Social and Occupational Justice Barriers in the Transition From Foster Care to Independent Adulthood

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KEY WORDS
- activities of daily living
- adolescent development
- foster home care
- independent living
- social justice
- vocational guidance

The professional discourse on social justice suggests that more critical work is needed to sufficiently address the societal issues that affect occupational therapy practitioners’ ability to advocate for and with clients. Occupational therapy offers unique opportunities for the scholarly discussion of social justice and for clinical practice to address these issues. This article discusses the importance of incorporating a social justice perspective into occupational therapy by using an example from the author’s research program. The experiences of adolescents in foster care were documented in an ongoing qualitative participatory study. An overview of adolescents’ (N = 40) perceived independent living and vocational service needs is provided, and several barriers that affect adolescents’ ability to develop the skills needed to achieve independent adulthood are described. The article concludes with a discussion of social justice implications as they relate to the myriad issues in the foster care system, occupational therapy research, and practice.


Occupational therapy practitioners increasingly recognize the need to incorporate a social justice perspective into research, curricula, and practice. This trend is notable in official documents from the American Occupational Therapy Association (AOTA; e.g., the Occupational Therapy Practice Framework: Domain and Process [AOTA, 2008]) and the growing body of literature, courses, plenary presentations, and workshops at national meetings that address issues of social justice. Perhaps the most vivid example addressing both macro- and microlevel social justice issues is the publication of Occupational Therapy Without Borders: Learning From the Spirit of Survivors (Kronenberg, Algado, & Pollard, 2005). In this text, the authors provide compelling discussions of the theoretical issues related to social justice and examples of how these issues affect occupational therapy research and practice. Significantly, many goals of social justice are implicitly embedded in occupational therapy’s philosophy, core competencies, recognized professional beliefs, and responsibilities (e.g., the belief that people are compelled to be productive members of society and that society has a duty to enable this participation; Gupta, 2005). Yet, the professional discourse on social justice suggests that more critical work is still needed to sufficiently address the larger societal issues that ultimately affect occupational therapy practitioners’ ability to advocate for and with clients.

Although social justice is an interdisciplinary movement, occupational therapy has offered its own unique contribution to the discussion of justice-related issues, namely the identification of “occupational justice.” Within occupational therapy, occupational justice is viewed as related to the “rights, responsibilities, and liberties of enablement” (Townsend & Wilcock, 2004, cited in Urbanowski, 2005). The notion of occupational justice expands on the concept of social justice to include...
issues relevant to occupational therapy (e.g., participation, empowerment, meaningful activity). In an ever-changing world with emerging social problems related to economic instability and political conflict, it is even more relevant for occupational therapy educators and researchers to take a more active social justice role in training new therapists, researching new questions, and conducting individual practices.

Along with the emerging dialogue about occupational justice, increasing attention has highlighted the need for defining the types of populations served, strategies used in practice, and research designs that include participatory approaches. The result is that occupational therapy practitioners are pushing traditional boundaries, undertaking new research directions in the understanding of humans as occupational beings (Frank & Zemke, 2005) and social phenomena that 15 years ago would not have been identified as falling within the scope of occupational therapy practice (e.g., sexual abuse, homelessness, domestic violence). It is imperative that, as a discipline, we also reframe what can be achieved both at the individual and the population level. For example, many of the social problems that are faced globally appear so daunting and larger that as individuals we find them easier to ignore. It is often difficult for overworked practitioners, students, and new practitioners to remember that each individual success can lead to larger social change when we empower clients to advocate for themselves and others. When occupational therapy practitioners view the world with a social justice lens, the field is presented with new ways of thinking about occupation, engagement, empowerment, participation, and meaning. This lens provides the necessary focus to consider the role that external forces play in the daily lives of clients, challenging the profession “to move beyond advocacy” to identifying strategies for transforming societies (Frank & Zemke, 2005). These efforts will ultimately provide opportunities for clients to successfully participate as full equal members of their communities.

As an interdisciplinary researcher, my own research program is informed by social and occupational justice, critical medical anthropology, and structural violence. These theoretical areas provide a powerful framework for studying the issues of marginalized populations. Critical medical anthropology recognizes that it is not possible to understand physical, mental, and emotional health and well-being without understanding the political, economic, social, and cultural environment in which health is situated. Importantly, this theoretical perspective is emancipatory in that it seeks not only to understand the various factors that influence health and well-being but also to overcome the oppressive and marginalizing forces that affect the health and well-being of individuals and communities (Castro & Singer, 2004; Singer 1995). The area of structural violence refers to any constraint on one’s potential because of political and economic structures (Winter & Leighton, 2001). Moreover, people who have unequal access to education, economic security, political participation, and adequate health care are viewed as victims of structural violence. Structural violence is problematic because it limits one’s ability to fully participate as an equal member of society. Moreover, it has been argued that the experience of structural violence places people at increased risk for engaging in direct violence (e.g., see Blau & Golden, 1986; Jacobs & O’Brien, 1998; Winter & Leighton, 1999). This theoretical perspective is important to this research because the target population—youths in the foster care system—are clearly victims of structural violence.

In addition to these theoretical traditions, two very important threads weave themselves through the conceptualization and implementation of this work with youths in foster care, namely participation and empowerment. Participatory approaches are useful to move beyond the notion of generating knowledge for its own sake to the realm of effecting positive change for individuals and communities. Integrally related to this perspective is the inclusion of a social justice lens within the conceptualization of research questions, implementation of the project, and building on the research outcomes. As occupational therapy practitioners, it is both an individual and a collective responsibility to use the knowledge obtained from population-focused research efforts to effect positive social change for individuals and groups. For example, in the research study described here, the desired short-term microlevel outcome is the development of client-centered occupation-based programs that will assist adolescents transitioning out of foster care in developing the skills they need to be successful independent adults. The desired long-term outcome leading to macro-level changes is seeing young adults develop into socially conscious adults who feel empowered to effect positive system changes for themselves and others coming through the foster care system.

The purpose of this article is to discuss the value of incorporating a social justice and occupational justice perspective into the research and practice realms of occupational therapy using an example from my own research program. The ongoing study described in this article seeks to provide a mechanism for incorporating adolescent perspectives into the literature regarding their experiences in foster care as well as their perceived needs for successful independent living. The literature shows that adolescents in this group have significant physical, mental, and behavioral health needs (Hochstadt, Jaudes, Zimo, & Schacter, 1987; Kools, 1997; Leslie et al., 2005; Simms & Halfon, 1994). By understanding
the experiences and perceived needs of this marginalized group, community-based occupational therapy practitioners will be better equipped to offer client-centered services that are based on client experience and need. Moreover, implementing meaningful client-centered services will improve the likelihood that youths in foster care are able to acquire the skills needed to transition to successful independent adulthood as fully participating members of the community.

Social Justice

Social justice is conceptualized as both a process and a goal, where the goal is full participation of all groups within a society constructed to meet everyone’s needs (Adams, Bell, & Griffin 1997). Importantly, in such a society all individuals are empowered to act as social agents. Integral to this role of social agent is the appreciation of multiple responsibilities—looking out for one’s self-interest, a sense of social responsibility for others, and responsibility to society itself. According to Hofrichter (2003), the commitment to social justice is as old as Western political thought and is a vital force influencing the goals of democratic governments. However, he also noted that the meaning of social justice remains ambiguous—and many of the theories evolving from social justice ideals do not fully capture what it means for people.

Consequently, to give rise to a society based on social justice, it is necessary to have not only a socially and culturally accepted definition of social justice but also a clear understanding of oppression, which is a significant factor in social injustice (Hofrichter, 2003). This understanding should include what oppression is, as well as how it operates at the individual (micro) and institutional, social, and cultural (macro) levels. For the purpose of the study described in this article, critical medical anthropology and structural violence provide a framework for teasing out these complexities.

Akin to the social justice movement, in recent years there has been a growing dialogue in the occupational therapy literature on “occupational justice” and “occupational apartheid.” According to Townsend and Wilcock (2004), occupational injustice occurs “when participation in occupation is barred, confined, restricted, segregated, prohibited, undeveloped, disrupted, alienated, marginalized, exploited, excluded, or otherwise restricted” (pp. 75–87). This notion is relevant to the area of foster care in that, by design, the foster care system tends to marginalize its “members” by labeling them as different from other children. Moreover, the system disrupts occupation as children are moved from placement to placement. Finally, many of the factors associated with foster care lead to underdevelopment in the areas of exploration and mastery of independent living skills that are seen with children in stable environments.

Kronenberg and Pollard (2005) suggested that occupational apartheid is different from social injustice in that the latter covers a broader range of issues. From their perspective, occupational apartheid is based on the notion that some people are deemed by society as being of different economic and social value than others. Moreover, this distinction leads to some groups being pushed to the periphery of mainstream society, affecting their social and occupational participation (Kronenberg & Pollard, 2005). This understanding of occupational apartheid is extremely relevant to foster children, especially because significant numbers of children in the foster care system are burdened with multiple stigmas (e.g., minority status, physical, emotional impairments) that often isolate them from the larger community.

Children in Foster Care and Transitions to Adult Independent Living

Children and adolescents in the foster care system develop within challenging environments, such as group homes and multiple nonfamilial households. These environments place children and adolescents at risk for multiple negative consequences (Bernier, Ackerman, & Stovall-McClough, 2004; Kools, 1997). Studies conducted over the past 20 years have repeatedly suggested that children in foster care experience severe functional impairments—poor academic performance, emotional and behavioral problems, and health-related problems (Hochstadt et al., 1987; Kools, 1997; Merdinger, Hines, Osterling, & Wyatt, 2005; Reilly 2003; Simms & Halfon, 1994). It has been posited that many of the problems experienced by adolescents in foster care are not rooted in their genetic makeup or derived from organic pathogens; instead, their problems result from the situations in which they are placed (Yancey, 1992). Recent statistics indicate that 60% of the foster care population display developmental delays, 57% show language delays, 33% have cognitive problems, 31% exhibit gross motor difficulties, and 10% suffer from growth problems. In addition, psychosocial problems present in 25%–40% of children in foster care younger than age 6 (Leslie et al., 2005).

In the United States, approximately 500,000 children are in the foster care system annually (Administration for Children and Families, 2006). Of these, roughly 20,000 adolescents each year will reach the age at which they are no longer eligible to receive services from the state in which they live. From the literature, it is clear that the transition from the foster care system to successful independent living is fraught with challenges. Many children in this group have not had the opportunity or training necessary to acquire independent living and employment skills needed for successful living in the community (Barth, 1990; Blome, 1997; Mech, 1994; Rashid, 2004).
Recent studies continue to document the difficulties that adolescents have as they attempt to transition to independent living, despite the fact that most states provide some form of independent living services to this group. Specifically, studies conducted over the past 20 years identify difficulties maintaining employment (Courtney & Piliavin, 1998; Reilly, 2003), homelessness (Courtney & Piliavin, 1995, 1998; Reilly, 2003), and incarceration (Jonson-Reid & Barth, 2003) as real possibilities for this group. Moreover, the fact that many existing services are not client centered further complicates this picture. The importance of client-centered services has been recognized for the provision of adult services but remains virtually absent from the development of services targeting adolescents (Corring & Cook, 1999; Novotny, 2000; Tickle-Degnen 2002). Some research findings, however, support the notion that providing appropriate services to prepare youths for independent living will improve their educational and employment outcomes (see Lindsey & Ahmed, 1999; Mallon, 1998; McMillen & Tucker, 1999; Scannapieco, 1996). For example, adolescent client-centered services would include services that addressed the needs of each adolescent based on their current developmental stage in an engaging and meaningful manner.

Research Context

South Florida is an excellent site for conducting participatory research on issues related to foster care. There are currently 3,000 children in foster care in the system, of which 1,254 are between ages 13–17 (personal communication, Nellie Bryant, Our Kids North Hub Manager, 2006). From this group, approximately 400 youths “age out” of the foster care system each year (Miami Children’s Trust, 2003). There is a clear need to develop programs that address the challenges in the transition to adulthood in this foster care population. Moreover, it is critical that researchers and service providers identify a model program of service delivery that ensures adolescents transitioning out of foster care are equipped with the necessary skills to live independently and find employment.

Although participants in a 2003 needs assessment conducted on behalf of the Miami Children’s Trust identified the need for youth development services, it is unclear what services currently available in the community are able to address this need (Miami Children’s Trust, 2003). The findings of this needs assessment were based on data collected from parents and primary caregivers; however, it is critical to also include the perspectives of the youths themselves to have a comprehensive understanding of the needs of this group. The complexities and challenges that adolescents face must be understood from their perspectives and reflected in the planning of programs to ensure the successful development of independent living and vocational services.

Method

The current findings are presented as part of an ongoing qualitative investigation of the barriers of successful transition out of foster care. This participatory study is being conducted in collaboration with three local foster care agencies in South Florida. Ethical approval of the study was obtained from the Institutional Review Board at Florida International University. Participants were recruited with assistance from the staff at the three collaborating agencies in Miami-Dade County (e.g., by phone, at independent living groups, or by case managers). To date, 40 adolescents, ranging in age from 15 to 22 years, have participated in the study.

All interviews were conducted by graduate students in the professional master’s program as part of their supervised research project. Data collection methods included open-ended interviews, participant observations, and focus groups. The interview questions were developed to target areas of interest related to preparing youths to transition out of foster care to independent adulthood. For example, adolescents were asked questions about their individual experiences in the foster care system as well as their knowledge and understanding of programming available to them. Participants were also asked about their conceptualizations of what it meant to be a successful adult and the types of skills one needs to become a successful adult. Seventeen participants were interviewed one time, with the interview lasting between 60 and 90 min. The remaining 23 participants attended 1 of 4 focus groups. All interviews and focus groups were audiotaped with permission from the participants, and the tapes were transcribed verbatim. In addition, each interviewer or facilitator took notes during the course of the interview or focus group on issues that appeared to be important in the context of the interview. These field notes were included with the transcripts. Opportunities for participant observation have occurred at the foster care agencies and during independent living classes.

Data analysis is not complete because the project is ongoing. Therefore, the findings reported in this article are based on initial themes and patterns identified in the data by content analysis.

Preliminary Findings

Adolescents, foster parents, and agency staff identified several barriers germane to a social and occupational justice analysis of issues related to foster care transitions. Because this article
focuses on social and occupational justice using adolescents in foster care to highlight these issues, only preliminary findings from the adolescents are discussed. This focus on adolescents is an effort to support the incorporation of adolescent perspectives into the literature because so much of what is currently available is based on the perspective of others, rather than those of the adolescents themselves. Adolescents identified barriers that fell into three categories: (1) communication, (2) self-imposed, and (3) system or structural barriers. In the following section, these perceived barriers are discussed, using pseudonyms to protect participants’ confidentiality.

Adolescents’ Perceptions of Barriers

One major challenge for adolescents as they prepare to transition out of foster care is that they have not had the opportunity to master the skills needed to live independently. Federal law mandates that agencies providing foster care case management provide independent living services to all adolescents before transitioning out of care. However, the law does not specify how these services will be provided. Many agencies offer independent living classes as the primary means for acquiring these skills. Several barriers identified by adolescents were integrally related to the provision of these services by their specific foster care agency. For many participants, inconsistent scheduling of independent living classes affected their opportunities for learning much-needed skills. This impact was highlighted when participants were asked how often classes were held. The responses from participants varied on the basis of the agency that provided the group’s services. For example, Jason explained that at his agency the independent living classes were held every 3 months. He explained that when these classes were held, people were required to attend two sessions lasting 1.5–2 hr.

At another agency, project participants reported that there is no set schedule for independent living programming. Instead, adolescents from this agency reported that every month or two they would receive a call notifying them of an upcoming program. Sometimes youths received letters notifying them of upcoming classes. Typically, this information was communicated a week or two in advance of the program session. Moreover, although participants from this agency stated that these sessions were mandatory, there were no consequences if they did not attend. For example, when the group from this agency was asked if they were required to attend independent living classes, Shanelle responded, “No, if you don’t show up, you just don’t show up.”

In several of the individual interviews, when asked about existing programs for learning skills needed for independence, adolescents had little, if any, knowledge of the Independent Living and Road to Independence (RTI) programs. These adolescents repeatedly expressed both anger and disappointment after learning of independent living program activities that they did not know about (e.g., independent living groups run by local students from the Department of Occupational Therapy). In particular, independent living program activities at this agency are scheduled and coordinated by the independent living coordinators, who then inform the case managers. Case managers in turn are responsible for notifying the foster parents and participating youths. This layered communication system is less than effective, often resulting in people from this agency not knowing about important events and activities. Importantly, most of the adolescents from this agency with knowledge of these programs associated them only with monetary benefits. Specifically, adolescents from this agency expected to receive money each time they participated in independent living program activities.

Across the interviews and focus groups, it was reported that each agency provided information on a range of needed skills (e.g., household management, budgeting, education). When asked to describe what was covered in these classes, Jason recited a laundry list of topics, including budgeting, banking, job interviews, and household management. These topics were discussed in a classroom and sometimes worksheets were used. He thought they covered information about college and scholarships, but he was not sure because “he didn’t pay attention.” Moreover, the majority of participants recognized that important information was often presented in these classes but that often they did not view it as meaningful at the time and paid little attention as it was presented. For example, John reported that “my program, my guidance counselor, they always told me. But I never really paid attention; I was like ‘I’m not really going to go to school, I’m just gonna get a job and work.’ But then finally, reality hit.”

The responses to questions targeting participants’ mastery of these skills suggest that knowledge is necessary but not sufficient for mastery to occur. For example, all of the participants reported getting information on banking, yet most participants reported not having a bank account. In particular, the majority of participants between ages 18 and 22 reported using the services of check-cashing stores to cash their monthly support checks. This finding is complex because it is also related to the issue of trust. Participants across agencies expressed high levels of distrust related to financial matters (e.g., use of bank accounts, paying bills by check or online). This distrust was related both to actual instances when individual’s trust was violated and stated scenarios that sound more like urban legends than actual events. One example was provided by James, who reported...
that he will not use checks to pay his bills. He prefers to pay bills in person or to use money orders. He explained that a family member had stolen checks from him in the past so he no longer trusts using that form of payment. A second example was given by Tanya. She prefers to go and pay her bills in person because when you do that, “You have the receipt and you know that you have it!” For Marlon, the concern was that “they take too long to cash it [the check], and then my account is overdrawn.” Last, Ray was concerned that if he did not have a receipt in his hand, the person behind the counter might pocket part of the money and then he would be told by the company that his bill was not paid.

For adolescents younger than 18, a significant barrier to participation is limited access to transportation. This is because foster parents are not always able and or willing to transport youths to and from activities. The job of providing transportation often falls to the case managers, who are already overburdened by high numbers of cases and numerous related responsibilities (e.g., paperwork, court appearances, site visits). This was especially problematic when occupational therapy students were conducting independent living groups as part of a service learning project at one of the agencies. Specifically, students were prohibited from providing transportation to group participants to activities based in the community that were designed to provide real-world experiences (e.g., trips to the grocery store or local community colleges). Transportation is also often a problem for those between ages 18 and 22. Most of the study participants do not have cars; for those who do, they often do not have enough money to maintain them.

Another identified barrier was related to placement instability. Many of these youths have been moved to different foster homes several times within relatively short periods of time, often resulting in the adolescents changing schools several times. The average number of placements for study participants was 15, with a reported range of 1 to 250 placements. For one young woman, her multiple placement changes resulted in her repeating ninth grade 3 times. According to Allison, each time she changed schools, the school administrators informed her that she did not attend enough of the school year in one school to be promoted to the next grade.

A majority of adolescents expressed mixed views regarding the foster care system. Some strongly emphasized the need for situations in the biological homes to be more closely investigated before kids are removed. There was also a great desire for more placements that allow siblings to stay together. Younger adolescents (age 13) expressed the belief that the system will help them successfully transition out of foster care. However, a majority of the older adolescents (ages 16–18) felt strongly that the system was not preparing them for transition. For example, Amanda stated, "The system keeps you safe and makes sure you get all the things that parents would provide. But when you leave, they don’t make sure you are prepared. I think they should make sure everyone who is emancipating knows about the services they are eligible for. They shouldn’t put you out unless they know you are ready.

Another barrier that emerged is one we have seen with other marginalized groups, namely feelings of entitlement (see Paul-Ward, Kielhofner, Braveman, & Levin, 2006). Because of the difficulties that adolescents have faced in their lives, many have come to expect certain things to happen with little, if any, effort on their part. As part of the RTI program, students are eligible to receive $892 a month in financial support as long as they are enrolled in a college or university or a vocational training program. However, many participants expressed the belief that they should receive the $892 without being enrolled in an appropriate program. Moreover, many of the young women who are parenting thought that they should receive more than $892 to support their children.

Discussion

Using a social and occupational justice lens to analyze the barriers to successful transition out of the foster care system, it becomes clear that many of the challenges that these youth face result from the bureaucratic system in which they are placed. The foster care system consists of many layers. Although over the past several years the foster care system in South Florida has shifted and evolved in an effort to improve long-term outcomes of the children placed in the system, in reality the result has been an increase in the perception of higher accountability with greater levels of covert and overt hostility by the various stakeholders. The most notable change to the system has been the privatization of foster care placement and case management services. Investigation of potentially harmful conditions remains the realm of the Florida Department of Children and Family Services. This separation of service responsibilities results in multiple reporting structures and multiple agendas across state and not-for-profit agencies.

Independent living programs are intended to prepare foster children for independence as an adult. These programs attempt to address a broad spectrum of independent living skills ranging from activities of daily living to education and vocation. Although these independent living services are mandated for adolescents preparing to transition out of care, these services are underused, especially because they are not designed to be meaningful to teenagers. As discussed previously, the number of people involved in conveying information (e.g., independent living manager, case managers, foster parents) prevents adolescents from staying abreast of all of
the programs available to them at any given time. Also, not surprisingly, adolescents are often reluctant to attend some of these programs because they feel they already have the skills to live independently. Having been marginalized and unempowered for much of their lives, many adolescents are tired of having others make decisions for them and are eager to leave the foster care system.

Moreover, the foster care agencies typically do not have access to the type of facilities necessary for the implementation of hands-on learning experiences for adolescents in the areas most needed. For example, many of the agency stakeholders stated that it is important for adolescents to have opportunities for hands-on learning of basic independent living skills (e.g., household management, budgeting and shopping, meal preparation). However, the majority of agencies are housed in office buildings that do not have the types of physical space (e.g., kitchens) for adolescents to participate in cooking activities and other household tasks. In addition, the agencies are not equipped with the appropriate staff to assess each adolescent and provide client-centered services to address individual needs. The result is that independent living staff often do things for the transitioning youths rather than assist them in learning how to do for themselves (e.g., find housing, arrange for assistance when utility bills are not paid and service is terminated). This situation results in a cycle of learned helplessness. Specifically, adolescents are socialized to expect others to fix their problems rather than assist in developing the reasoning skills needed to solve them.

The preliminary findings from this study highlight the need for radical changes in the overall structure of the foster care system. Specifically, there must be a more transparent structure that takes into account the realities of the world that these youths are entering. There is a strong need to shift away from the notion that adolescents have the necessary skills and resources to be self-sufficient at age 18 because they have been offered independent living services toward a notion of interdependence. As a society, young adolescents from nuclear or extended families are not expected to be fully independent and self-sufficient at age 18. Why should the same standard not apply to adolescents from the foster care system? Stakeholders in the foster care system need to set aside agency and personal agendas to design a system of care that views all children as fully participating members of their communities and provides them with equal opportunities to achieve self-identified goals.

Implications for Occupational Therapy

One of the fundamental goals of occupational therapy is to facilitate meaningful participation for people within their community, building on an understanding of the importance of occupation and health. As the social justice movement builds momentum, it is critical that occupational therapy practitioners expand focus from individual outcomes to community and society outcomes. Occupational therapy is ideally situated to work with marginalized groups to achieve full participation. The preliminary findings from the study described here provide a strong example of the social and occupational justice issues that must be addressed. Children in foster care are clearly a group in extreme need of occupation-based services, yet, to date, occupational therapy’s role in the provision of these services has been limited. Armed with an understanding of social justice, occupational justice, the foster care system, the transition process for those aging out of care, and the needs of those people, it is possible for occupational therapy practitioners to develop occupation-based programs advocating for transitioning youths as well as empowering them. The outcomes of this study and others have the potential to serve as a foundation for future research and practice. Specifically, empowering participatory-based programs must be developed both to address the functional needs of people from marginalized groups and to effect positive social change through advocacy and empowerment.

Acknowledgments

I am grateful to my students—Sarah Aldridge, Nadina Baretto, Eric Brano, Liudmila Camejo, Yusimig Cespedes, Christina Chin, Cynthia Christensen-Diaz, Jaime Correa, Dianelkis Cruz, Catrina Culp, Jonathan Cunningham, Flor Elara, Karen Fernandez, Cornelia Gittens, Gloriam Gonzalez, Marta Gonzalez, Maria Guan, Flavia Hendrickson, Kristian Holt, Chani Kanoff, Simone Lurch, Karyanna Mayorga, Barbara Medina, Dina Mitzner, Carol Monzon, Dinaibys Paredes, Alexis Pena, Jane Pyron, Renee Roberts, Marco Rojas, Charrie Sanchez, Tatjana Stolp, and Jillian Sundry—for their contributions and dedication to this project over the past 3 years. I am also grateful to all of the participants who shared their experiences with the foster care system.

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