



It's Complicated: A Longitudinal Exploration of Young People's Perceptions of Out-of-Home Care and Their Reflections on How to Change the Child Welfare System

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Abstract

Few studies have systematically asked youth about their perceptions of placement in out-of-home care (OOHC), and no known longitudinal studies have explored how their perspectives change over time. In this mixed methods study, over 200 preadolescent children recently placed into OOHC were asked questions about the difficulty and helpfulness of placement and how their lives might be different had they not been removed. Participants were then asked these same questions when interviewed 10 years later as well as how they would change the child welfare system. At both ages, over 80% of participants reported that it was somewhat or very helpful to have been placed in OOHC. Although fewer young adults than pre-teens felt that their lives would have been better if they had never been removed from their homes, more young adults reported that it was very difficult to have been placed in OOHC. Many participants reported that they did not get enough information from their case-workers and almost never had enough say about what happened to them while in OOHC. Demographic and psychosocial characteristics measured in both preadolescence and young adulthood were largely unrelated to ratings of placement in OOHC. Participant responses to the question about how they would change the child welfare system varied from “nothing” to impassioned responses about the need for change (e.g., better oversight, giving birth parents more time before removal, keeping siblings together). Data suggest, overwhelmingly, that the experiences of youth are nuanced and complicated, and they highlight the importance of youth voice in child welfare decision-making.

Keywords Child welfare · Out-of-home care · Perceptions/appraisals · Youth voice · Longitudinal · Fostering Healthy Futures study

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In the United States, there is currently intense discussion about child welfare reform, which includes calls to dismantle or abolish the system. Barth and colleagues (2021) state that “reform can be especially effective when empirical data are coupled with the views of a variety of stakeholders” (Barth et al., 2021, p. 2). Unfortunately, the voices of what might arguably be the most critical stakeholder group, namely young people involved in the child welfare system, are rarely heard. There are calls for more critical perspectives and for studies’ findings to be interpreted and contextualized by those with lived experience, but this is a rarity (Tajima et al., 2022). Even when young people’s input about the child welfare system is solicited, there tends to be a lack of diversity in the characteristics of the young people who are heard, despite the fact that there is great diversity in their experiences (Barth et al., 2021; Berrick et al., 2022). Most studies of youth perspectives focus on those who recently aged out of care, yet only a small minority of children in out-of-home care (OOHC) age out (Berrick et al., 2022; Child Welfare Information Gateway, 2021). The views of children and adolescents in OOHC who reunify, are adopted, or are permanently placed with kin have not been heard. What are their views? Do their views differ as a function of demographic characteristics or living situation histories? How do their perspectives change over time? If they could change the child welfare system, would they? And, if so, what would they do?

These questions are the subject of the current exploratory longitudinal study. This study builds upon an earlier study, *Children’s Appraisals of their Experiences in Out-of-Home Care* (Dunn et al., 2010), which interviewed 180 preadolescent children who were in different types of OOHC placements about how they appraised being removed from their families of origin. A third of the youth reported that it was “very difficult” to have been removed, a third said it was “okay,” and the remaining third selected “very good/helpful.” Although over 40% of pre-teens felt that their lives would have been better if they had never been removed from their homes, it is important to note that female youth and youth who were sexually abused or emotionally abused were more likely to state that their lives would have been worse had they remained with their families of origin. Children in congregate care (very small n) were more likely to state that life would have been better had they never been removed from their homes. The vast majority of comparisons, however, were non-significant; there were no differences in appraisals between children living in family foster care and those living with kin nor did children’s appraisals differ based on age, race, ethnicity, length of time in OOHC, or severity of maltreatment (Dunn et al., 2010).

Prior to 2010, studies reported that most youth had positive appraisals of being placed in OOHC but that they felt that they did not have enough input into child welfare decision-making and wished they could have more contact with their families of origin (see Dunn et al., 2010 for a review). Very few studies of young people’s perceptions of being placed in OOHC have been conducted since the Dunn et al. (2010) study, with a few notable exceptions. Jones (2015) conducted qualitative interviews with almost 100 young adults who left care after living in a specific residential facility. Participants were asked whether “it was necessary to remove them from their home” (Jones, 2015), and open-ended responses were coded. Eighty percent of participants felt that removal was necessary due to parental difficulties,

problems in the home environment, and/or safety concerns. They also stated that being placed in OOHC led to better educational attainment and made them a “better person” (Jones, 2015). Additionally, two longitudinal studies spanning two decades were conducted by Courtney and colleagues; each study followed about 600 young people as they aged out of care in the Midwest and California. Across these different studies and ages (participants ranged in age from 17 to 24), one half to two-thirds of young adults reported that they *agreed*, *strongly agreed*, or *very strongly agreed* that they were “lucky to have been placed in foster care.” In the California study, the agreement became stronger as they aged (Courtney et al., 2007, 2010, 2014, 2020).

Even fewer studies have examined characteristics of the youth, their families, or placement experiences that might be associated with varying appraisals of being placed in OOHC. One consistent finding is that youth with a history of congregate care are more negative about OOHC (see Dunn et al., 2010 for a review). Also, a study by Chapman et al. (2004) analyzed data collected from over 700 children (ages 6–18) in OOHC as part of the US National Survey of Child and Adolescent Well-Being. There were few differences in gender, age, race/ethnicity, or previous placement experiences on children’s “liking” of who they were living with or feeling “part” of their substitute family. Finally, a recent Courtney et al. study (2020) of 23-year-old care leavers also found no gender differences in response to the question, “I was lucky to have been placed in foster care,” but there were two differences related to race/ethnicity. Hispanic youth were more likely to *very strongly agree* that they were lucky to have been placed in foster care as compared to African American or multi-racial young adults.

Despite the fact that the preponderance of evidence (across decades and age groups and using qualitative, quantitative, and mixed methods) suggests that the majority of young people feel that it was positive or necessary to have been placed in OOHC, almost all studies conclude that the experience was very difficult and that the child welfare system has room for substantial improvement (Wilson et al., 2020). None of the studies reviewed above examined young people’s appraisals across time nor did they include young people’s voices who had exited from care due to reunification or guardianship. The current mixed methods study aims to increase our understanding of young people’s perceptions of OOHC and enable youth voice to inform the discussion about how to improve the child welfare system.

The Current Study

Specifically, the study sought to augment our understanding of (1) young people’s perceptions of being placed in OOHC; (2) how those perceptions may change over time; (3) how perceptions may differ as a function of demographic characteristics, maltreatment types, and/or living experiences; and (4) young people’s recommendations for improving the child welfare system. The study used quantitative data gathered during preadolescence, shortly after children had been placed in OOHC, as well as quantitative and qualitative data from these same study participants in young adulthood, almost 10 years later.

Method

Participants

FHF is a longitudinal risk and protective factors study of children in OOHC; a subset of participants were also enrolled in a randomized controlled trial of an intervention. Participants included eight cohorts of youth (and their caregivers) who were enrolled in the Fostering Healthy Futures (FHF) study between 2002 and 2009 during preadolescence (ages 9–11). Participants were eligible for the FHF study if they had been court-ordered into OOHC within the preceding 12 months and were living in OOHC at the baseline assessment. FHF enrolled 91% of eligible children at this baseline interview. As part of the longitudinal study, 234 participants from the original FHF study who were between the ages of 18 and 22 were recruited as young adults (an average of 9.4 years after their baseline interview). Of the 234 participants recruited, 206 (88.0%) were re-interviewed. Of the 28 not interviewed, 13 were unable to be located or recruited, seven declined participation, and eight aged out of the eligibility criteria before they were able to be interviewed. Demographic information regarding participants is provided in Table 2.

Procedures

The current study was approved by the Colorado Multiple Institutional Review Board. At baseline, children's legal guardians provided consent and children provided assent. Young adult participants provided their own consent. Children and young adults were interviewed by trained research assistants in a private place, typically at their residence (for children) and in a public place with a private room, e.g., at a library and recreation center (for young adults). The interviews included both quantitative and qualitative questions. Those who lived out of the area at follow-up were interviewed by phone. Participants received \$40 cash at baseline and \$100 cash at follow-up for the interviews.

Measures

Dependent Variables

Appraisals of Placement in OOHC A project-designed measure asked participants at baseline and at the young adult interview a series of questions about their appraisals related to being placed in OOHC and their interactions with child welfare caseworkers. The primary question for the current study, as it was asked of all participants at baseline and in young adulthood, was: *If you had stayed with your biological parent(s), would your life be [better/the same/worse] than it is now?* Participants were asked to select one of the three answer choices in brackets. In order to conduct analyses with this variable, responses at both time points were dichotomized as

follows: *better* vs. *the same/worse*. A subset of participants in cohorts 6–8 ($n=47$) were asked the following additional questions at baseline and in young adulthood (response options shown in the “[Results](#)” section):

- *How difficult has it been [was it] to be placed in OOHC?*
- *How helpful has it been [was it] to be placed in OOHC?*
- *How do you [did you] feel about the amount of information you get [got] from your caseworker?*
- *Do you [did you] get to have enough say about what happens [happened] to you while you are [were] in OOHC?*

Independent Variables

Demographic Factors Demographic data used in this study included age, gender, race/ethnicity, and sexual orientation based on young adults’ self-reports.

Type of Maltreatment Seven types of child maltreatment were each coded as absent = 0 or present = 1 at baseline: physical abuse, sexual abuse, emotional abuse, failure to provide, lack of supervision, moral-legal maltreatment (i.e., exposing children to illegal activities), and domestic violence exposure. Trained research assistants coded Child Protection Services’ intake reports and court records of dependency and neglect petitions using a modified version of the Maltreatment Classification System (Barnett et al., 1993). The developers of the rating system report an overall kappa of 0.60 and adequate estimates of inter-rater agreement (0.67–1.0). All records were consensus coded by at least two trained staff, and discrepancies were resolved through consultation with one of the senior investigators.

Living Experiences Young adults were asked to report whether they had ever lived in non-relative foster care, congregate care, and/or with relatives (whether informally or with child welfare involvement). Child welfare records were abstracted for termination of parental rights and adoption information.

Adverse Childhood Experiences (ACE) Index A previously developed 6-item continuous measure of ACEs was used in the current study. This ACE measure was empirically derived in a prior study using data from a subset of the current study’s participants (Raviv et al., 2010). The ACE index is comprised of the following adverse experiences: (1) *physical abuse*, (2) *sexual abuse*, (3) *removal from a single parent household*, (4) *exposure to community violence (upper quartile scores)*, (5) *number of caregiver transitions (upper quartile scores)*, and (6) *number of school transitions (upper quartile scores)*. Children’s scores of 1 or 0 for each of the six ACE items were summed to form a composite ACE index.

Trauma Symptoms Trauma symptoms were measured at both baseline and in young adulthood using self-report. The Trauma Symptom Checklist for Children (TSCC, Briere, 1996) is a 54-item measure of posttraumatic stress and related

symptomatology that was normed on a racially and ethnically diverse sample of children. The Trauma Symptom Checklist (TSC; Briere & Runtz, 1989) assesses symptoms commonly associated with the experience of traumatic events. The TSC has been shown to have good reliability and validity (Elliott & Briere, 1992). Mean TSCC and TSC scores were used in the current study.

Cultural Pride The Multigroup Ethnic Identity Measure (MEIM, Phinney, 1992; Phinney et al., 1997) was administered at both baseline and in young adulthood. The MEIM is a self-report scale that measures the extent to which people (1) feel a sense of belonging to their ethnic group, (2) have positive ethnic attitudes, (3) have explored and resolved ethnic identity issues, and (4) engage in ethnic behaviors or practices. In diverse samples of adolescents from Asian American, Hispanic, African American, Caucasian, and mixed ethnic backgrounds, the measure demonstrated good reliability and validity.

Life Satisfaction This study used an adaptation of the Andrews and Withey's (1976) Life Satisfaction Scale in both preadolescence and young adulthood. The original study asked respondents how they felt about domains identified as important to Americans from general population studies using a 7-point rating scale. The current study adapted the scale by changing the response options and adding some questions specific to the foster care experience. There were 11 questions regarding school, friendships, fun, and health in the scale at both baseline and at follow-up. Response options at baseline were on a 3-point scale: 1, mostly unhappy; 2, sometimes happy/sometimes unhappy, and 3, mostly happy; in young adulthood, response options were on a 5-point scale ranging from 1, mostly unhappy, to 5, mostly happy. The scale demonstrated good internal consistency at both baseline and in young adulthood.

Qualitative Question

In order to hear participants' perspectives on the child welfare system in their own words, young adults were asked the following open-ended question, "*If you could change the child welfare system, what would you do?*".

Analytic Method

Quantitative Data First, descriptive statistics of the independent and dependent variables were conducted. Second, a chi-square analyses was conducted to examine the relationship between baseline and young adult appraisals of being placed in OOHC. *T*-tests and chi-square analyses were then conducted to examine bivariate relations between baseline and young adult appraisals of being placed in OOHC and

demographic factors, maltreatment types, living history, ACEs, and psychosocial constructs.

Qualitative Data Open-ended responses for all participants were audiotaped, transcribed, and deidentified. Thematic analysis was used to identify patterns across participant responses to evolve a set of themes that describe how participants would change the child welfare system. More specifically, we followed a well-established series of steps (see Braun & Clarke, 2006): (1) the two study authors familiarized themselves with the data and memoed initial thoughts and ideas; (2) they independently coded all responses using initial open coding to identify meaningful “chunks of text” in a systematic fashion while continuing to memo about emerging ideas; (3) authors engaged in constant comparison within and between interviews, analysts, and code lists, attending closely to emerging themes in the data; (4) they met multiple times to review emerging themes with coded data, examining if the themes mapped onto the coded text; (5) study authors listened for saturation in the data, noting that fewer and fewer new ideas were emerging; and (6) they finalized the overall set of themes in the young adult data, which are represented in the results presented below. Throughout the process, the authors met to maintain a reflexive position in the data analytic process examining their own positionality, belief systems, and judgments, in order to reduce biases in the results. Finally, authors compared the results from the quantitative and qualitative data to build a more comprehensive picture of young people’s perceptions of out-of-home care. Final interpretations triangulated the unique perspectives offered by both sources of data.

Results

Descriptive Statistics

Demographics, Maltreatment Type, and Living Experiences

As shown in Table 2, almost half of the study participants identified as female and the remainder as male. It was a racially and ethnically diverse sample with about half of participants identifying in young adulthood as Latinx/Hispanic, half as White, about a third as American Indian, and a little over a quarter as Black/African American (non-exclusive categories). Participants’ mean age at baseline was 10 years old, and in young adulthood, the sample had a mean age of almost 20. The majority of participants identified as heterosexual/straight in young adulthood.

At baseline, according to child welfare and court records, over 80% of participants had experienced some type of neglect, two-thirds had been emotionally abused, a third had experienced moral-legal maltreatment, a little over a quarter had experienced emotional abuse and/or physical abuse, and one in ten had a documented history of sexual abuse. In terms of living experiences throughout their lifetimes, by young adulthood, almost all reported living with relatives at some point in their lives, two-thirds had experienced non-relative foster care, half had been in

congregate care, almost half had experienced reunification, a third had their parental rights terminated, a quarter had been adopted, and a quarter aged out of care.

Appraisals of Placement in OOHC

Table 1 shows the percentage of child and young adult participants who selected each response option for the OOHC appraisal questions. At baseline (T1), two-fifths of children responded that life would be better than it is now if they had not been removed; by young adulthood (YA), the percent of participants who selected this response dropped to one in 10. At both T1 and YA, about a third of participants selected the “same” response, indicating that life would be no different if they had not been removed. Finally, a little over a quarter of children and over half of YA stated that life would have been worse had they never been placed in OOHC. After combining the same/worse categories as described above for bivariate analyses, 59.1% of children and 89.3% of adult participants were in this category. For the subset of participants that was asked additional questions at both T1 and YA about being placed in OOHC, the results are also shown in Table 1. As shown, the vast majority of both preadolescents and YA found being placed in foster care to be somewhat or very helpful. More YA than children felt it was difficult to have been placed in OOHC. Over twice as many YA compared to children reported that they did not get enough information from their caseworkers, and 50% more felt that they did not have “enough say” in regards to what happened to them when they were in OOHC.

Relationship Between Baseline and Young Adult Appraisals

A chi-square analyses was conducted to examine whether T1 appraisals of being removed predicted YA appraisals. The chi-square value of 3.8 was statistically significant ($p=0.05$): 6.4% of participants said life would be better if never removed at both T1 and YA; 55.9% of participants said life would be same/worse if never removed at both T1 and YA; 33.5% of participants said life would be better at T1 and same/worse in YA; and only 4.3% of participants said life would be same/worse at T1 and better in YA.

Correlates of Appraisals

In examining whether the T1 appraisals of placement in OOHC differed as a function of predictors, we found no differences as a function of age, gender, race, ethnicity, type of maltreatment, all living experiences (with one exception), ACEs, racial/ethnic identity, trauma symptoms at T1 or in YA, cultural belonging or pride at T1 or in YA, or life satisfaction at T1 or in YA (see Table 2). Children who were later adopted were more likely to state at T1 that life would have been the same/worse had they stayed with their families of origin (33.7% vs. 16.9%, $\chi^2=6.0$; $p=0.01$). In predicting YA responses, only 2 of the 29 analyses attained statistical significance (and none would have been statistically significant if we applied a Bonferroni correction). Fewer American Indian YA said life would have been better (3.6% vs. 13.6%; $\chi^2=4.2$, $p=0.04$) if they had not been

Table 1 Appraisals of Placement in OOH at Time 1 and in Young Adulthood

Questions	Worse		Same		Better	
	T1	YA	T1	YA	T1	YA
<i>If you had stayed with your biological parent(s), would your life be [better/the same/worse] than it is now? (%)</i>	28.8	54.1	30.3	35.2	40.9	10.7
<i>How helpful has it been/was it to have been placed in out-of-home care? (%)</i>	Not helpful		Somewhat helpful		Very helpful	
	T1	YA	T1	YA	T1	YA
	11.1	15.5	46.7	43.1	42.2	41.2
<i>How difficult has it been/was it to have been placed in out-of-home care? (%)</i>	Very difficult		Somewhat difficult		Not difficult	
	T1	YA	T1	YA	T1	YA
	38.3	56.5	42.6	32.6	19.1	10.9
<i>How do you feel about the amount of information you get from your caseworker? (%)</i>	Not enough at all		Sometimes enough		Always enough	
	T1	YA	T1	YA	T1	YA
	20.0	50.0	44.4	34.8	35.6	15.2
<i>Do you get to have enough say about what happens to you while you are in out-of-home care? (%)</i>	Almost never		Sometimes		Usually	
	T1	YA	T1	YA	T1	YA
	40.4	60.9	27.7	17.4	31.9	21.7

Note: T1, Baseline Interview; YA, Young Adult Interview

Table 2 Bivariate associations between independent variables and participants' appraisal of removal at time 1 and in young adulthood

	Total sample (N=206)		T1 Better if not removed (n=81)	T1 Same/worse if not removed (n=117)	YA Better if not removed (n=21)	YA Same/worse if not removed (n=175)
	T1 Better if not removed (n=81)	T1 Same/worse if not removed (n=117)				
Demographic factors						
Baseline age, mean (SD), years	10.4	10.6	10.5 (0.87)	10.6	—	—
Young adult age, mean (SD), years	—	—	19.5 (0.92)	—	19.5	19.5
Female, %	43.2	48.7	46.6	48.7	57.1	45.7
Non-heterosexual, %	12.3	10.3	10.7	10.3	19.0	9.7
Latinx/Hispanic, %	56.8	51.9	53.9	51.9	57.1	46.3
White, %	51.7	49.6	50.0	49.6	47.6	50.3
American Indian, %	24.7	32.5	29.1	32.5	9.5*	30.9
Black/African American, %	21.0	29.9	26.7	29.9	38.1	26.3
Type(s) of maltreatment						
Supervisory neglect, %	77.8	84.6	82.5	84.6	85.7	81.7
Physical neglect, %	54.3	48.7	51.5	48.7	47.6	53.1
Emotional abuse, %	58.0	69.2	64.6	69.2	57.1	65.7
Moral-legal maltreatment, %	35.8	35.0	35.0	35.0	19.0	36.6
Physical abuse, %	32.1	27.4	28.6	27.4	19.0	30.3
Educational neglect, %	23.5	32.5	29.6	32.5	28.6	30.3
Sexual abuse, %	8.6	12.0	10.7	12.0	14.3	10.9
Living experiences						
Ever lived with kin, %	85.2	89.7	88.3	89.7	81.0	88.6
Ever lived in non-relative foster care, %	74.1	76.1	75.7	76.1	81.0	74.9
Ever lived in congregate care, %	54.3	51.3	52.4	51.3	42.9	52.6
Ever reunited, %	48.0	43.0	45.3	43.0	50.0	44.2
Had termination of parental rights, %	28.2	38.6	35.0	38.6	45.0	34.7

Table 2 (continued)

	Total sample (N=206)	T1		T1		YA	
		Better if not removed (n=81)	Same/worse if not removed (n=117)	Better if not removed (n=21)	Same/worse if not removed (n=175)		
Ever adopted, %	27.2	16.9*	33.7	35.0	27.3		
Aged out of care, %	25.2	25.9	23.9	23.8	26.3		
ACEs, mean (SD)	1.9 (1.2)	1.9	1.9	2.0	1.8		
T1 psychosocial factors							
Trauma symptoms, mean (SD)	0.63 (0.39)	0.65	0.62	0.68	0.63		
Cultural pride, mean (SD)	2.3 (0.43)	2.3	2.4	2.2	2.4		
Life satisfaction, mean (SD)	2.7 (0.27)	2.7	2.7	2.8	2.7		
YA psychosocial factors							
Trauma symptoms, mean (SD)	0.54 (0.42)	0.56	0.52	0.71	0.52		
Cultural pride, mean (SD)	2.4 (0.47)	2.4	2.4	2.4	2.4		
Life satisfaction, mean (SD)	4.0 (0.74)	3.9	4.0	3.6*	4.0		

Note: T1, baseline interview; YA, young adult interview; *p<0.05 for comparison within time point

removed. Those with lower life satisfaction in YA reported that life would have been better had they not been removed ($M=3.6$ vs. 4.0 ; $t=-2.4$, $p=0.02$).

Qualitative Results

Responses to “what would you do” to change the child welfare system varied from “nothing” or “it’s good” (18% of responses) to numerous specific ideas to reform the system. Empirical data emerged related to three main themes: (1) youth and family needs, (2) caseworker behavior change, and (3) system-level change.

Youth and Family Needs

Three sub-themes emerged around youth and family needs: (1) youth voice, (2) education and support, and (3) maintain connection to family. First, participants discussed the importance of “youth voice” in decision-making and having personal control within the context of their experiences when in the child welfare system. For example, one participant stated:

When I was growing up in foster care they always told me what was better for me...but they never asked me what I think would be best. So just pretty much asking the kids what they want instead of just thinking what they think is best for them. Because they’re not always right at all you know.

Another participant noted, “I’d let them have a little bit more control...in what happens.” And, finally, a youth summed this sub-theme up when they stated, “Give the kids like more options.”

A second sub-theme related to youth and family needs was the need for “education and support.” One participant recommended:

Teaching foster kids a lot more than what they’re taught right now, because I think that I was really prepared when I left out-of-home care. But a lot of my friends, younger youth, are not as prepared as I was. And I think that if we had more hands-on as far as going to find a job and had more mentors and more support, then there wouldn’t be as many homeless youth as there is right now. And there would be more people in college and more people with good jobs...more education and support, particularly ‘hands-on’ support.

Another young adult noted, “Better help kids set up for their future. Like so that when as soon as they turn 18 they won’t just be thrown out to the world type thing.” Relatedly, youth noted that education and support provided key guidance in their lives:

I think part of it was that I had...small group of people who cared about me... so it was, it was nice to find someone who I could express myself with, and um, I think, for people who are still kind of adjusting to being in situations like

mine I think that would be important, finding kind of either a mother figure or a mentor that can kind of, um, encourage and guide them from a life that's better than which they came from.

Finally, a number of participants reported that it was critical for “youth to maintain a connection to family.” One young adult shared the importance of this for them:

I was completely cut off from my birth family and I didn't mind so much being cut off from my mom, I knew why I had to be, but being cut off from my brother, my grandmother, when they weren't doing anything wrong, that was tough. You know 'cause people can pass away, people can end up in the hospital, things can happen. It's at least nice to know if one of your family members is not doing well, or at least where they are at in life.

Caseworker Behavior Change

Participants discussed the need for caseworker behavior change in two distinct ways: (1) that caseworkers should be intentional in taking more time communicating and being with youth and (2) that they should provide more help and assistance to families. First, participants discussed the importance of caseworkers making personal connections and taking more time:

The caseworkers and the social workers really don't make personal connections with the kids. I think it was my social worker...the only time she ever started to talk to us was when we started asking her how come you don't come around when you're supposed to? I thought she was supposed to get to know us and help us through this, and she was like, "okay" you know, I mean she eventually started coming around and taking us to McDonald's every once awhile, and talking to us about that, but that was towards the end when everything was going to shit.

Another young adult added that taking more time is important as youth need more attention:

Have more time for...wait a second. Make more time for each kid, for each foster kid. Make sure everyone has the attention they need and when they need it most. Just in general like, I don't know...give every kid the attention they need.

Finally, a young adult explained that they didn't even know their caseworker:

I never even knew my caseworker or anything like that. She never questioned me, I never got any kind of, you know, you've been displaced, “Do you want therapy? Do you want this? Do you want anything?” I never got any. It was just like, well, you know, here you go. So, that's, I would definitely change that. There needs to be more communication overall.

Second, participants discussed the importance of caseworkers giving parents more support, resources, and tools to help them function as parents. One young adult stated:

I would change actually giving the parents you know more tools so they could get their kids back, and not just be so quick to take them, over, say, missing a visit or something. Actually work with them, don't, don't just try to just push them off to the side, 'cause that could damage the kid in the long run.

In summary, a young adult noted:

I mean I think they should help the parents more before they take the kids away...or at least try. Yeah like more resources. Like you know how they have food stamps? Well, stuff like that for parents who are struggling with their kids.

System-Level Changes

Many participants discussed system-level changes related to one of the following themes: (1) leniency for parents, (2) quality of care, and (3) systemic issues around placement and visitation.

First, several young adults discussed that the system should provide more leniency and support for parents before their children are removed from home. "Let the parents have a chance. Even though parents mess up once in a while, they deserve another opportunity. My mom didn't get hers until she passed away." Others reported that parents should be given more chances to prove themselves. One young adult said, "Give the kids' parents another chance to like prove themselves to be a better person. That's what I would do. Give the families more chances before removal." Another young adult summed up this concern:

I would have a little bit more leniency on families. 'Cause they took me from my parents; me and my sisters and my brothers...and it was all off of assumptions and false information that they were receiving from whoever they were receiving it from.

A second set of concerns mentioned by participants was focused on the quality of care within the system (e.g., screening). For example, one young adult reported:

I would change how we interviewed our foster parents. I would change that because we need to know if our foster parents are doing these kids that already been done wrong, right. We can't just move the kids that been done wrong back into something wrong. And sometimes that happens to the foster kids...Making sure we have a thorough, stricter, background check on our foster parents.

Another young adult suggested that interviews with foster parents need to be improved alongside more thorough screening for foster parents:

Like better interviews for parents and making the interview harder for foster parents to get in because a lot of people use foster care as just another pay-check and they don't give a damn about the kid that they're bringing in.

Finally, many young adults discussed systemic change regarding placing siblings together:

The splitting up of siblings. I think that's what I would change. That they could stay together, depending on if they get along or not. Cause if they don't

get along, you don't want them together. But, if they're like the only thing that each other has, I would keep them together.

Another participant reported, "I'd try to make it so when, like families...or children get taken from their parents or whatever that the siblings stay together in the home. When removed, that siblings stay together." Finally, one participant summarized this concern, "Make sure siblings stay together...because being apart from them that's probably one of the hardest things."

A related concern was the need for the system to grant more visitation. A young adult reported, "Probably have them give more visitations to the parents like if... they're in a foster home or have them get more visitations with their family." Similarly, another young adult stated:

I feel like I would involve more visits. Because I feel like it wouldn't have been as bad as I experienced if I had been able to see my parents a little bit more. Because that was the main problem, because every time I had left the system, I mean left the building where you visit your parents, I felt disconnected and alone afterward and I felt like that did cause a little bit of stress and sadness a lot that I felt like every time I'd be able to go home with my parents and I wasn't allowed to.

Discussion

This is the first study to ask young people with diverse child welfare experiences (e.g., reunification, adoption, kin guardianship, aging out) about their perceptions of out-of-home care (OOHC) at multiple time points using both qualitative and quantitative questions. The findings suggest that the majority of participants felt that it was helpful to have been placed into OOHC whether they were reporting as pre-teens (following a recent removal) or as young adults. Over half of the participants in both preadolescence and young adulthood reported that life would have been the same or worse had they not been removed from their homes, while only 7 out of 100 said life would have "been better" in both preadolescence and adulthood. Despite this, young people's responses to other questions suggested that placement was very difficult, that they did not get enough information from their caseworkers, and that they did not have enough input about child welfare decisions that were being made regarding their lives.

In young adulthood, when asked an open-ended question about how they would change the child welfare system, participants provided tangible ideas across all levels of their social ecology. From their narratives, we identified three overarching themes that could improve child welfare services: attending to youth and family needs, caseworker behavior change, and system-level changes. Our findings mirror those of a recent systematic review of qualitative studies by Wilson et al. (2020), which sought to answer the question, "What are children's experiences with Child Protection Services?" The 39 studies identified for review included studies from 14 countries and narratives from children across a wide age spectrum, which makes the findings more generalizable across international contexts and developmental stages. Young people's key recommendations of ways to improve child welfare practice included:

1. Providing understandable and age-appropriate information to the child about what is happening so they can be informed and prepare for changes.
2. Listening to children and ensuring their rights to meaningful participation in what is happening to them.
3. Recognizing that not all substitute caregivers' homes are safe, nurturing places.
4. Focusing on more than safety and stability; children want adults to focus on their well-being.
5. Recognizing that children want to be treated with respect, and when children in care are not treated as "normal," they feel stigmatized. They want supportive adults in their lives to nurture their individual interests.

Finally, they noted that children in care are a "heterogeneous group; each child and her or his context should be considered individually" (Wilson et al., 2020, p. 12).

One of the challenges to "youth voice" within child welfare is that the youth who are invited to the table, and those who accept the invitation, tend to be a select group of youth (Berrick et al., 2022). They are typically young people who have aged out of care and who feel empowered and safe to share their stories without fear of repercussion. Rarely do we ask or hear from youth under the age of 16, and it is even more rare to hear from youth who have reunified, have been adopted, or were permanently placed with kin. Although we have no evidence for this, youth who did not age out of care may be more difficult to locate and/or may feel less comfortable sharing their views in a public forum or on an advisory board, perhaps due to not being involved in the child welfare system anymore or due to concerns about saying things that might hurt family members. Yet, their experiences and opinions are certainly no less important.

Thus, a major strength of the current study was to amplify the voices of over 200 young people, each with unique stories. Their perspectives add nuance to some of the common statements we hear related to what is best for children who come to the attention of child welfare. There were no differences in young people's appraisals of placement in OOHC as a function of gender, age, ethnicity, sexual orientation, maltreatment type, ACEs, cultural pride, or trauma symptoms. It may be telling, however, that children who were later adopted were more likely to report in preadolescence (prior to adoption) that life would have been the same or worse had they not been removed from their homes. This might suggest that they perceived that removal from their biological family home was appropriate and/or necessary. Although American Indian youth are frequently placed in homes without a cultural match (Maher et al., 2015), in this study, they were more likely than non-American Indian youth to report in young adulthood that life would have been the same or worse had they not been removed. Finally, those with lower life satisfaction in young adulthood were more likely to report that life would have been better had they not been removed. This might be a function of retrospective reporting or cognitive bias among those who were more depressed or unsatisfied with their young adult lives. Studies have shown that adolescents with depression are more likely to report negative impacts of life events such as family conflict than are non-depressed adolescents (Adams & Adams, 1996).

In addition to the limitations of retrospective reporting, it should be noted that data for this study were collected between 2002 and 2016 in one metropolitan area. Certainly, child welfare practices have changed over time and differ by county, state, and

nation. Although this limits the study's generalizability, the replication of these findings over 30 years (as shown in the literature review) and across different nations suggests that young people's views have largely remained consistent. Another limitation is the inability of the study to examine more fine-grained features of young people's living experiences and how that relates to their perceptions. This study conducted interviews when all children were in OOHC in preadolescence and then again when all were in adulthood. An examination of young people's perceptions at different points across adolescence and at different points in their child welfare trajectories is an important future direction, as it has been shown that these perceptions of OOHC experiences can change in the span of just a few weeks (Holland & Crowley, 2013).

Other potential important correlates, such as placement with siblings or attachment to caregivers, were not examined in the current study, yet the importance of these factors was highlighted in participants' open-ended responses. In addition, maltreatment experiences and ACEs were measured only at baseline; therefore, any experiences in the intervening years could not be modeled in the current study. In addition, participants' perceptions of the services received or time given families before removing children may not reflect what was actually provided, as children are often not privy to all of the activities of social services and may be unaware of the length of their involvement and any preventive services offered to the family.

Finally, it should be noted that the open-ended question regarding changing the child welfare system came at the end of a 3–4-h interview (with responses to qualitative questions averaging about 12 min) in which participants had already shared a lot of information regarding their life experiences; therefore, their answers to this question may have presumed some knowledge on the part of the interviewer, may have been truncated due to fatigue, and/or may have been affected by the interviewer's presentation and/or subjectivity (as is always the case with qualitative interviews). The reflections of our interviewers, however, were that young people appreciated the opportunity to be heard and to share their experiences through their oral narratives, as has been found in other studies with this population (Holland & Crowley, 2013).

The United States is critically examining the child welfare system, and there are calls for major reform. The Family First Prevention Services Act of 2018 prioritizes prevention efforts to reduce OOHC; these upstream efforts echo the narratives of many of our study participants who suggested that more support and time for birth families is needed prior to removing children. Their voices should also inform when it is necessary to remove children and how to best support children if removal is necessary. Indeed, almost two-thirds of participants in the current study felt that it was "sometimes good for a child to be placed in out-of-home care."¹ Unfortunately, youth voice is often absent from these conversations that have such weighty implications. Although young people's views of the child welfare system and of being placed in OOHC *are complicated*, we, as researchers, policymakers, and practitioners, would do well to similarly approach reform with such nuance; these issues are never unidimensional or static, and valuing the voices of diverse youth, with diverse child welfare experiences, will be critical to developing culturally attuned, supportive, and effective youth- and family-centered policies and practices.

¹ This question was excluded from our analyses because it was only asked at T1 and to a subset of 50 participants.

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Author Contribution *Heather Taussig*: Conceptualization, data curation, funding acquisition, investigation, methodology, coding, project administration, statistical analyses, and writing; *Michelle Munson*: conceptualization, methodology, coding, analysis, and writing.

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Data Availability Some of the data presented in this manuscript have been archived at ICPSR: <https://www.icpsr.umich.edu/web/NACJD/studies/36880>

Declarations

Ethics Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the University of Colorado Multiple Institutional Review Board and the University of Denver Institutional Review Board and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Consent to Participate Informed consent and assent were obtained from all participants included in this study at each time point.

Conflict of Interest The authors declare no competing interests.

References

- Adams, J., & Adams, M. (1996). The association among negative life events, perceived problem solving alternatives, depression, and suicidal ideation in adolescent psychiatric patients. *Journal of Child Psychology and Psychiatry*, 37(6), 715–720. <https://doi.org/10.1111/j.1469-7610.1996.tb01463.x>
- Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well-being: American's perceptions of life quality*. Plenum Press.
- Barnett, D., Manly, J. T., & Cicchetti, D. (1993). Defining child maltreatment: The interface between policy and research. In D. Cicchetti, S. L. Toth, & I. E. Sigel (Eds.), *Advances in applied developmental psychology: Child abuse, child development, and social policy* (pp. 7–73). Ablex Publishing Corporation.
- Barth, R. P., Berrick, J. D., Garcia, A. R., Drake, B., Jonson-Reid, M., Gyourko, J. R., & Greeson, J. K. (2021). Research to consider while effectively re-designing child welfare services. *Research on Social Work Practice*. <https://doi.org/10.1177/10497315211050000>
- Berrick, J. D., Drake, B., Barth, R. P., Garcia, A. R., Jonson-Reid, M., Gyourko, J. R., & Greeson, J. K. (2022). Research to consider while effectively re-designing child welfare services: A response to commentaries. *Research on Social Work Practice*, <https://doi.org/10.1177/10497315221095497>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Briere, J., & Runtz, M. (1989). The trauma symptom checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, 4(2), 151–163. <https://doi.org/10.1177/088626089004002002>
- Briere, J. (1996). *Trauma symptom checklist for children (TSCC)*. Psychological Assessment Resources. <https://doi.org/10.1037/t06631-000>

- Chapman, M. V., Wall, A., & Barth, R. P. (2004). Children's voices: The perceptions of children in foster care. *American Journal of Orthopsychiatry*, 74(3), 293–304. <https://doi.org/10.1037/0002-9432.74.3.293>
- Child Welfare Information Gateway. (2021). Foster care statistics 2019. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/factsheets/foster/>
- Courtney, M. E., Dworsky, A. L., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. E. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chapin Hall at the University of Chicago.
- Courtney, M. E., Dworsky, A., Lee, J. S., & Raap, M. (2010). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24. Chapin Hall at the University of Chicago.
- Courtney, M. E., Charles, P., Okpych, N. J., Napolitano, L., & Halsted, K. (2014). Findings from the California Youth Transitions to Adulthood Study (CaYOUTH): Conditions of foster youth at age 17. Chapin Hall at the University of Chicago.
- Courtney, M. E., Okpych, N. J., Harty, J., Feng, H., Park, S., Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). Findings from the California youth transitions to adulthood study (CaYOUTH): Conditions of youth at age 23. Chapin Hall at the University of Chicago.
- Dunn, D. M., Culhane, S. E., & Taussig, H. N. (2010). Children's appraisals of their experiences in out-of-home care. *Children and Youth Services Review*, 32(10), 1324–1330. <https://doi.org/10.1016/j.childyouth.2010.05.001>
- Elliott, D. M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist-40 (TSC-40). *Child Abuse & Neglect*, 16(3), 391–398. [https://doi.org/10.1016/0145-2134\(92\)90048-V](https://doi.org/10.1016/0145-2134(92)90048-V)
- Holland, S., & Crowley, A. (2013). Looked-after children and their birth families: Using sociology to explore changing relationships, hidden histories and nomadic childhoods. *Child & Family Social Work*, 18(1), 57–66. <https://doi.org/10.1111/cfs.12032>
- Jones, L. P. (2015). 'Was taking me out of the home necessary?' Perspectives of foster youth on the necessity for removal. *Families in Society: The Journal of Contemporary Social Services*, 96(2), 108–115. <https://doi.org/10.1606/1044-3894.2015.96.17>
- Maher, E. J., Clyde, M., Darnell, A., Landsverk, J. & Zhang, J (2015). Placement patterns of American Indian children involved with child welfare: Findings from the second National Survey of Child and Adolescent Well-Being. Casey Family Programs Report.
- Phinney, J. S. (1992). The multigroup ethnic identity measure: A new scale for use with diverse groups. *Journal of Adolescent Research*, 7(2), 156–176. <https://doi.org/10.1177/074355489272003>
- Phinney, J. S., Cantu, C., & Kurtz, D. (1997). Ethnic and American identity as predictors of self-esteem among African American, Latino, and White adolescents. *Journal of Youth and Adolescence*, 26, 165–185. <https://doi.org/10.1023/A:1024500514834>
- Raviv, T., Taussig, H. N., Culhane, S. E., & Garrido, E. F. (2010). Cumulative risk exposure and mental health symptoms among maltreated youths placed in out-of-home care. *Child Abuse & Neglect*, 34(10), 742–751. <https://doi.org/10.1016/j.chiabu.2010.02.011>
- Tajima, E. A., Day, G. D., Kanuha, V. K., Rodriguez-JenKins, J., & Pryce, J.A. (2022). What counts as evidence in child welfare research? *Research on Social Work Practice*. <https://doi.org/10.1177/10497315211069549>
- Wilson, S., Hean, S., Abebe, T., & Heaslip, V. (2020). Children's experiences with child protection services: A synthesis of qualitative evidence. *Children and Youth Services Review*, 113, 1–14. <https://doi.org/10.1016/j.childyouth.2020.104974>

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