The search was limited to peer-reviewed, full-text, English articles conducted in the past five years (2015 -2020). The studies focused on 18 to 24-year-olds who were aging out of foster care.

Table 1. PICo Process

PICo Component	Wording
Population	Male and females aged 18 - 24
Interest	Mental health status
Context	Aged out of foster care

Population

The demographic population of the studies in this review includes participants aged preschool – 62 years old. The studies were diverse and included people who identified as White, African American, Hispanic (Latina), Asian or Pacific Islander, or Other. Male and females were represented, and one study included LGBT (lesbian, gay, bisexual, and trans-sexual). The study participants were "emerging adults" (Rosenberg, 2019; Olson et al., 2017; Rebbe et al., 2017; Fowler et al., 2017; Dworsky & Gitlow, 2017; Crawford et al., 2018; Brown et al., 2015; Shah et al., 2016). Two included participants past age 25 - 62 (Brown et al., 2015; Patterson et al., 2015). A study that assessed foster children's intellectual levels included participants from preschool to 9th grade (Tordön et al., 2020).

Synthesis of Data

Qualitative and quantitative research studies that included a diverse group of males and females are included in this review. All participants fell into the criteria of people who have or are aging out of foster care. Information about outcome variables that revolve around what happens when people age out of foster care assists with the research question. This synthesis of the literature offers nurses suggestions on important suggestions for essential research questions and clinical care in this population.

Multiple items evolved out of exploring the studies for this review. These variables emerged from the studies completed on this phenomenon of aging out of foster care. They are identified as: education, unemployment, mental health, substance abuse, homelessness, and healthcare.

Study Variables

The research variables within the studies for this review guided the research question content and included several issues for those aging out of foster care. Four of the eleven studies included variables studying homelessness and housing issues after aging out (Shah et al., 2016; Rosenberg, 2019; Patterson et al., 2015; Fowler et al., 2017). Three studies included variables on employment and unemployment (Rosenberg, 2019; Dworsky & Gitlow, 2017; Crawford et al., 2018). Education is a variable in 4 studies (Shah et al., 2016; Rosenberg, 2019; Patterson et al., 20150), with 1

study assessing IQ tests (Olson et al., 2017). Substance abuse is a variable in 2 studies (Shah et al., 2016; Patterson et al., 2015). Physical and mental/behavioral health care variables in 2 studies (Patterson et al., 2015; Brown et al., 2015). One study evaluated decision-making in this population (Olson et al., 2017). Themes developed from reviewing the study variables shaped an understanding of this population's issues and the confounding health problems. Having insight into this population's needs may help nurses create new approaches and future research to meet the needs of this population.

Major Research Findings

Education. In 4 of the 11 studies reviewed, education and school performance variables emerged as issues impacting young adults aging out of foster care. Three studies combined education and employment as they related to the outcome of homelessness among young adults who aged out of foster care (Shah et al., 2016; Rosenberg, 2019; Patterson et al., 2015). There is a correlation between low educational attainment and employment which can lead to homelessness in this population. Patterson et al. (2015) explained that those who complete high school have the minimum requirement to obtain employment in unskilled jobs. Obtaining a vocational skill increases the ability to obtain sustainable employment. One study assessed IQ tests to determine school performance in preschoolers in foster care (Olson et al., 2017).

Socio-economic outcomes relate to the completion of education and the risk of homelessness (Shah et al., 2016; Rosenberg, 2019; Patterson et al., 2015). Patterson et al. (2015) found employment difficult for foster youth who did not complete high school. Educational attainment is positively associated with employment and earnings among former foster youths.

Those who did not complete high school, a vocational program, or college had an increased likelihood of unemployment (Patterson et al., 2015). Therefore, education should be a variable when considering why those who age out of foster care have low employment rates (Patterson et al., 2015). A limitation in their study was that more should have been included in education because it is directly related to employment and earnings.

Unemployment. Two studies within the review reported a high unemployment rate in young adults aging out of foster care, 92% (Patterson et al., 2015) and 50% (Dworsky & Gitlow), respectively. Although it was not consistently listed as a variable, multiple studies in this review eluded unemployment being a factor in adverse outcomes in the aging population. These included being eligible for public assistance, supplemental social security income (SSI), and food stamps (Klodnick & Samuels, 2020; Shah et al., 2016; Rebbe et al., 2017).

Homelessness. Homelessness emerged as a critical variable in the studies on young adults aging out of foster care. Five of the eleven studies included homelessness as a variable. There are predictive factors that lead to a person becoming homeless found in emerging adults from foster care (Shah et al., 2017; Fowler et al., 2017; Patterson et al., 2015; Dworsky et al., 2013; Klodnick & Samuels, 2020). Predictive factors include but are not limited to substance abuse, mental illness, engaging in delinquent behaviors, well-being, education, increased number of school moves, housing instability, and a history of abuse. Homelessness is an immense issue and the worst outcome for those transitioning out of foster care. In Shah et al. (2017) study, 332 participants out of 1202 experienced homelessness after aging out of care. It was also found that African Americans had a higher homelessness rate in this group than the other reported ethnicities. Those who experienced four or more moves while in care or became parents were twice as likely to become homeless after aging out. Fowler et al. (2017), 16% percent of the participants in the study experienced literal homelessness, and 24% experienced hypermobility (unstable housing) within 1 – 3 years after aging out. In the Klodnick and Samuel (2020) study, 4 out of 20 participants reported being homeless after aging out. Education was one of the strongest predictors of homelessness within one year of aging out of foster care (Shah et al., 2017). Rebbe et al. (2017) Complex Adversity group study had the most adverse foster care history and highest percentages in the study's risk categories, including 41% being homeless.

Mental health. Multiple studies in this review support that mental health issues are substantial in the foster care population. Six studies in this review included variables for substance abuse, mental health, and physical health (Rosenberg, 2019; Shah et al., 2016; Patterson et al., 2015; Brown et al., 2015; Rebbe et al., 2017; Crawford et al., 2018). Rosenberg (2019), compared to the general population, fostered youth experience increased rates of mental and behavioral health issues. Three of the five studies found a relationship between the increased incidence of experiencing substance abuse and being diagnosed with a mental/behavioral health disorder during or after transitioning out of foster care (Shah et al., 2016; Patterson et al., 2015; Brown et al., 2015). Patterson et al. (2015) reported poor mental and physical health, and the long-term outcomes of that diagnosis are associated with a history of foster care. Rebbe et al. (2017) research reported that the risks of developing these issues are increased due to the reasons for needing to be placed in foster care in the first place. A history of neglect and abuse is at the core of initiating a child's removal from the home and psychological trauma (Rebbe et al., 2017). Children who are poorly cared for fit the description for foster care, live under conditions of food insecurity, have no medical care, and are in the presence of weapons/violence, including witnessing death. Some of these situations can also arise by being cared for by adults who suffer from mental health issues (Rebbe et al., 2017).

Recommendations

In contrast to the other studies, Rosenberg's (2019) study reported a positive relationship in fostering youth's support network in education. The intervention of providing social support increased happiness with support systems. Rosenberg (2019) listed employment as a variable with positive social support outcomes. Solutions to address the issues with foster care's psychological health and well-being provide social support. Formal social support systems for youth aging out of foster care can improve mental and physical health.

Crawford et al. (2018) reported that because 79% of the study participants reported having mental health or substance abuse services while 33% completed treatment before transitioning from foster care, there is a recommendation for transitioning to adult mental health services. This recommendation aims to reduce criminal involvement later in adulthood (Crawford et al., 2018, p. 456). Assessment and clinical care are critical to promoting the health of this vulnerable and marginalized population. Another recommendation would be trauma-informed care based on this population's increased incidence of mental health issues. The development of mental health issues stems from both the need to foster care and foster care participation. As these young adults age out of care, they risk leaving "the system" with unaddressed mental health issues.

The most notable study on mental health issues within this population was by Rebbe et al. (2017). In this study, the Adverse Childhood Experiences (ACEs) framework was used to evaluate the outcomes of foster care experiences among young adults aging out of foster care. Study participants were placed in a three-class model based on their life histories. These classes were Complex Adversity, Environmental Adversity, and Lower Adversity, respectively. The complicated group had the highest experiences with mistreatment. The environmental group was exposed to inappropriate environments. The lower group had the least amount of exposure to harm. The different categories assist with individualized mental health care after aging out due to the lack of homogeneity within this population. Addressing the needs would begin with ACEs could improve outcomes in care.

Conclusions

Conducting this integrative review shaped the understanding of this research question. The literature supports that multiple issues lead to mental health outcomes and homelessness after aging out of foster care. Several limitations were noted. African Americans have higher rates of homelessness after aging out than the other demographic in these studies (Shah et al., 2017; Patterson et al., 2015; Dworsky & Gitlow, 2017). The research scientists who conducted studies on aging out are not nurses. In the longitudinal studies, there is low attrition. Self-reports are not answered truthfully due to fear of social stigmas (Rebbe et al., 2017; Patterson et al., 2015).

Contributions to Nursing. The findings from this literature review suggest that this vulnerable and marginalized population of people aging out of foster care has multiple needs that are important to address. These needs include the use of a framework. Adverse childhood experiences (ACEs) are traumatic events occurring before age 18. The ACEs framework Rebbe et al. (2017) would be appropriate for nurses.

Each issue discussed in this review directly affects the health of those within this vulnerable population. Careful consideration for these health needs starts with determining the appropriate nursing clinical care and research questions to address these multifaceted health and wellness adverse outcomes. It creates a compound effect that needs to be addressed. Otherwise, the long-term problems that will emerge defeat the purpose of placement during childhood to improve their safety.

Research questions need to be used to determine that the social determinants of health are the foundation for addressing many health issues that impact youth aging out of foster care. Research questions also need to examine the best approach for assessing the concern, needs, and strategies to promote this population's health and success. One crucial research approach needed to improve this population's health outcomes is to examine their adverse childhood experiences. ACEs include all types of abuse and neglect and parental mental illness, substance use, divorce, incarceration, and domestic violence. Moreover, provide trauma-informed care based on the results. By screening for ACEs, providers can better determine how a patient is at increased health risk due to a toxic stress response, a critical step in responding with trauma-informed care.

Nurses could also use their research findings to provide Trauma-Informed Care, which understands and considers the pervasive nature of trauma and promotes healing and recovery environments rather than practices and services that may inadvertently re-traumatize. Also, most of the research reviewed in this paper was from clinicians, educators, and the young people's voices aging out of foster care. More qualitative deep-dive research talks with the youth who aged out of foster care and those about to age out and determine their thoughts, needs, concerns, barriers, and strategies needed for success. Once the researcher can answer the questions based on the youth's voices, better programs can be designed to promote their health and well-being.

References

Arnett, J. (2014). What is it like to be an emerging adult? In *Emerging adulthood* (pp. 30–48). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199929382.003.0002

Aromataris, E., & Munn, Z. (2020). Chapter 1: Jib systematic reviews. In *Jib manual for evidence synthesis*. JBI. https://doi.org/10.46658/jbimes-20-02

Avery, R. J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review*, *32*(3), 399–408. https://doi.org/10.1016/j.childyouth.2009.10.011

Best, J. I., & Blakeslee, J. E. (2020). Perspectives of youth aging out of foster care on relationship strength and closeness in their support networks. *Children and Youth Services Review*, *108*, 104626. https://doi.org/10.1016/j.childyouth.2019.104626

Brown, A., Courtney, M. E., & Curtis McMillen, J. (2015). Behavioral health needs and service use among those who've aged out of foster care. *Children and Youth Services Review*, *58*, 163–169. https://doi.org/10.1016/j.childyouth.2015.09.020

Collins, J. L. (2016). The integrative review: Delivery of healthcare services to adolescents and young adults during and after foster care. *Journal of Pediatric Nursing*, *31*(6), 653–666. https://doi.org/10.1016/j.pedn.2016.07.005

Crawford, B., Pharris, A. B., & Dorsett-Burrell, R. (2018). Risk of serious criminal involvement among former foster youth aging out of care. *Children and Youth Services Review*, *93*, 451–457. https://doi.org/10.1016/j.childyouth.2018.08.027

Dworsky, A., & Gitlow, E. (2017). Employment outcomes of young parents who age out of foster care. *Children and Youth Services Review*, *72*, 133–140. Retrieved August 22, 2020, from https://doi.org/10.1016/j.childyouth.2016.09.032

Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health*, *103*(S2), S318–S323. https://doi.org/10.2105/ajph.2013.301455

Elias, B. L., Polancich, S., Jones, C., & Colvin, S. (2015). Evolving the picot method for the digital age: The picot-d. *Journal of Nursing Education*, *54*(10), 594–599. Retrieved August 21, 2020, from https://doi.org/10.3928/01484834-20150916-09

Fowler, P. J., Marcal, K. E., Zhang, J., Day, O., & Landsverk, J. (2017). Homelessness and aging out of foster care: A national comparison of child welfare-involved adolescents. *Children and Youth Services Review*, *77*, 27–33. https://doi.org/10.1016/j.childyouth.2017.03.017

Kirk, R., & Day, A. (2011). Increasing college access for youth aging out of foster care: Evaluation of a summer camp program for foster youth transitioning from high school to college. *Children and Youth Services Review*, *33*(7), 1173–1180. Retrieved August 22, 2020, from https://doi.org/10.1016/j.childyouth.2011.02.018

Klodnick, V. V., & Samuels, G. M. (2020). Building a home on a fault line: Aging out of child welfare with a serious mental health diagnosis. *Child & Family Social Work*, *25*(3), 704–713. https://doi.org/10.1111/cfs.12747

Olson, A., Scherer, D. G., & Cohen, A. L. (2017). Decision-making skills of emerging adults aging out of foster care. *Children and Youth Services Review*, *82*, 81–86. https://doi.org/10.1016/j.childyouth.2017.09.023

Patterson, M. L., Moniruzzaman, A., & Somers, J. M. (2015). History of foster care among homeless adults with mental illness in Vancouver, British Columbia: A precursor to trajectories of risk. *BMC Psychiatry*, *15*(1). https://doi.org/10.1186/s12888-015-0411-3

Rebbe, R., Nurius, P. S., Ahrens, K. R., & Courtney, M. E. (2017). Adverse childhood experiences among youth aging out of foster care: A latent class analysis. *Children and Youth Services Review*, *74*, 108–116. https://doi.org/10.1016/j.childyouth.2017.02.004

Rosenberg, R. (2019). Social networks of youth transitioning from foster care to adulthood. *Children and Youth Services Review*, *107*, 104520. https://doi.org/10.1016/j.childyouth.2019.104520

Samuels, G., & Pryce, J. M. (2008). "what doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review*, *30*(10), 1198–1210. https://doi.org/10.1016/j.childyouth.2008.03.005

Shah, M., Liu, Q., Mark Eddy, J., Barkan, S., Marshall, D., Mancuso, D., Lucenko, B., & Huber, A. (2016). Predicting homelessness among emerging adults aging out of foster care. *American Journal of Community Psychology*, *60*(1-2), 33–43. https://doi.org/10.1002/ajcp.12098

Summaries of systematic reviews on nursing-related issues from the Cochrane library, joanna Briggs institute, and other evidence review organizations. (2009). *Journal of Advanced Nursing*, *65*(9), 1817–1822. https://doi.org/10.1111/j.1365-2648.2009.05065.x

The theory of planned behavior. (2019, September 9). Behavioral Change Models. Retrieved September 14, 2020, from https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories3.html

Tordön, R., Bladh, M., Svedin, C., & Sydsjö, G. (2020). Challenging intellectual, behavioral and educational prerequisites for interventions aimed at school-aged children in foster care. a compilation of Swedish test results. *Children and Youth Services Review*, *108*, 104598. https://doi.org/10.1016/j.childyouth.2019.104598

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, *52*(5), 546–553. https://doi.org/10.1111/j.1365-2648.2005.03621.x