FOSTER CARE EXPERIENCE, GROUP SUPPORT, AND LIFE OUTCOMES: A QUALITATIVE STUDY

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FOSTER CARE EXPERIENCE, GROUP SUPPORT, AND LIFE OUTCOMES:

A QUALITATIVE STUDY

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Alameta M. James

May 2022

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Approved by:

Dr. Carolyn McAllister, Faculty Supervisor, Social Work

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ABSTRACT

This research study utilizes the perspectives of foster care alumni to explore the effectiveness of the child welfare system. Based on experiences with general and peer related services while in foster care, participants were asked to evaluate and discuss how interventions they received contributed to areas of their life, including adult independent living. The study used an exploratory method with a qualitative approach to search for categories and themes related to the services, interventions, and activities implemented with foster youth and the effect that had on their lives. Interviews were deduced into six categories: demographics, therapeutic services, education, social support, identity, and mentorship and described in detail by the participants. From there, three themes emerged: mental health, life skills, and unmet needs. These themes were then conceptualized by two theories: Maslow's Hierarchy of Needs and Contemporary Trauma Theory. Finally, a discussion of the overall findings that include unexpected results, study limitations, and contributions to future social work practices and research was added for a thorough exploration of the current research study.

ACKNOWLEDGEMENTS

DEDICATION

To my God, the Almighty, the countless blessings You have provided me are more than I could have ever imagined. Your protection, comfort, and strength have been my greatest resources. I am humbled by your unwavering love. Thank you for showering me with your goodness.

To my son, Tyler, my educational journey started and ended with my love for you. My desire was to honor you and while on that path, I found myself and was called to be part of something bigger than either one of us. Thank you for all your love, encouragement, and support along the way. I will love you forever.

To my husband, Michael, with you by my side, anything is possible. You have been on this entire journey with me, and we made it across the finish line together. Thank you for being you, and loving me for who I was, am, and will be. I love you with my whole heart, my perfect puzzle piece.

To Kaylin, words can never express how much it has meant to be on every step of this adventure with you. The laughter, excitement, frustration, and hard work we have shared throughout this program will be the glue that holds our friendship together for many memories to come. Love you, Friend.

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CHAPTER ONE

PROBLEM STATEMENT

Scope of the Problem

In the United States (U.S.), about 263,000 children enter the foster care system on an annual basis and, for the fiscal year 2019, the foster care population roughly reached 424,000 (U.S. Department of Health and Human Services [USDHHS], 2019). Figure 1 below presents the prevalence of foster care over two decades, from 1999 to 2019. The data came from the Adoption and Foster Care Analysis and Reporting System (AFCARS), which is a U.S. Children's Bureau initiative that traces the number of children in foster care (USDHHS, 2014). As demonstrated in the figure, the number of children in foster care exceeded half a million in 1999. There was a steady decline over the next decade with numbers below 500,000 in 2009. Since 2009, the foster care population has practically plateaued.

In terms of demographics, there are disproportionate representations among African American, Asian American, Hispanic American, and White American children placed in foster care. The number of African American children far exceeded all other races and ethnicities in overrepresentation (See figure 2 below). At first glance, the numbers of children in foster care by origin appear to show White children dominating the population. However, after careful examination, racial disparity among African American children is obvious. While these children represented only 13.7% of the total population in the U.S., 23% of

the children in foster care were African American in 2019 (USDHHS, 2020). In contrast, there were more White American and Hispanic American children in the general population than in the foster care system with each group displaying just above a 4.5% gap. Asian American children were the least represented. Furthermore, there were about 4% more boys than girls in the foster care system in 2019 which is a 2% decrease from 2009. The shift is noticeable in a rise in the number of girls and a decline in the number of boys at the FFY reporting, each by 1% (USDHHS, 2020).

Figure 1. Children in Foster Care in the United States

Number of children in foster care

567,000 | 517,000 | 423,773 | 415,129 | 423,997

1999 | 2004 | 2009 | 2014 | 2019

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)
Fiscal Year 2019
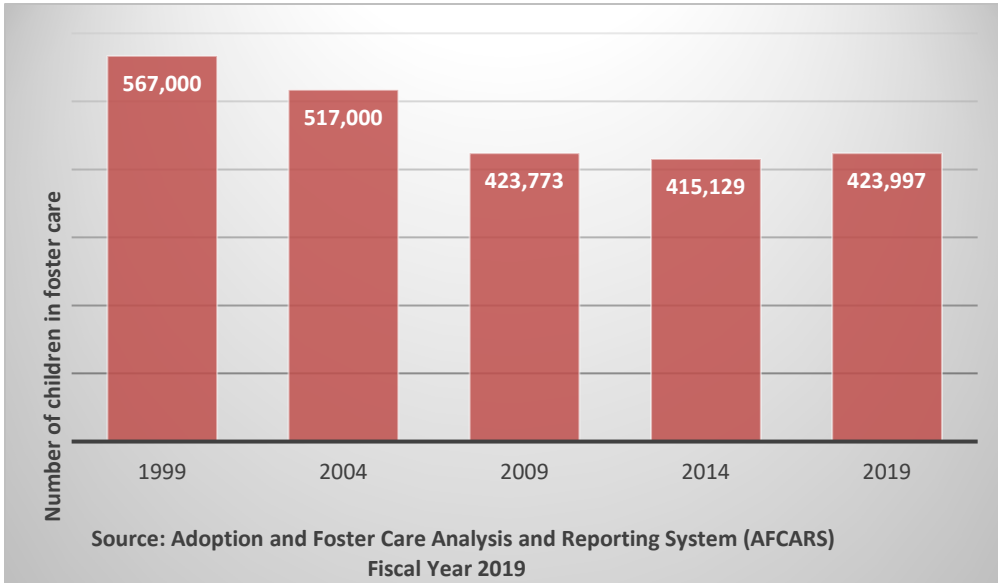
Figure 2. Children in the United States by Origin

Percentage of Children

AFRICAN AMERICAN | ASIAN | HISPANIC OR LATINO | WHITE

■ Total Child Population
■ Children in Foster Care

Source: Child Welfare Foster Care Statistics Fiscal Year 2019
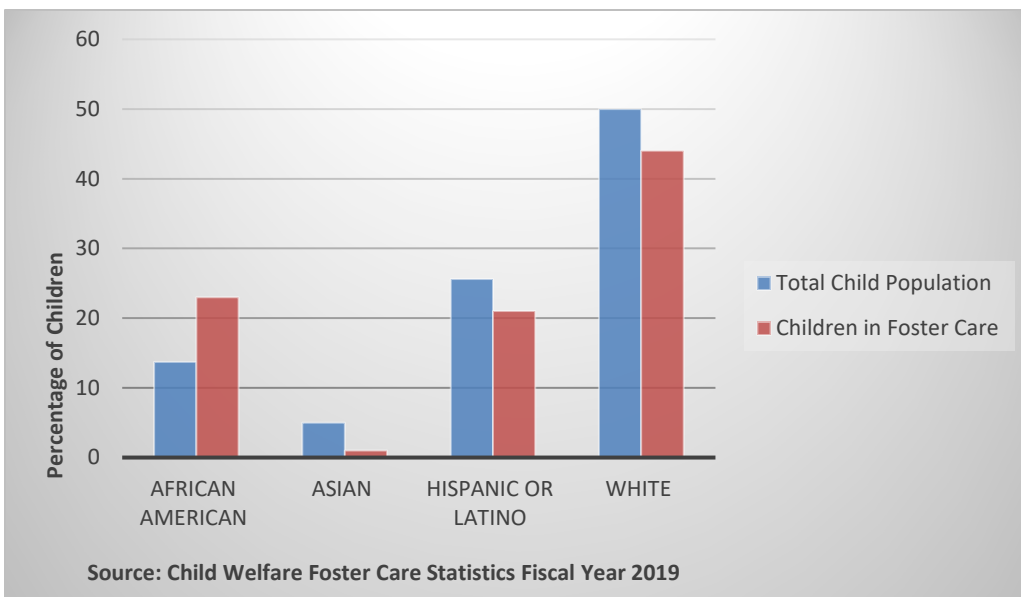
Cause of the Problem

Child Welfare agencies become involved with children and families when allegations of maltreatment or household adversities are reported to local departments. Maltreatment of children includes neglect, emotional abuse, physical abuse, and sexual abuse perpetrated by parents, guardians, or caregivers (Centers for Disease Control and Prevention, 2021). Household adversity is described as exposure to substance abuse, domestic violence, criminal behavior, and mental illness. After a report has been made, social workers use formal assessments to determine risk and safety concerns and report their findings to juvenile dependency courts. Family outcomes are determined by the courts and legally implemented to ensure child safety. Legal mandates can include children living with their parent or guardian, temporarily placing children into state custody, or permanently removing children from their parents and placing them into alternative care. According to The Children's Bureau, 46% of children placed in foster care in 2018 resided in non-relative households and 22% lived in alternative placements such as group homes, independent living facilities, and institutions (USDHHS, 2019).

Impact of the Problem

The foster care experience impacts the well-being of children and youth. Being removed from their families is traumatic for children and can cause behavioral issues, aggression, and disassociation (USDHSS, 2019). Long-term consequences of living in foster care include but are not limited to poor physical

and mental health, unstable relationships, substance abuse, financial hardships, homelessness, and criminal activity in adulthood (American Society for the Positive Care of Children, 2021). Compared to their counterparts in the general population, individuals who have been involved in foster care are at higher risk of poor outcomes in adulthood (Blakeslee & Best, 2019). From an economic perspective, the foster care system appears to be a burden on society. The percentage of federal funds that contribute to Title IV-E foster care services in comparison to Title IV-B prevention and permanency is unreasonable in aligning to the goals of child welfare. For example, California received over 1.5 billion dollars in 2019, yet allocated less than 5% to Title IV-E prevention services. The remaining 1.4 billion dollars was spent on foster care (USDHHS, 2021).

Foster Care Intervention

The United States Congress passed the Foster Care Independence Act (FCIA) in 1999 (US Congress, P. L. 106-169). The Senate and House of Representatives unanimously decided to support the said act after being presented with the significant risks associated with adolescents in foster care and the rate at which young adults are cut off from the safety net of state-funded programs and services. The purpose of FCIA is to amend previous legislation by extending financial support and flexibility to States with the shared goal of lowering the risks of negative outcomes for children who transition from foster care into adulthood. Included in the act are state requirements to make reasonable efforts to find adoptive families for children who cannot be reunified

with their biological families, enroll children in an Independent Living Program concurrently, and continue to provide programs and services until they are 21 years old. Under FCIA, states and local governments receive federal funding to provide educational, work-related, and financial support to youth who age out of foster care (US Congress, P. L. 106-169, 1999).

FCIA created the John H. Chafee Foster Care Independence Program (CFCIP), which provides a detailed account of how states should effectively help young adults become self-sufficient and give them increased chances of success when they exit the foster care system. This program is designed to allow the States freedom to create their own plans to assist young adults between the ages of 18 and 21, who are in foster care at age 18. States can collaborate with private and public sectors and decide which agencies will administer and oversee local services. The main aspects of the program include helping adolescents obtain a high school diploma, assisting with entry to post-secondary training and education institutions, creating opportunities for career exploration, offering vocational training, job placement training, and daily skills training. The program also provides financial management skills assistance, substance abuse prevention programs, preventative health activities. financial support, housing, and counseling. Furthermore, the program is designed to provide personal and emotional support from mentors and appropriate adults to adolescents who are aging out of the system (US Congress, P. L. 106-169, 1999).

Additionally, there were amendments made to Subtitles B, C, and D supplying extensions of support for children in foster care and the families that care for them. In determining whether a child would have received aid under the State plan, the amount was lowered from $10,000 in combined resources to a maximum of $1,000. Preparation for foster parents is now required to begin before placement of the child and continue as necessary after placement. Regarding health care, Medicaid options for adolescents leaving foster care can now be applied to individuals under 21 years old, who were eligible at age 18. A contingency was also added to Subtitle C, which mandates that if amendments are made to the Ticket to Work Act and Work Incentives Improvement Act, those will be executed before the amendments to the current Act. Finally, under Adoption Incentive Payments, funding and supplemental grants were increased by 23 million dollars in the fiscal year 2000, and 20 million dollars for the next three consecutive years, for all eligible states as of the fiscal year 1998 (US Congress, P. L. 106-169, 1999).

<div align="center">Purpose, Rationale, and Significance of Study</div>

The purpose of this study is to explore the perceptions of individuals with a history of foster care about the effectiveness of the Child Welfare System (CWS). This study will attempt to answer the following question: What is the perceived effectiveness of CWS among youth with foster care backgrounds?

Despite current legislation intended to support children prior to exiting foster care, adults who have transitioned from CWS are at greater risk of

experiencing one or more of the many social problems that continue to negatively impact society. Furthermore, there is a significant gap between safety and empowerment among children in the CWS as well as a lack of intervention focused on peer support. With minimal research in these areas, it is necessary to explore every possible factor of influence to eliminate further harm to these children and their communities. To accurately depict experiences and their effect, it is crucial to identify the child's voice in care, support, and planning while in CWS custody, and according to the National Association of Social Workers (NASW) Code of Ethics (2017), social workers are obligated to do so. *Dignity and Worth of a Person* ethical value state that "Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs" (pp. 5-6). In addition, the *Importance of Human Relationships* value stipulates that "Social workers understand that relationships between and among people are an important vehicle for change" (p. 6).

The findings of this study will lead to future exploratory research of factors that positively influence outcomes for former foster youth as well as contribute to further research aimed to identify areas where intervention is lacking. By recognizing missing components in CWS interventions, the implications of this study will contribute to effective changes in social work practice at the micro, macro, and mezzo level. In fact, child welfare social workers can rely on the results in this study to better serve their clients. In the same vein, other child welfare stakeholders (policymakers, county managers, community liaison people,

etc.) can use the results in this study to design policies for the foster care

community.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter aims to identify and critically analyze literature and theories that have contributed to prior research of protective factors, positive influences on individual outcomes, and effective interventions for those who have entered the CWS due to experiencing child maltreatment. A literature review of materials related to the current study was conducted by this researcher to examine qualitative explorations, critical analysis, and empirical findings from previous studies. Similarly, a synthesis of relevant theoretical perspectives has been completed to add to the current research guiding effective interventions and support for individuals who have entered the child welfare system.

Synthesis of the Literature

There are many reputable sources that provide knowledge relating to the influences and outcomes of children and youth who have experienced maltreatment and/or have been in the child welfare system (Murthi & Espelage, 2005; Perry, 2006; Salazar et al., 2011; Vranceanu et al., 2007). While there is a vast amount of information surrounding these topics, there is little research focused on the perspectives of individuals with a history in foster care, or experiences of those who transition from foster care into adulthood and relationships to adulthood outcomes. This section analyzed several peer-

reviewed research studies that address the voices of those directly impacted by placement into foster care. The current study also viewed empirical-based data that focused on the influence, effect, and outcome of empowerment and resilience on individuals who have experienced maltreatment in childhood. In doing so, this researcher identified various similarities and differences among the findings that provide a collective foundation for further study.

<u>Qualitative Studies</u>

Life outcomes among foster care alumni have been the subject of a broad range of qualitative studies. In particular, the impacts of social support have been studied by many researchers (Babcock et al., 2008; Cohen & Wills, 1985; Murthi & Espelage, 2005; Perry, 2006; Salazar et al., 2011; Vranceanu, et al.2007). It has been widely hypothesized that social support can provide a buffer, or protection, to life's stressors. In this theory, social support is characterized as "emotional, psychological, physical, informational, instrumental, and material assistance provided by others to either maintain well-being or promote adaptations to difficult life events" (Dunst & Trivette, 1988).

Cohen and Wills (1985) conducted a study to identify the process in which social support positively affects well-being using a broad scope lens. The researchers argue that social support can moderate a stressful event by changing an individual's perception of the event, or it can intervene between the individual and the event. While testing whether social support moderates the relationship between childhood sexual abuse and loss, Murthi and Espelage

(2005) found that positive outcomes in adulthood were more prevalent in individuals who had or were perceived to have social support. Similarly, Babcock et al. (2008) found that social support moderated the relationship between psychological abuse and PTSD, in their study of intimate partner abuse and PTSD symptomology. In contrast, Salazar et al. (2011) examined the stress-buffering hypothesis in alleviating depressive symptoms among maltreated foster alumni. In this study, social support was identified as having a direct effect on depressive symptoms, however, the buffering effect appeared stronger for individuals who experienced fewer and less complex types of maltreatment.

Perry (2006) explored psychological distress, social network disruption, and social network stress in individuals who were in foster care. The study compared the relationships with biological families and peer networks to psychological distress as well as assessed the impact of network disruption and strength on the psychological distress of the individual. The data was compared to that of a National Longitudinal study collected five years prior. The results suggest that youth who were subject to fewer disruptions in their social network and feel closer to their biological parents or caregivers experience less psychological distress. The study also found that children placed in more stable environments felt similar levels of care than that of their counterparts in the general population. Furthermore, depression rates were higher in those who were placed in disruptive environments, such as group homes, or had a weaker social network.

While there are fewer quantitative studies based on peer support for foster care alumni, many researchers have focused on the outcomes of children who are placed in the CWS. The anticipated effects of foster care on young adults are detrimental to their health and wellbeing. Research shows that former foster youth are more susceptible to many negative factors than their counterparts in the general population. For example, persistent mental illness and substance abuse are more prevalent in foster care alumni than individuals without CSW history (Courtney & Dworsky, 2006; Kessler et al., 2008; Pecora et al., 2010). Similarly, teenage pregnancy and criminal activity are more common among those who exit foster care (Southerland, Casanueva, & Ringeisen, 2009; Vaughn, Shook, & McMillen, 2008). Additionally, there is a greater struggle for individuals with a history in foster care to financially support themselves due to lack of education. Many will experience homelessness and unemployment forcing them to depend on public assistance (Collins, 2001; Courtney, Dworsky, Lee, & Rapp, 2009; Harris, Jackson, O'Brien, & Pecora, 2009; Pecora et al., 2010; Southerland, Casanueva, & Ringeisen, 2009).

Quantitative research on peer-to-peer support and life outcomes among foster care alumni has been comparatively fewer in scope. To examine the role of social support further, Vranceanu, et al. (2007) conducted a cross-sectional study to explore the possibility of multiple forms of childhood abuse and neglect being associated with lower social support and higher stress in adulthood, which

would increase vulnerability to symptoms of depression and posttraumatic stress disorder (PTSD). Data were collected from 100 women categorized as low-income. Results of the study indicate that decreased social support and increased stress in adulthood can be predicted by child maltreatment. Using the structural equation modeling (SEM) with Lisrel 8.0, the researchers concluded that the findings support that, women who have a history of child multi-type maltreatment (CMM) suffer from depression and PTSD in adulthood that was directly affected by social resources. Social support partially mediated the relationship between CMM and symptoms of PTSD, and stress, fully mediated the relationship between CMM and symptoms of adult depression. Vranceanu et al. (2007) suggest that social "resources are key factors in the psychological adjustment of CMM victims" (p. 71).

<div align="center">Limitations of Existing Studies</div>

As seen above, there are a vast array of studies on life outcomes among foster care alumni. However, most of these studies were carried under the broad lens of social support (Cohen & Wills, 1985; Babcock et al., 2008; Vranceanu, et al.2007). In addition, the qualitative studies on the relationship between child maltreatment and life outcomes did not cover in-depth the experiences of emancipated youth (Murthi & Espelage, 2005; Perry, 2006; Salazar et al., 2011). In the same vein, these studies were conducted outside Southern California. The proposed study will help fill this gap in the literature by exploring the experiences of peer-to-peer social support among foster youth alumni in Southern California.

Synthesis of Theoretical Perspectives Guiding this Research

Theories hold an important place at the table when scholars and researchers attempt to understand human behavior. According to the Social Work Dictionary (1999), a theory is defined as, "a group of related hypotheses, concepts, and constructs based on observations and facts that attempt to explain human phenomena" (Barker, p. 485). In social work, interventions can only be properly identified and successfully implemented when appropriate theory has been applied to them. Two theoretical perspectives guide the current research: Empowerment Theory and Self-Sufficiency and Wellbeing of At-Risk Youth Framework. This study provides a description of these two perspectives and then critically analyses them, using Joseph and Macgowan's (2019) Theory Evaluation Scale (TES).

Empowerment Theory

Empowerment is a unique concept of process and action that is shared across several disciplines, yet difficult to define. Julian Rappaport (1984) describes empowerment as, "A construct that links individual strengths and competencies, natural helping systems and proactive behaviors to social policy and social change" (Perkins & Zimmerman, 1995, p.569). This encompasses the idea that one can use strength and positivity to overcome adversity. Notably, this frame of thought is often contrary to one's previous beliefs. According to Page and Czuba (1999) empowerment is defined as, "A multi-dimensional social process that helps people gain control over their own lives" (p.4). The concept is

expanded by introducing the notion of power being a key component. Their explanation suggests that "Empowerment requires power to change" (Page & Czuba, 1999, p.4) and experiences of power are more important than how power is perceived. The suggestion is that one can identify what is believed to be areas in need of change and will develop self-motivation to act accordingly.

The concept of empowerment has existed for over two centuries. The term was used in Thomas Jefferson's draft of the Declaration of Independence in 1776 (Joseph, 2020) as a call to action for slaves to declare their own rights. Julian Rappaport has been noted as introducing the theory of empowerment to the social work profession in the 1980s (Rappaport, 1984). Empowerment Theory (ET) has gained popularity across many disciplines and has secured relevance in social work's official documents, mainly the NASW Code of Ethics (Joseph, 2020). To expand on the concept of empowerment related to children who have a history in foster care, it is a model that encourages clients to include their thoughts, ideas, and concerns in the planning and implementation of services. This concept also embraces the idea that the client controls their collaborative journey with professionals that assist in structuring reasonable goals.

<u>Self-Sufficiency and Wellbeing of At-Risk Youth Framework</u>

While Empowerment Theory stands alone as a deeply historical concept, recent studies acknowledge risk and protective factors, resilience, and human capital as important points of interest in increasing economic, socioemotional, and behavioral well-being in adulthood. Well-Being and Self-Sufficiency of At-

Risk Youth is a conceptual framework developed to address the need for children with a history of foster care to be better supported in attaining self-sufficiency in adulthood (Dion et al., 2013). This framework was constructed by a team of researchers, and public and private ventures who worked collaboratively on behalf of the Administration of Children and Families. The research-based framework is based on two important theories of youth development, Theory of Risk and Resilience and Theory of Capital Development. Each theory has a unique set of perspectives specifically targeting success for children who are in foster care. Combing the perspectives of resilience and capital development produces complementary and interdependent outcomes in the sense that building resilience creates conditions for capital development, and developing capital contributes to greater resilience.

There are many perspectives within the theories that construct this conceptual framework. Resilience Theory (Van Breda, 2018) has been discussed and studied for over fifty years. This theory is rooted in adversity and vulnerability and spans across many disciplines. According to Dion et al. (2013), resilience is defined as the ability to withstand adverse circumstances despite serious threats to adaptation. The main components of resilience, as identified in this framework, are acknowledged as risk and protective factors identified in internal and external mechanisms within individual characteristics, family and home environment, and school or community characteristics. The assumption of this theory is that when risk factors are decreased, or protective factors are increased, children can

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develop resiliency which contributes to higher chances of future self-sufficiency. Relating to child welfare, through intervention, risk, and protective factors can be identified and addressed, and the child can develop or strengthen their resilience.

The concept of human capital was introduced in the late 1950s by American economist Theodore Shultz (Holden & Biddle, 2016) and was used to understand and identify sources of economic growth. Shultz's work was influential in prompting discussion among U.S. sitting Presidents, John F. Kennedy and later Lyndon B. Johnson, as to the importance of funding education programs as an investment of human capital (Holden & Biddle, 2016). Today, Capital Development Theory (Dion, 2013) contributes to policy and intervention that assists children who have a history in foster care. This framework acknowledges four main areas where intervention should be focused to help children gain specific knowledge, connections, skills, and resources needed to succeed in school and the workplace. While human capital is the individual level of skill and knowledge, social capital is the area of connection and social networking to gain resources and opportunities. Cultural capital is considered the knowledge and practice of behaviors and values formed through family, community, and social interactions. Finally, economic capital refers to the financial resources necessary to invest in self-development.

Critical Analysis of Study Frameworks Using the Theory Evaluation Scale

Although social work practice and intervention are deeply rooted in theories, it was only recently that an empirically sound measurement was

available to evaluate them. The current study utilizes Joseph and Macgowan's (2019) Theory Evaluation Scale (TES) to critically appraise the guiding frameworks in this study (Empowerment Theory and Self-Sufficiency and Wellbeing of At-Risk Youth Framework).

Unique and transdisciplinary, the TES is a groundbreaking measurement tool developed to assess the contributions and flaws of social work theories (Joseph, 2021; Joseph & Macgowan, 2019). The process of utilizing the TES is to first break a theory down into nine criteria that fall between two philosophical groups. Specifically, falsifiability, empirical evidence, and scope or boundaries are criteria that fall under the post-Positivist philosophy, while coherence, conceptual clarity, philosophical assumptions, historical evolution, utility, and human agency are housed in Constructivist philosophy (Joseph & Macgowan, 2019). A numeric grading system, ranging from 1 – 5, is applied to each criterion based on descriptions set forth by the developer, and the sum is calculated to narratively interpret the quality of the theory. The four quality categories and score ranges are as follows: excellent 35-40, good 20-29, fair 10-19, and poor < 10. After the process of vetting the TES was completed, the tool was found to be valid, considering face validity and content validity, and reliability was recorded using Cronbach's alpha score of 0.88 (Joseph & Macgowan, 2019).

Results of the analysis are provided in Table 1 below. As exhibited in the table, ET is found to have excellent quality with an overall score of 38. This score is slightly different but consistent with Joseph's (2020) score of 39 for the said

theory. ET is strong in terms of coherence, philosophical assumptions, historical development, testability, usefulness for practice, and human agency, but has room for improvement regarding conceptual clarity, empiricism, and boundary. As for the Self-Sufficiency and Wellbeing of At-Risk Youth Framework, the analysis yielded a score of 32, which indicates that this framework, like ET, is of excellent quality as well. Coherence, historical evolution, utility, and human agency constitute the strengths of the Self-Sufficiency and Wellbeing of At-Risk Youth Framework, while conceptual clarity, philosophical assumptions, testability, empirical evidence, and boundaries represent its weaknesses. In summary, despite their limitations, the theoretical perspectives that guide this study are of great quality.

Table 1

Critical Analysis of Empowerment Theory and Self-Sufficiency and Wellbeing of At-Risk Youth Framework with Joseph & Macgowan's Theory Evaluation Scale (TES)

Criteria	Description	Score	
		ET*	SSWYF**
1	The theory has coherence.	5	5
2	The theory has conceptual clarity.	3	3
3	The theory clearly outlines and explains its philosophical assumptions.	5	3
4	The theory describes its historical roots in connection with previous research.	5	5
5	The theory can be tested and proven false via observational and experimental methods.	4	2
6	The theory has been critically tested and validated through empirical evidence.	3	2
7	The theory explains its boundaries or limitations.	3	2
8	The theory accounts for the systems within which individuals interact with people around them.	5	5
9	The theory recognizes humans as active agents within their environment.	5	5
Overall score		**38**	**32**

Theory quality based on overall TES score: Excellent for Empowerment Theory
Theory quality based on overall TES score: Excellent for Self-Sufficiency and Wellbeing of At-Risk Youth Framework

*Empowerment Theory
**Self-Sufficiency and Wellbeing of At-Risk Youth Framework

CHAPTER THREE

METHODS

Introduction

This chapter is designed to explain methods that were utilized for the current research project. The general structure used by the researcher while recruiting and interviewing participants, obtaining informed consent, storing information, and studying data are addressed. First, researcher qualifications, institution guidelines, ethical procedures, and participant protection is introduced. Next, a breakdown of the research design, sampling method, and data collection is discussed. Then, the conceptualization of key terms and topics is operationally defined. Finally, data analysis is described.

Research Ethics and Protection of Human Subjects

The current study was conducted in accordance with the appropriate research ethics and adhered to the protection of human rights protocol. Under the requirements of California State University, San Bernardino (CSUSB), the researcher completed the *Social Behavioral Research Investigators and Key Personnel* course through the Collaborative Institutional Training Initiative (CITI) Program. A certificate was obtained in June 2020 and is valid through June 2025. Approval to conduct this study was requested from the CSUSB Institutional Review Board (IRB) was approved on October 15, 2021, prior to the collection of sample data. All communication was conducted via phone, email, or virtual

meeting, in consideration of guidelines set forth by the Center for Disease Control (CDC) and CSUSB regarding COVID-19 restrictions and precautions.

Informed consent was completed by all participants and provided to the researcher before data collection took place. Informed consent contained a description of the study, including the purpose, risks, and benefits. The form included a statement of confidentiality between participant and researcher that detailed the exclusion of identifying information, use of demographic data, and participant access to the provided information preceding data collection. Finally, the data storage process was disclosed to participants in the informed consent document. All data collected over the duration of the study is kept in the researcher's home office. Handwritten notes are kept in a locked container, and electronic files are held in an anti-virus, and firewall-protected electronic device which is password protected and only the researcher has access. All paper documents, USB flash drives, or other miscellaneous materials containing identifying information will be shredded, deleted, or appropriately destroyed three years after the final publishing of the current study. A copy of the informed consent template is attached as an appendix to the final research report.

Research Design

This is an exploratory study that seeks to add new perspectives to the research of CWS effectiveness and interventions that support children who have experienced foster care. This exploratory study embraces a qualitative research methodology to achieve its goals. The qualitative research paradigm is indicative

in nature, allowing researchers to have a more in-depth understanding of participants' experiences (Grinnell & Unrau, 2013; Royse, 2017). Compared to the quantitative approach, qualitative research requires lower sample sizes, but findings are thus not generalizable (Grinnell & Unrau, 2013; Royse, 2017).

Sampling

The parameters of qualitative research require non-probability sampling methods. Participants were chosen using a purposive sampling method. More specifically, this study utilized a convenience snowball sampling strategy. This study only includes participants who are over the age of 18 and self-identify as emancipated from foster care, former foster youth, or persons who were mandated to live out of their family home due to circumstances experienced with CWS. There were 24 individuals who responded to the invitation to participate in the study. Of those potential participants, 19 formally accepted the invitation and were sent informed consent forms to complete. Of that group, two individuals were too young when they were placed in foster care to recall their experience, one was not placed in foster care as child, one did not attend the scheduled interview, and four did not complete the informed consent or respond to follow up communication. The sample size for the current study consists of 11 participants and spans across the nation.

Data Collection Instruments and Procedures

The data collection process included one on one semi-structured interviews between the researcher and individual participants and was administered virtually. The Interview consisted of 11 questions in total and was broken down into 10 open-ended questions and one close ended question. The focus of the questions was aimed at gaining the perspectives of the participant's experiences with formal and informal peer support while in CWS placement. The interview was audio and video recorded with written and verbal permission from the participants. To respect confidentiality, each participant was provided a unique identification number to utilize as their screen name, which was visible during the recording, and given the option to turn their camera off during the interview. Each recording was transcribed by a third party via electronic processes that prohibited human contact with the original raw data. Once the data was extracted from recordings and transcribed into Word documents, the information was permanently deleted from the third-party portal. Participants had the opportunity to opt-out of answering any questions during the interview, as well as conclude the interview prematurely, for any reason. Responses to interview questions are the primary source of data, and all information provided was analyzed and reported solely by the researcher. A copy of the interview guide is attached to the final research report as an appendix.

To recruit participants, the researcher created and distributed an invitation, in the form of a flyer, to participate in the study. The flyer contained general

information about the study as well as contact information for responses. The flyer was electronically distributed on social media sites, Facebook and Instagram, and it was made accessible and sharable to other social media platforms. The flyer was also distributed via email to professors, staff, and students at CSUSB, Victor Valley College, Barstow College, and San Bernardino Valley College, inviting participation as well as distribution of information. The invitation was extended to individuals who are employed at child welfare offices in San Bernardino County. A copy of the flyer used to recruit participants for the current study are attached to the final research report as an appendix.

Prior to interviews, all potential participants provided the researcher with a signed informed consent form which included the option to consent or deny the use of recording devices to assist in data collection. Upon scheduling an interview, participants received an electronic link via Zoom, along with a copy of the demographic information that will be collected and the interview guide. A combination of paper and pencils for handwritten notes, audio and video recording, and electronic transcription was used as data collection instruments. Immediately following the interviews, data was secured in a locked container or anti-virus, firewall-protected, and password-protected electronic device. Within 48 hours of each interview, handwritten notes were entered onto word documents and transferred to USB flash drives, and electronic data was directly uploaded to USB flash drives where it was stored until it was analyzed.

Sensitizing Concepts

There is a broad spectrum of formal and informal language used to describe the main topics and major themes of the current study. To help clarify the terminology and goals of this research study, this section aims to identify and define sensitizing concepts or key terms underlying this work. These are foster care, emancipated youth, caregiver, child welfare, positive outcomes, community-based services, and independent living.

<u>Foster Care</u>

The target population will be referred to as individuals who have a history in foster care. Foster care will refer to the state-supported system in which children cannot live with their families due to substantiated maltreatment. Individuals with a history of foster care may have lived with relatives, unrelated families, in group homes, residential care facilities, emergency shelters, or supervised independent living facilities while separated from their families.

<u>Emancipated Youth</u>

Emancipated youth are children who are no longer eligible for foster care due to age requirements. When children are emancipated from foster care, the state is no longer responsible to provide housing, resources, or provisions to them.

<u>Caregivers</u>

Caregivers will be defined as adults responsible to provide shelter, provisions, and safety to children who are in foster care.

Child Welfare

Child welfare is a collaboration of state or local agencies, private agencies,
community-based organizations, and public resources that are responsible for
the protection and wellbeing of children who live in foster care. Child welfare
agencies investigate reports of abuse and neglect, assess family needs, and
make recommendations regarding matters of child abuse and neglect.

Positive Outcomes

Positive outcomes will refer to constructive or successful results for children in
foster care after they have exited the Child Welfare System and become adults.
The domains that can be affected include, but are not limited to, psychological,
social, emotional, physical, economic, academic, and professional.

Community Based Services

Community based services or interventions will refer to all services provided to
foster care alumni outside of CWS. Services under this umbrella will include
activities, education, rehabilitation, training, or mentorship for former foster youth
that are facilitated by local organizations within the community. Organizers may
include schools, churches, nonprofit organizations, and neighborhood groups.

Independent Living

Independent living, as it pertains to this study is defined as achievement of daily
living skills, money management, educational resources, housing assistance and
access, employment, transportation, self-reliance, self-sufficiency, self-
confidence, appropriate decision making, and healthy coping skills.

Data Analysis

Data analysis was conducted using a qualitative approach. Interviews were conducted and recorded through Zoom Video Conferencing and data was transcribed into written text. The researcher used Thematic Analysis, an inductive analytical approach, appropriate for qualitative research (Labra et al., 2019). This method allowed the researcher to make sense of participants' personal narratives about foster care experiences. According to Marshall et al. (2013), saturation is not necessary for Thematic Analysis. Therefore, this provides some flexibility regarding the sample size. Based on the work of Labra et al. (2019), Thematic Analysis consists of six specific steps: familiarization with collected data, generating initial codes, searching for codes, reviewing themes, defining and naming themes, and presenting and discussing results. The researcher utilized various Microsoft Office tools to organize the handwritten, audio, and video data, create codebooks, search for themes, define and name themes, and present a discussion regarding the results. To maintain participant confidentiality, the researcher assigned unique numeric codes to each interview.

Summary

This chapter described the design, methods, protocol, procedures, sample, and sensitizing concepts relevant to the current study. The researcher sought to capture the participant's voice while focusing on their perception of how external support while in foster impacted their adult outcomes. The participants were asked to describe their experiences in foster care related to services they

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received, the impact of those services, and what would help improve outcomes for future foster youth. Allowing the participants to speak freely provided insight into their experiences and are discussed in chapter four.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents results of the current study as identified during one-on-one interviews with the participants. During the analyzing process, the researcher extracted words, terms and phrases that consistently appeared throughout the interviews. The key terms and phrases were then grouped together to create categories that were further analyzed into themes that. Additionally, question seven required a closed ended response as to the degree in which peer-related services prepared participants for independent living. Question eight explored the basis for those answer, and the findings were incorporated into the results below. Based on this collective information, the participant's demographic information and personal accounts of their experiences with services and interventions while in foster care have been synthesized and organized into the following six categories: demographics, therapeutic services, education, social support, identity, and mentorship. This chapter aims to explain each category while supporting the findings and honoring the participants experience with direct quotes.

Results

Participants from around the United States contributed information to the current study. Each was assigned a five-digit identification number as they submitted their completed informed consent form. The last three digits were used to identify their responses for data analysis and the first two are used to identify them in the current study while maintaining their confidentiality. Of the (11) participants who completed interviews, most of them were placed in foster care in California, with (5) placements in Los Angeles County, (2) in San Bernardino County, and (1) in Sacramento. Additionally, (2) participants entered foster care in New York, and (1) participant was placed in Alabama. Their ages ranged between 18 and 50 years old, with the mean age identified as 27.3. A total of (7) participants were between 20 and 28 years old, and (2) were between 30 and 32 years of age. Participants self-identified their ethnicity and the results differed slightly from the national trend described in chapter one with (4) identified as African American or Black, (3) Caucasian or White, (3) Latino or Hispanic, and (1) multi-ethnic. Gender ratio was balanced as (5) participants self-identified as male and (6) as female. Regarding current circumstances, most participants have completed a bachelor's degree with (6) reporting that as their highest level of education. Three participants completed high school, and (1) had no high school diploma. Only (1) participant reported completing a master's degree. Marital and education status were significantly skewed with (9) participants

reporting single, (1) in a domestic partnership, and (1) divorced. Furthermore, (8) participants stated they were employed, (2) said they were students, and (1) identified as out of work, but looking for a job.

<u>Therapeutic Services</u>

Therapeutic services were the most consistently reported interventions received by the study participants while in foster care. Individual therapy or counseling were mentioned by 82% of the participants while only (1) participant acknowledged group therapy. No mental health services were provided to 18% of the participants while they were in foster care. Overall, receiving mental health services appears to have been beneficial among the study sample. When asked how the interventions impacted areas of their adult life, many spoke positively about the impact it had, however, most accounts were focused on their experiences while in foster care. Only (2) participants discussed how therapy and counseling affected their adult lives. Participant 08 stated, "I would say they made me who I am" (Participant 08, personal communication, February 2022). Participant 02 explained, "I just always like reference things that she maybe went over with me or things that I could, um, recognize from things I learned about my mom, or traits that my mom had…I was able to identify them and then, um, make improvements to be better" (Participant 02, personal communication, February 2022).

Most participants reported sentiments of gratitude for receiving therapeutic intervention. Participant 09 stated, "It definitely helped me out a lot to have the

benefit of, uh, mental health services. It was definitely needed, and I am grateful that the door was open to me" (Participant 09, personal communication, February 2022). Several participants discussed the process of therapy to work through their confusion, anger, and feelings of helplessness. Participant 11 reported, "It helped me with healing and trauma from being removed from my family" (Participant 11, personal communication, February 2022).

Other participants spoke about the personal connection they had to the professionals who counseled them. Participant 01 explained, "My therapist had a deeper impact on me. She was like, you know, a therapist and a mom…that allowed me to kind of, you know, navigate and battle with depression and stuff" (Participant 01, personal communication, February 2022). Most participants who had positive experiences with therapeutic services also expressed the impact it had on learning how to cope with their circumstances. Participant 10 stated, "I didn't understand, you know, I felt like why me, but therapy helped me process those emotions and work through that". (Participant 10, personal communication, February 2022).

In contrast, (2) participants who received therapeutic interventions did not identify those services as helpful in their childhood or to adult outcomes. Participant 06 received both individual and group therapy and reported, "Occasionally I felt as though I got something out of it, I did not feel they were beneficial to me" (Participant 06, personal communication, February 2022). Participant 05 could not identify how individual therapy impacted their life by

stating they attended therapy until age 10, but then asked to move away from the question. It is unclear the reasons why.

<u>Education</u>

Participants were asked to discuss any peer related services or interventions they may have received while in foster care, and some form of independent living program was the only service reported. Independent living or life skills classes, workshops, or events were offered to 45% of participants. It is important to note that these services were the only other interventions offered to the study sample while in foster care, after mental health services. Individuals who participated in such activities discussed gaining the most benefit in the areas of higher education and financial assistance. Additionally, four of the five participants that had both therapeutic and life skills services completed college with a bachelor's degree, and the fifth participant completed a master's degree.

Education appeared to have been the most positive adult outcome among the participants who were offered independent living services. Regarding the independent living program as a peer-related service, participant 06 reported, "It was informative and provided the know how of navigating college and financial aid services" (Participant 02, personal communication, February 2022). The desire to pursue higher level education was not mentioned by anyone in the study; however, participants who were exposed to life skills activities had a higher rate of college entrance than their counterparts who only received therapy or counseling.

There was a specific connection made between participants who were aware of financial aid assistance unique to foster youth, and college admission. Many participants expressed having access to financial aid grants and scholarships as their only bridge to a college education. Participant 11 stated, "When it comes to education, you get different grants and scholarships that you're eligible for. So honestly, if it wasn't for that, I probably wouldn't have even went to college, just because I probably wouldn't have been able to afford it. I was able to receive the information from the Independent Living Program" (Participant 11, personal communication, February 2022). The Chafee Grant, which was discussed in chapter one, was mentioned several times as the main financial resource for participants attending college. Participant 02 explained, Because I was a dependent, I received extra grants for school. It was the Chafee Grant that honestly made all the difference for me…it had just allowed me the like comfort in knowing that I had money to pay for like housing…that had the impact of me being able to finish. If I didn't have that, since I didn't have family support, I don't think it would have been possible" (Participant 02, personal communication, February 2022).

Social Support

The participants were asked to speak about general and peer related services they received while in foster care. Most support services were implemented and provided through CSW except for one participant who

experienced only community-based interventions with Transitional Age Youth (TAY) program and another who was only offered services from a local church. Regarding interactions and experiences of participants who received individual, group, or peer-related support, there were mixed responses. Regarding the impact of services on their lives, only 73% of participants reported positive feedback to therapy and counseling. When asked about the impact of peer-related services on their lives, 45% of participants discussed positive attributes, 36% were not offered such services, (1) participant had a negative experience, and (1) participant was offered services, but did not participate. Furthermore, one participant did not express positive or negative responses to the level or degrees of support they received while in foster care, as the impact of therapy was unknown, and no peer-related services were provided.

A scaling question was used to evaluate how prepared participants felt after receiving peer related services while in foster care. Potential evaluation scores ranged from (1) being the lowest and (10) being the highest. Nine participants were offered or participated in peer related services and provided a numeric evaluation along with an answer to the follow up question; what is the reason for this answer, not higher or lower? The mean score was 5.4. Three participants were offered peer related services but did not engage in them. Among them, Participant 05 evaluated preparation as (2) and reported, "My school counselor provided the most guidance and support to their transition into adulthood" (Participant 05, personal communication, February 2022).

A participant who only attended a single event rated preparation for independent living (0) and stated, I don't think it prepared me at all" (Participant 04, personal communication, February 2022). Two participants were not offered and did not engage in peer related services.

Participant 10 rated preparation (6) because of the "surface level skills" provided by an independent living program through the CWS agency. The participant reported learned skills such as "budgeting, how to go grocery shopping, and how to enroll in college" but added "it was good experience to have…but it didn't really prepare you for what life looked like after that" (Participant 10, personal communication, February 2022) Two participants evaluated the preparation as (7). Participant 06 had similar feedback regarding the CWS independent living program. There were reports of positive experiences with learning specific skills; however, they expressed disappointment with the lack of follow through by the department. "There was no accountability. They promised money but whenever I'd put in a request to get some of those funds, I never got anything". Participant 08 was engaged in workshops that focused on life skills. They stated, "It's actually made me who I am today" (Participant 08, personal communication, February 2022). It was not made clear if they were provided through a CWS agency or if they were community based.

Two participants provided a rating of (8). Participant 07 praised the church leaders for their guidance and stated, "They gave me 80% full support and 20% was on my own. That's why I graded it with a moderate mark" (Participant 07,

personal communication, February 2022). Participant 11 shared similar sentiments to those who engaged in CWS independent living programs by stating, "They covered a lot of those basic subjects" (Participant 11, personal communication, February 2022). Another participant gave a rating of (1) based on not accepting invitations to engage.

Most participants felt empowered and encouraged to interact and engage in services because of the support they received from adults and peers. Many participants felt the services they received gave them a unique space to communicate and connect with others. Participant 01 describes the relationship with the therapist, "I connected to a very good therapist…who I'm still friends with until this day. I've always appreciated her and was always able to kind of like open up to her about good or bad" (Participant 01, personal communication, February 2022). Participant 07 also discussed professional connections made while interacting in community-based life skills classes, "The teachers were most caring and supportive. They provided care and assistance" (Participant 07, personal communication, February 2022).

Participants discussed positive support they received from their peers while engaging in services. "When we were doing focus groups, you know, we would come together and talk about stuff" (Participant 08, personal communication, February 2022). Another example is the following statement made by participant 10, "It was a really good open space where we can talk about, um things out in the open. I just appreciated not feeling alone in my

experience. Furthermore, participant 11 described the impact of peer-related services, "In foster care, you kind of feel alienated, so being able to interact with others who are in a similar position as mine kind of made me build relationships with them" (Participant 08, personal communication, February 2022).

For the other participants who did not feel the services they received impacted them positively. They discussed feelings of loneliness, confusion, and insecurity that held them back from interacting with others. Participant 01 responded, "I didn't want to hear about a bunch of other people's problems, I need to focus on my own". (Participant 01, personal communication, February 2022). Participant 04 described distress while at a group outing, "I didn't really make an effort to like really interact with the kids…I was kind of focused on like, why I wasn't with my mom…I wasn't really enjoying it" (Participant 04, personal communication, February 2022). Participant 09 reflected on how their perception of services has changed since being placed in foster care, "I wish that I was aware of more opportunity in terms of these kinds of peer groups and things, uh, because I'm more willing and more interested in that now than I was when I was younger (Participant 09, personal communication, February 2022). Additionally, one participant explained how the peer related services contributed to their independent living, "the life skills classes, they just kind of gave me a foundation of what it needed to look like in regards to me being independent and resourceful" (Participant 10, personal communication, February 2022).

Identity

Over half (6) of the participants spoke about experiences, emotions, and feelings that directly relate to their identity as a child, and how they have influenced their lives as adults. Two participants mentioned their own personality traits. Participant 01 spoke about the difficulty of sharing experiences in a group by stating, "I liked the concept of peer groups because it allowed people to be vulnerable. I was open to peer related things, but classes didn't work. I was only able to express myself to my therapist" (Participant 01, personal communication, February 2022). Participant 04 stated, "I was very shy…it was an emotional rollercoaster…I was like, wait, why am I still here" (Participant 04, personal communication, February 2022).

Four participants described their response to interacting in peer-related services while they were in foster care. Participant 08 discussed it this way, "Sometimes it could be a little frustrating but other parts were ok…the good part is when you have someone to actually speak with and then, you know you are being listened to…when you grow up without some parents, uh, you know, it's, it's a little bit, um, difficult…it shaped me in a way, which, um, actually made me better" (Participant 08, personal communication, February 2022). When asked about the impact of life skills programs, participant 10 stated, "That's when I, I feel like I really found my voice, um, and I was able to express myself out in the open without feeling judged" (Participant 10, personal communication, February 2022). Participant 11 explained the experiences with an Independent Living

Program by stating, "It is that negative stigma that people have on foster children. It [Independent Living Program] helped me see myself in a better way…I really did enjoy participating just because I was able to interact with other youth who were like me. It definitely had a huge impact on who I am today for sure" (Participant 11, personal communication, February 2022). Participant 09 had a differing response and discussed the reasons why they did not engage in peer-related activities, "I, uh, was impacted by my role in the system as a foster kid that I didn't feel like I even had the right to be a part of them [peers]. My experience is somewhat unconventional, I think. So, I have difficulty still to this day, even engaging in like a group type, uh, scenario" (Participant 11, personal communication, February 2022). That participant went on to state, "I was not ready or willing to kind of, um, I guess accept this as part of my identity at the time (Participant 11, personal communication, February 2022).

<u>Mentorship</u>

The final question during the interview asked participants what they think CWS should do to prepare children in foster care for successful independent living. Nine participants reported mentorship, or detailed tasks related to mentorship as an effective resource. The reasons included relatability, a need for hands on life skills practice, feeling abandoned when there was no contact with their social worker, benefit of community linkages, not feeling prepared when exiting the foster care system, and former foster youth unable to complete important tasks for themselves as adults. Participant 11 reported, "When you

have a county employee, and they're telling you that they are a former foster

youth as well, they're kind of like, "No way. That's so cool. How can I get where

you are" (Participant 11, personal communication, February 2022)? Participant

10 described difficulty for different types of learners to obtain a skill, "You can

read a book or read off of a PowerPoint, and kids will get most of what they're

trying to get, but when you don't put it into a practice, I think some of that gets

lost" (Participant 11, personal communication, February 2022). Participant 01

discussed the importance of guiding children in foster care to do things for

themselves. "You would have stronger outcomes because then the youth would

have a real sense of reality and not a fake montage. Right now, they are in their

own world where everything revolves around me and when I need something,

give it to me. Cause that's the reality of what they have. They have no reality of

the real world. You don't have documents such as birth certificate or social, and

you're already 23, 24. What are we doing" (Participant 1, personal

communication, February 2022)?

Summary

The research findings as described in this chapter capture information,

personal accounts, and perspectives provided by foster care alumni during one-

on-one interviews. Using data from former foster youth is a rare approach in that

exploration of foster care experiences is usually explained by foster care

professionals, social workers, parents, and caregivers. Recruitment for this study

led to a nationwide sample. Through Thematic Analysis, a qualitative approach,

data were deduced from 11 individual transcripts of descriptive experiences to five specific categories: demographics, therapeutic services, education, social support, identity, and mentorship. Each one was described in detail and included direct quotes submitted by the study participants. Containment of specific areas of interest is beneficial in identifying broad focal points that guide this study to a meaningful discussion of overall main ideas.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter contains a discussion of the results reported in chapter four. The current research study focused on the perspectives of individuals who were exposed to the foster care system as children to obtain information on the effectiveness of CWS. To do so, this study explored services and interventions received by former foster youth while in care in relation to adult outcomes. Participants were asked to describe the impact of services and interventions they may have received. Furthermore, the opportunity for participants to discuss interventions they wished they had received and what the CWS can do in the future to prepare children for independent living was also provided.

Through qualitative analysis, the researcher deducted data from five identified categories into three themes: mental health, life skills, and unmet needs. These themes along with two theories that contributed to the conceptualization of study findings will be discussed. A brief presentation of unanticipated results, limitations of the study, and implications for future research are also included. Finally, a summary of the overall study will conclude this research study.

Discussion

<u>Mental Health</u>

To address the effectiveness of CWS from the perspective of the children who are immersed in it, this study explored general services received while in foster care and their impact on each participants' life. Individual therapeutic services were the most common response. It appears that all participants but two were offered and benefitted from mental health services. Mental health became the first major theme identified in this study. Although therapy and counseling seem to be an effective intervention, there is concern that when children exit from CWS and mental health support is terminated, the trauma they may have suffered can exist. One participant explained the impact on their adult life by the lack of mental health services after exiting foster care, "For the time allotted that I was in therapy and I was still on my medications as a child, it was, it was helping me - as an adult now not being on my medication, and no therapy, um, has negatively impacted me" (Participant 03, personal communication, February 2022). This statement appears to be supported by Pecora et al. (2009) who acknowledge foster care alumni having disproportionately high rates of emotional and behavioral disorders (p. 2).

Among participants' geographic location of placement, there seem to be inconsistencies in the mental health services offered to children in foster care. Out of the (8) participants that were placed in California, three separate counties were identified: Los Angeles, Sacramento, and San Bernardino. Within those

counties, participants were offered therapeutic services ranging between individual, group, and community based. Moreover, one participant was not offered mental health services while in placement. It is assumed individual and group therapy and counseling were provided through CWS, but it was not specified. Similarly, the two foster care placements in New York addressed mental health services in varying ways. One participant was provided community-based counseling through a church, and the other was not offered mental health services by any organization. It is unknown if any of the participants demonstrated behaviors or were diagnosed with mental health disorders prior to entering foster care, or what prompted the referral to therapeutic intervention.

The removal of a child from their home should be viewed as an adverse life event that creates an increased risk of psychological dysfunction (Tiet et al., 1998). One participant suggested mental health services should be more appropriate for children in foster care by explaining, "kids need more therapeutic services but providing those services at a time and in a way the child can understand… not each child is the same, and you're not gonna get that same response even with a skilled therapist. And so, I think it's important for them to identify which person would be best suited for which child" (Participant 06, personal communication, February 2022). It would be beneficial for all children in the foster care system to receive quality mental health services during, and for an extended period after exiting care.

Another major focus of the study was inquiring about peer-related services participants may have received and the impact on their adult lives. The only responses provided described activities, workshops, programs, or events focused on life skills. One participant indicated earlier in the interview that they participated in group therapy, but they only acknowledged an independent living program as the peer-related intervention they engaged in. Four participants engaged in some type of life skills program, and each of them went on to complete a college degree. In addition, one participant who was not offered and did not engage in peer-related interventions discussed the importance of financial aid to their education and overall livelihood. Education and financial aid became a major part of the discussions, specifically the benefit of grants and scholarships offered to former foster youth. The Chafee Grant was consistently listed as a resource for many of the participants who pursued a college education.

Although exposure to higher-level education and assistance with financial aid forms were identified by those who received life skills, it is interesting that they are the only benefits mentioned. In fact, eight participants discussed feeling unprepared to transition out of the foster care system when they did. Furthermore, seven participants described practical life skills they think CWS should incorporate into the current independent living programs to prepare children to exit foster care. Some suggestions of what is needed include, how to follow a recipe, how to shop for appropriate clothing, how to apply for medical

insurance, how to request a social security card, and how to "be in the outside world alone" (Participant 05, personal communication, February 2022). To put that into perspective, all participants who credit their higher education to the services and interventions they received stated they felt unprepared to live independently when they exited foster care. Even those participants who described feelings of connectedness and emotional support during peer-related events only described them at the time of the activity.

Regarding the long-term effects of services and interventions and preparation for independent living, there seems to be much more work to do. The World Health Organization (1997) defines life skills as abilities that support adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. Furthermore, Prajapati et al. (2017) classify life skills into broad categories of thinking, social, and emotional skills, and list particular areas of intervention such as self-awareness, decision making, interpersonal relationship, and critical thinking. If the life skills interventions mentioned in the current study do not produce results that align with these goals for 100% of the participants, it begs inquiry about the criteria in which the programs are designed. It would appear the independent living programs discussed have been created according to some of the standards of the Chafee Foster Care Program, however, the findings in this study suggest that they fall short of instilling practical guidance and preparation for independent adults and positive outcomes for foster care alumni. Participant 01 stated frustration at the

CWS lack of support by stating, "The system allows kids to be bitter, not better"

(Participant 01, personal communication, February 2022).

<u>Unmet Needs</u>

There appears to be an enormous gap between identified needs among

the participants in this study and supportive interventions offered. Only two types

of services were available, therapeutic, and independent living, and the approach

for both appears inconsistent and poorly implemented. The children who are

involuntarily placed and kept in the foster care system deserve to be supported in

all areas of their lives, from their entrance into foster care to their full

independence from it. In this study, only four participants received both

therapeutic and life skills interventions. Of those individuals, three described in

detail the need for mentorship, practical life skills, and better mental health care

among foster youth. One participant detailed the rationale of providing increased

and better-quality support by stating, "Things don't stop when they turn 18 and

their families are still, you know, still have those experiences. They [former foster

youth] are probably still gonna be a part of certain social-economic status. So,

the extra help really does make all the difference and gives them an opportunity

to live a more, you know, fulfilling life" (Participant 02, personal communication,

February 2022).

Although some participants discussed their experiences with therapy and

independent living programs positively, many of them went on to express

disappointment with how the activities were approached. Participant 06 explained

it this way, "They need help with driver's training, help getting a driver's license, help to get a…ID. Ensure that every child has a doable plan, like an alternative housing plan, um, medical, making sure they are linked to SNAP and social security, or what have you, and just ensuring they have a support base available to them" (Participant 06, personal communication, February 2022). This is a detailed and lengthy list of needs that were not met while they were in foster care. It is important to note that this participant received more than one intervention and had stated they had only positive experiences in foster care as a child. Another participant who engaged in dual interventions reported similar thoughts about their experience, "We were taught like budgeting and um, how to enroll in college…but that's really surface stuff. When we are talking about what children need stepping into adulthood um, I didn't really receive as much preparation as I needed as a child transitioning into adulthood" (Participant 10, personal communication, February 2022). The testimonies of the participants in this study speak volumes about the disconnect between what foster youth need and what they are receiving. Sending referrals for therapy, providing a PowerPoint on resume writing, and cutting a monthly check does not prepare a child who has experienced adverse circumstances for adulthood.

Unanticipated Results

There were consistencies among several of the participant's responses that, although outside the expected framework, must be recognized as crucial to the current study. Participants were provided the opportunity to discuss services

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they wished they had received while in foster care and their ideas as to what CWS should do to prepare children for independent living. Five of them spoke of experiences where they felt unsafe, unheard, or unseen in some way by CWS directly. The major themes in these discussions were: safety practices, family preservation, and financial accountability. Ironically, two of the three themes match the main goals of CWS, which are keeping children safe, strengthening families, and ensuring permanency (USDHHS, 2020).

Safety Practices

Regarding safety, (1) participant described issues in their placements that were unsafe and reported little communication with their assigned social worker. One participant described their experience, "There was a lot of problems in that, in that foster home that I went through that I really wish I could have, like total told one of my workers and they could have done something about it… I told my foster mother can I use the phone and I need to call my foster worker; she would be wondering what I'm doing. So, she wouldn't really let me use the phone." (Participant 03, personal communication, February 2022). Participant 05 discussed expressed similar concerns, "There were some homes that were pretty, pretty bad. And they always called ahead of time. So, it really wasn't unannounced. They'd say it was unannounced, but wasn't" (Participant 03, personal communication, February 2022). Another participant described several CWS investigations that were not protective of the children in the home, "There were times where I struggled a lot. I don't feel like, um, there was even times

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when I wasn't removed…there would be like investigations throughout, but it was never touched on" (Participant 02, personal communication, February 2022).

<u>Family Preservation</u>

Family preservation was a topic that came up among (4) participants, but in different ways. When Participant 01 was asked what services, they wish they had received while in care, the response was "The ability to go home. I didn't want anything to do with foster care. I just wanted to go back home" (Participant 01, personal communication, February 2022). This participant also expressed resistance to peer-related services as mentioned in chapter four. Participant 03 reported being separated from an older sibling and the impact that had on interactions with others, "My brother was actually in a different, um foster care home. So, for me, I think it made me a little bit more rebellious, like not wanting to care so much in school and it affected me negatively in my grades. I just didn't want to be around other people, it made me not like people" (Participant 03, personal communication, February 2022). Another participant discussed difficulty in staying connected to their family due to lack of transportation services while in foster care, "Visits were really tough to coordinate, visits with my siblings and my biological parent were tough to coordinate. So, some kind of transportation services to keep me closer to my family would have helped" (Participant 11, personal communication, February 2022).

<u>Financial Accountability</u>

While in foster care, (2) participants reported not having their basic needs met in terms of provisions. It is an important mention that these participants also described living in unsafe foster homes and lack of communication with CWS. When Participant 03 was asked what services, they wish had been provided they stated, "I would say the need for clothing and uh, school items, just personal items that somebody would need because when I was in foster care, I was told I, I had an allowance, and I was only giving like six and seven dollars a week just to try and get the stuff I would need. Sometimes I would just go without because I, I didn't have enough" (Participant 03, personal communication, February 2022).

Another participant responded to the same question with a similar scenario and added how the foster family was spending the financial assistance received by CWS. "I felt like they placed us in homes that really just were there for the money not to actually help the kids. They would spend it on like cigarettes and alcohol and random things and not clothes for me. They expected me to pay for things myself, even though they were getting paid to take care of me" (Participant 05, personal communication, February 2022). It is disturbing that these individuals categorize food, clothes, and school supplies as services that should be provided rather than acknowledge them as necessities for their health and wellbeing. The personal accounts of their experiences further expose the reality of why foster care alumni find it difficult to acclimate into the mainstream population and achieve successful outcomes as adults.

Theories

Theories hold an important place at the table when scholars and researchers attempt to understand human behavior. The Social Work Dictionary defined theories as, "A group of related hypotheses, concepts, and constructs based on observations and facts that attempt to explain human phenomena" (Barker, 1999, p. 485). In social work, interventions can only be properly identified and successfully implemented when appropriate theory has been applied to them. To help conceptualize findings of the current study, Abraham Maslow's Hierarchy of Needs (Maslow, 1970) and Contemporary Trauma Theory (Goodman, 2017) were used.

Maslow's Hierarchy of Needs

Maslow's Hierarchy of Needs is a motivational theory that utilizes the idea of a pyramid to conceptualize five categories of human needs into a hierarchical structure. The premise is that each level acts as the foundation for the next, and one cannot achieve a higher level without fulfilling the bottom levels. Basic needs lie at the base of the pyramid and include physiological needs such as food, water, warmth, and rest. The next level also addresses basic needs, safety and security. The significance of this to the current study is the personal accounts of the many participants describing their lack of safety and provisions. It may also embrace the unspoken reasons for which they were initially placed in foster care.

For participants who were unable to have their basic needs met, according to Maslow, they will never achieve the higher pyramid levels that contain

psychological needs of belonging, love, or accomplishment. The study findings are supported by this theory in that many participants shared accounts of not wanting to engage with others, difficulty making friendships, and feeling unworthy of peer connection. Furthermore, many participants shared responses referencing having low self-esteem. According to Maslow, esteem needs are the fourth highest level of the pyramid and can only be achieved after basic needs and some psychological needs have been fulfilled. This is relevant to the current study because it provides a potential backdrop for those participants who are experiencing mental health issues as adults, or still find it uncomfortable to engage with people.

Maslow recognized basic and psychological needs as growth needs and the theory suggests that individuals are motivated to fulfill these levels due to deprivation. As the participants in the current study shared experiences of unmet needs, they also expressed the desire to get their needs met. Maslow's theory further explains that not fulfilling basic and psychological needs results in the inability to reach self-actualization. According to Maslow's framework, this study suggests that children who are not supported in the foster care system regarding basic and psychological needs, will never reach their full life potential. For children, the responsibility to meet basic needs lay with the adults caring for them, whether that be their families or caregivers. The current study revealed that placing children in foster care is not a guarantee of their basic needs being

met. This theoretical perspective may shed light on why foster care outcomes are exponentially grim.

Contemporary Trauma Theory

Although participants were placed in foster care on the premise of keeping them safe and supporting their wellbeing, they each experienced trauma simply by their entrance into CWS. Trauma is constructed by an identified event that is experienced by an individual as physically or emotionally harmful, threatening, or overwhelming, and has lasting and holistic effects on functioning (Goodman, 2017; Ringel & Brandell, 2012; Van der Kolk, 2014). Contemporary Trauma Theory (CTT) is a revised framework for social work practice that views the client as survivors who are psychologically and physically injured rather than having deficiencies in their moral character. CTT is utilized to as the basis for understanding how an individual's functioning has been impacted by trauma, through a biopsychosocial lens. Disassociation, attachment, reenactment, long term effect on adulthood, and impairment on emotional capacities are the central properties of CTT (Goodman, 2017), and all of which were discussed by various participants in the current study.

Addressing the many issues among foster care alumni, as outlined by the participants of this study should be done using a trauma informed and resilience-based approach to enhance coping. The six central principles to trauma informed care are: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and cultural, historical, and gender issues

(Goodman, 2017). This is important to note because the findings of this study

identified several of these areas that were not addressed positively or effectively.

While therapeutic services were offered to most of the participants, they are

delivered in a variety of methods. CTT suggests that individuals who experience

childhood trauma are at higher risk of issues with brain development and function

and therefore demand a trauma informed approach when implementing

meaningful interventions.

Peer support was discussed by participants who engaged in independent

living programs and life skills workshops, however, individuals who participated

recognized the lack of trauma informed care by the leaders. One participant

directly spoke of the impact this had, "I remember some of the staff weren't

trauma informed - I remember there was a couple of instances where a couple of

the students would kind of get triggered" (Participant 11, personal

communication, February 2022). This is one of the many examples of the re-

victimization that occurred among the participants while they were in foster care.

Their voice serves as a call to action for all professionals within the CWS,

including outside supportive resources, to have proper education and training in

trauma informed care.

Limitations

There were several limitations to the current research study. First, there

were challenges during the recruitment process. The researcher exhausted

personal and professional contacts in beginning stages of sample recruitment

that fell short of the desired response. It seems that networking, availability, and motivation to participate are at an all-time low, specifically among college students and the professionals that mentor them. The COVID-19 pandemic may have created unexpected barriers to recruitment, which had a significant impact on the snowball approach. Although several individuals responded to the invitation, interviews were difficult to schedule due to researcher and participant illness, rescheduling conflicts, and technical difficulties.

Another barrier in recruitment may have the verbiage of the participation request flyer introduction. The message stated the researcher was looking for *individuals 18 years or older, with a history in foster care to* participate. The vague description invited many foster parents and social work professionals who were not placed in foster care as children to respond It should be highlighted that more individuals responded with a history of working or providing care to foster children than former foster youth. Along with the language used in written recruitment, this could also be due to the lack of inclusion foster care alumni systematically experience regarding research. Additionally, several potential participants responded and accepted the informed consent and interview questions but did not follow through to schedule an interview. Foster care alumni are a vulnerable population and often reject the opportunity to revisit their experiences after exiting the system. Furthermore, most of the participants were from California. The findings may be more substantial had they expanded to more areas of the country. Essentially, the desired sample size was a minimum

of 20 participants, however the total was eleven. The small number can be viewed as a limitation as well.

Another limitation of the study was in the questions implemented during the interview. The study could have benefitted from more information regarding the participant ages while in foster care, length of time in foster care, type of placement (home or facility), and caregiver involvement in services. This could have provided more insight to the impact of services. The interview guide was effective in gathering preliminary information, however, there seemed to be an imbalance between the question design between general services and peer-related services received in foster care. While the findings were rich in content, the overall interview approach appears biased in searching for information relating to peer support. The researcher was guided by the idea of identifying gaps related to peer support, and in that approach, may have missed opportunities to gather a larger collection of responses regarding their experiences.

Recommendations for Social Work Practice, Policy, and Research

Social Work Practice

The recommendations for future social work practice are rooted in the sentiments and suggestions articulated directly by the participants who contributed to this study. First, the revision of independent living programs and life skills courses should be a priority. Developing formal and informal approaches to transitional planning is vital to positive outcomes and successful

independent living. Transitional programs created to support foster youth exiting

to go back home to their families, be adopted by alternative caregivers, or age

out of the system are necessary to encourage and empower foster care alumni

as they move forward in life. Including all forms of transition will, by design

encompass a diverse approach to implementing supportive interventions. In

addition, children of all ages would benefit from hands on guidance and a broad

base of information pertinent to all areas of daily life. Implementing life skills

programs that expand to reach needs and interests of all foster youth will create

a natural progression of personal development and impact future outcomes of

individuals and their communities.

Child Welfare social workers must do better in the areas of child protection

and wellbeing. Safer investigative practices, closer monitoring, and better

communication are factors that can significantly impact the life a child in foster

care. Worker who become complacent, overwhelmed, or burned out are a

danger to the children in CWS. The easiest way to avoid falling into these

hazardous categories is to practice self-care actively and routinely. Awareness

and insight to thoughts and feelings of decreased passion or increased apathy

may very well save a child's life. It is widely understood that high caseloads in

CWS increase risks for worker burn out and missed opportunities with families. In

addition, case management, lack of organization within departments, and poor

communication directly affect how and when services are delivered. However,

the ultimate duty of a CWS social worker is child safety, and that should remain

the primary goal. If organizational practices interfere with that objective, social workers have an obligation, under the NASW Code of Ethics to advocate for more efficient policies that support the CWS mission. Although this falls in line with macro practice, field workers can rally within their units, departments, and organizations to request or influence mandates for working conditions that are conducive to the promotion of child safety above all other tasks and duties.

Policy

The first policy change recommendation is in reference to the above stated issue of CWS case load management. Organizational structure and process require change. Case management needs to be organized, structured in a clear and consistent manner, and equitably dispersed among staff. Roles within CFS should be broken down to the basics so that tasks and duties are polarized and can be directly connected to the goals of the position, unit, and department. Furthermore, agency objectives should be addressed by setting performance standards. Holding departments accountable for foster care placements and addressing financial disbursement for travel expenses, levels of care, and payroll for unqualified employees might help resolve budget issues and place money back into the areas of appropriate and meaningful intervention. Finally, transparency about satisfaction, finances, and practices should be distributed quarterly to employees, stakeholders, and the community, with the goal of opening communication and generating new ideas and support for change.

The next recommendation for policy change is improvement of hiring processes. Agencies must be fully and appropriately staffed. Employee recruitment should be thorough and only qualified individuals should be permitted to practice CWS social work. The standard to which CWS holds case managers needs to be raised. Specifically, no less than a bachelor's degree in social work from an accredited educational institution should be the entry level requirement for duties that include working through the Core Practice Model with clients. Additionally, it is imperative that trauma informed care be the foundation of all interventions. Ongoing educational workshops and trainings should be developed for social workers and support staff with mandated participation required. Finally, the overall focal point of existing and potential organization changes must be placed on allowing the National Association of Social Workers Code of Ethics (2017) to guide CFS policies and practice.

<u>Future Research</u>

Foster children across the country will benefit from further research in the areas of independent living programs designed to help prepare them for adult independence. The current approach to assisting youth as they exit foster care is limited in scope and design. Gathering more personal accounts from those who have experienced CWS life skills programs, transitional exit from foster care or termination of dependency due to family reunification will provide a wealth of knowledge into the access, quality, and relevance of such interventions. Furthermore, research must include to the organizational practices of CWS

regarding implementing services for foster youth. Participant accounts in this study are disturbing in terms of child safety, support, and intervention. CWS in dire need of urgent pattern disruptions caused only by critical policy changes. Empirical support is the only way to achieve the changes necessary to effectively uphold the CWS mission to protect children, strengthen families, and ensure permanent alternatives.

Conclusion

The foster care system is overwhelmed with the number of children who enter annually. While the intent of CWS is to ensure the safety and well-being of children, the experiences they encounter often lead to unfavorable outcomes in adulthood. This study aimed to gather perceptions of foster care alumni and explore their experiences to identify the interventions that contribute to transitions from foster care to independent living. What became apparent through separate responses is CWS stated goals and practices do not align causing concern regarding independent living outcomes. In fact, most participants identified negative practices and the only notable achievement, was higher education. Additionally, therapy, counseling, and life skills training were the interventions exclusively discussed by participants. Although the sample was relatively small, it collectively contributed information from across the US, and participants engaged in different experiences among and within several counties. This further suggests inconsistency among foster care agencies and policies that guide them. it is also important to note that findings in this study are solely based on the experiences,

ideas, and personal feelings of individuals who identify as former foster youth. The power of their information lies in the fact that the voice of the child, while promoted as best practice, is often not considered when examining the foster care system, its intricate practices, or recognized outcomes.

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to collect the perceptions of individuals with a history of foster care concerning the effectiveness of the Child Welfare System (CWS). The study is being conducted by graduate social work student, Alameta James, under the supervision of Dr. Carolyn McAllister, professor in the School of Social Work at California State University (CSUSB). This study has been approved by the California State University, San Bernardino Institutional Review Board: IRB-FY2022-31

PURPOSE: The purpose of the study is to explain the effectiveness of the Child Welfare System among youth with foster care backgrounds.

DESCRIPTION: Participants will be asked a few questions about the effectiveness of the Child Welfare System as well as demographic information.

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. All correspondence will follow the Center for Disease Control (CDC) and CSUSB guidelines regarding COVID-19 precautions.

CONFIDENTIALITY: Your responses will remain confidential, and the data collected will be reported in group form only. Data will be stored in a locked container or anti-virus and firewall-protected electronic device which will only be accessible to the researcher. Documents and electronic devices will be shredded, deleted, or appropriately destroyed two years after the final publishing of the current study.

DURATION: It will take about 30-45 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip questions or voluntarily end your participation.

BENEFITS: There will not be any direct benefits to the participants, but the results of the study will provide critical insights on the effectiveness of the Child Welfare System which provides local, state, and federal support to children in the United States.

CONTACT: If you have any questions about this study, contact Dr. Carolyn McAllister via phone at (909) 537-5559 or email at cmcallis@csusb.edu.

RESULTS: Results of the study will be presented in social work conferences and may be published at the California State University Scholar Works website and disseminated at the CSUSB School of Social Work research symposium. You can access the results at: https://scholarworks.calstate.edu/

I agree to be audio recorded: _____Yes _____ No
This is to certify that I read the above and I am 18 years or older.
Place an X mark here: _____   Date: _____

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APPENDIX B

DEMOGRAPHIC INFORMATION

Age
What is your age? _____

Foster Care

Were you placed in foster care as a child?

1. Yes

2. No

Where were you placed in foster care? County and/or State? _____

Consent To Recording

Do you give consent for the interview to be audio recorded for the purpose of the study?

1. Yes

2. No

Race (Please specify your ethnicity)

1. African American or Black

2. Asian American

3. Caucasian or White

4. Latino or Hispanic

5. Native American or Indigenous American

6. Native Hawaiian or Pacific Islander

7. Two or More

8. Other/Unknown

9. Prefer not to say

Gender

What gender do you identify as?

1. Female

2. Male

3. Transgender Female

4. Transgender Male

5. Gender Variant / Non-conforming

6. Not Listed

7. Prefer not to say

Education

What is the highest level of education you have completed?

1. Some high school
2. High School Degree / GED
3. Trade School
4. Bachelor's Degree
5. Master's Degree
6. Ph.D. or higher
7. Prefer not to say

Marital Status

What is your marital status?

1. Single, never married
2. Married or domestic partnership
3. Divorced
4. Separated
5. Widowed

Employment

Which of the following best describes you?

1. Employed
2. Self-employed
3. Out of work and looking for work
4. Out of work but not currently looking for work
5. A homemaker
6. A student
7. Military
8. Retired
9. Unable to work
10. Prefer not to say

APPENDIX C

INTERVIEW GUIDE

1. Please tell me about the services you received while in foster care.

2. How would you describe the impact of these services on areas of your life (education, independent living, etc.)?

3. Would you please tell me about peer-group services/interventions you received in care if any?

4. How would you describe the impact of these peer-group interventions on your life (education, independent living, etc.)?

5. How much did you enjoy participating in peer-group intervention while in care?

6. What made you enjoy participating in peer-group intervention while in care?

7. On a scale from 1 to 10 (1 as lowest and 10 as highest), how much did peer-related services prepare you for independent living? _____

8. What is the reason for this exact score (not lower, not higher)?

9. How would you summarize the impact of foster care services on helping you become a successful adult (live independently)?

10. What services do you wish you received in foster?

11. What do you think the child welfare system should do to prepare children in foster care for a successful independent living?

This interview guide was created by the researcher, Alameta James.

APPENDIX D

IRB APPROVAL

October 15, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-31

Carolyn McAllister Ali James
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Ali James:

Your application to use human subjects, titled "Foster Care Experience, Support Group, and Life Outcomes: A Qualitative Study " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-31 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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