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## Stakeholder Perceptions on Transitioned Foster Youth Work Outcomes: A Mixed Methods Study in San Antonio

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Stakeholder Perceptions on Transitioned Foster Youth Work Outcomes:

A Mixed Methods Study in San Antonio

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July 14, 2020

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### Acknowledgements

Admiral Grace Hopper wrote, "A ship in port is safe, but that is not what ships are for; sail out to sea and do new things." Meeting Admiral Hopper inspired a love of learning as if each high sea adventure would lead to something new and profoundly life changing. With each adventure, I learned that family and friends make these adventures possible.

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### **Abstract**

**Purpose:** This examination of stakeholder perceptions on transitioned foster youth work outcomes is a crucial step to identify service strengths and barriers, characteristics of successful/unsuccessful outcomes, and opportunities for occupational therapy collaboration in San Antonio, Texas.

**Method:** A mixed-methods approach identified perceptions from two groups of stakeholders. Group I included transitioned foster youth ages 18-24, and group II involved public/private agency professionals working with youth. Small sample sizes prevented traditional statistical analysis, but the Excel VARA (variance) statistical function analyzed numerical spread combinations from collected data, thus providing quantitative analysis.

**Results:** Participants confirmed they had not completed a similar survey on stakeholder perceptions and that spiritual beliefs provided strength and guidance. Barriers for youth finding/keeping a job were mentorship and homelessness. Respondents agreed that youth: with children have harder times finding/keeping jobs than youth without children, have more days feeling hopeless than hopeful, and identified transportation as one barrier preventing completion of daily routines. Other youth barriers included childcare and affordable housing. Characteristics of successful and unsuccessful work outcomes were identified along with the shared theme of advice.

**Conclusion:** Occupational therapy practitioners should seek collaborative relationships with community-based agencies to provide services for foster youth and transitioning youth into the workplace. Educational exposure to youth community program engagement, fieldwork placements, and academic tracks in community development are needed along with additional training in marketing, collaboration, entrepreneurship, motivational interviewing, and the IPS model. Occupational therapy can improve youth outcomes by partnering with communities for improved consumer services.

**Keywords:** foster youth, occupational therapy, transition, work, community, occupational injustice

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## **Chapter 1: Introduction**

Thousands of foster youth transition out of state services each year without securing a support system or critical employment skills. This lack of support and training leads to foster youth achieving less independence than their general population peers. The Annie E. Casey Foundation (AECF) reported that foster youth demonstrate higher degrees of homelessness, incarceration, pregnancy, unemployment, and non-high school diploma outcomes (AECF, 2017, 2018b). These outcomes translate to a transitioned foster youth unemployment rate of 47-69% for ages 16-24 compared to a general population peer unemployment rate of 10% for the same age group (AECF, 2017).

When AECF (2018a) published foster youth statistical data on vocational training from all 50 states, Texas recorded fewer than ten encounters. In comparison, the national average identified 23% of foster youth involved in vocational training. With Texas listed as the second largest state by area and population, foster youth employment training records and outcomes deserve further investigation. (World Population Review, 2019a, 2019b).

### **Background and Significance**

The Foster Care Independence Act of 1999 mandated tracking foster care data and outcomes at the national and state level; however, data quality varies between states. Many states do not collect full data on transition services or outcomes. As a result, these states report incomplete data leading to a partial picture of national and state performance (AECF, 2018b). Foster care activist Christina Meredith (2019) reported 20,000 to 25,000 foster youth annually age out of the U. S. foster care system at age 18, and immediately 20% become homeless. Unemployment reports confirm 50% of foster youth aging out of services will struggle with unemployment (AECF, 2017; Meredith, 2019) and continue to fall behind general



population peers with disproportionate levels of unemployment, underemployment, homelessness, poverty, and other barriers (AECF, 2018b; Gates, Pearlmuter, Keenan, Divver, & Gorroochurn, 2018).

Former foster youth earn half the national salary of American youth and represent employment rates 20 points lower than their general population peers (Okpych & Courtney, 2014; Kim, Ju, Rosenberg, & Farmer, 2019). Instability, incarceration, parenting, homelessness, poverty, and poor academic performance effectuate adverse foster youth employment outcomes (Hook & Courtney, 2011; Rosenberg & Kim, 2018; Kim et al., 2019).

With this capstone focus on San Antonio, examining stakeholder perceptions was an essential first step toward identifying efforts to improve policy, programs, and evidence-based practice. Transition services, such as housing or vocational education, are usually designed to assist foster youth in assuming adult roles. Tracking foster youth who participate in federally funded transition services provides insight into successful adult outcomes in employment, housing, and education.

In addition to neglect or abuse leading to a child's removal from the home and subsequent placement in foster care, the experiences themselves often lead to more negative outcomes. Foster care may include multiple placements, insufficient services in health, dental, mental, or behavioral care, changing schools, loss of support systems with family or friends, loss of self-esteem, academic challenges, juvenile justice, and pregnancy (AECF, 2018a).

The 2018 Texas profile from AECF (2018a) reported the following statistics: 63% of Texas foster youth have already experienced higher than three placements with their most recent foster care episode compared to only 51% of U.S. youth; the number of Texas foster youth tracked for vocational training, and employment programs are too small a sample to identify

compared to 23% of U. S. foster youth receiving these services; 9% of Texas foster youth receive room and board assistance compared to 19% of foster youth in the U. S.; 48% of Texas foster youth achieve some level of employment by age 21 compared to 62% of their U. S. general population counterparts; and 37% of Texas foster youth become parents by age 21 compared to 31% of the U. S. foster youth becoming parents by age 21 (AECF, 2018a).

Career readiness, in the form of individual or group learning opportunities, demonstrates positive influencing work outcomes for successful employment and self-determination (Gates et al., 2018; Kim et al., 2019). Some researchers question the value of traditional training models that do not translate into successful youth outcomes (Lee & Morgan, 2017; AECF, 2018c), an supports needed changes to existing foster youth transition services to improve work outcomes (AECF, 2018b; Gates et al., 2018; Kim et al., 2019; Meredith, 2019). Sadly, less than one-quarter of young people receiving federally funded transition services receive assistance in housing, employment, or education (AECF, 2018d). Extending independent living services beyond emancipation (transition), and ensuring equal opportunities for employment planning or preparation services, could redefine the foster youth workforce and promote an increase in positive outcomes (Scannapieco, Smith, & Blakeney-Strong, 2016; Gates et al., 2018).

Since research begins with data collection, mandating complete and consistent data from local, state, and federal government would identify service gaps for pre- and post-transitioned youth (AECF, 2018b, 2018c; Gates et al., 2018). Longitudinal research is insufficient to adequately address multiple areas of foster youth work outcomes, such as employment, wages, job-seeking history, characteristics, life goals, plans regarding employment, degree of participation in independent living services, and homelessness (Gypen, Vanderfaeillie, De Maeyer, Belenger, & Can Holen, 2017; Lemus, Farruggio, Germo, & Chang, 2017; Kim et al.,

2019). An analysis of social support and employment outcomes, especially planning and goal setting for pre- and post-transition foster youth, is also encouraged for additional research (Lemus et al., 2017; Kim et al., 2019).

Stakeholder perceptions of service needs for transitioning foster youth are limited. AECF (2018d) proposes that stakeholders increase their understanding of these youth experiences in America so that outcomes can improve, and foster youth transitioning in and out of support services can cultivate more positive lifelong outcomes void of negative statistics. Caseworkers can be an essential source for stakeholder perceptions but often lack objective measures for service availability and cross-system collaboration (Courtney, Park, Harty, & Feng, 2019). Longitudinal data collection is needed to better assess worker perceptions on changing service contexts and relationships between county factors and youth outcomes. Linking these perceptions, with point in time data from youth and respective collaborative agencies, would improve comparisons of real-time outcomes reflecting individual experiences (Courtney et al., 2019).

Most service providers consider themselves experienced when working with foster youth; however, many acknowledge learning challenges in mental health, development, and transition needs for youth residing in restricted care settings for extended timeframes (Havlicek, McMillen, Fedoravicius, McNelly, & Robinson, 2012). Restricted care settings often provide a higher degree of structure and specialized services leading to greater challenges for independent living skills (Texas Department of Family and Protective Services, n.d.).

### **SWOT Analysis**

A SWOT (strengths, weaknesses, opportunities, and threats) analysis provides an overview of factors that may assist or detract from programs by identifying strengths,

weaknesses, opportunities, or threats (Minnesota Department of Health, n. d.). In applying this analysis to transitioned foster youth services in San Antonio, strengths are those organizational characteristics that help achieve successful outcomes or goals. Resources and capabilities are also considered strengths. Weaknesses include characteristics hindering success, factors contributing to past or present goal failure, efforts accomplished by some organizations that all should practice, and each program's Achilles' heel. Opportunities include environmental or contextual factors contributing to successful outcomes; unmet consumer needs; changes to social, political, policy, or legislative practices; and unique chances presenting with or without notice. Threats include environmental factors preventing successful outcomes, anticipated changes to practice guidelines, or economic factors addressing sociocultural, political, or technological climates (Minnesota Department of Health, n. d.).

In the San Antonio community, some of the recognized strengths were the Texas Workforce Commission and multiple private agencies serving transitioned foster youth consumers. Weaknesses included contracted state service providers, contractor-controlled program evaluation, and the lack of occupational therapy services. Opportunities involved developing interest from private and public agencies toward improving transitioned foster youth work outcomes with occupational therapy collaboration. Threats addressed COVID-19, limited multi-disciplinary focus, resistance to change, and a large state contractor footprint for delivered services. See Table 1.1 for SWOT analysis.

### **Demographics**

The U. S. Census Bureau (2017) estimated San Antonio diversity statistics as 79% Caucasian with 64% identifying as Hispanic or Latino, 26% Caucasian with no Hispanic or Latino identification, and 7% African American. Male and female foster youth were almost even

in representation, with 48% male and 52% female (AECF, 2019). Foster youth in Texas reflect 41% Latino, 32% Caucasian, and 21% African American. Most foster youth placements were family-based (49%), with 34% of placements in institutions or group homes (AECF, 2018a). In 2019, the U. S. Census Bureau identified San Antonio as one of the fastest-growing cities in America with an estimated population at 1,547,253 million (Graham Media Group, 2019; U. S. Department of Commerce, 2019).

### **Need for Occupational Therapy**

Occupational therapy literature is limited in relation to foster youth and their transition services or work outcomes. Paul-Ward and Lambdin-Pattavina (2016) recognized the value of occupational therapy in addressing foster youth's complex needs. The authors identified existing services as inadequate due to the lack of occupation-based, client-centered, and individualized approaches to meet consumer needs. Kramper et al. (2015) confirmed the lack of occupational therapy research with foster youth, noting further focus is needed with this often-neglected population.

Occupational therapy examines all aspects of consumer resources, interventions, and training opportunities with similar applications overlapping our professional practice framework (AOTA, 2014). For interventions, occupational therapy utilizes a holistic, client-centered focus to explore and examine data related to foster youth work outcomes, community resources, employment, and vocational training. One occupational therapy program working with foster youth in San Francisco facilitates positive outcomes for their at-risk consumers through engagement in meaningful, purposeful activities supporting productive future goal fulfillment (Special Service for Groups, 2014).

In 2019, the American Occupational Therapy Association (AOTA) unveiled Vision 2025

to maximize well-being, health, and life quality for all individuals, communities, and populations. Vision 2025 proposes occupational therapy as an effective solution to advance participation in five aspects of everyday living that include: (a) effectiveness-"occupational therapy is evidence-based, client-centered, and cost-effective"; (b) leadership-"occupational therapy is influential in changing policies, environments, and complex systems"; (c) collaborative-"occupational therapy excels in working with consumers and systems to produce effective outcomes"; (d) accessible-"occupational therapy provides customized and culturally responsive services"; and (e) equity, inclusion, and diversity-"occupational therapy embraces diversity in all forms and is intentionally equitable and inclusive" (AOTA, 2019). Each of these aspects supports one or more areas of need within the network of transitioned foster youth work outcomes. The occupational therapy community is uniquely prepared to advance the occupation of work for these at-risk consumers.

Shefkind, Newell, Ashcraft, and Walter (2015) documented that many foster youths languish in care, bouncing between placements that translate into loss and trauma. With an average nation-wide foster youth stay of 22.4 months, each new placement multiplies the experience of loss and trauma, leading to social injustice. Occupational therapy is more than qualified to address social injustice, as supported in our professional literature and an AOTA advisory opinion (AOTA, 2016). Shefkind et al. (2015) advocated that the heart of social justice within occupational therapy can be found in foster care, since this system represents broken promises and inequities within our society. As occupational therapy begins its second century of servant leadership, we embody the theoretical foundations providing needed guidance for foster youth consumers.

In 2018, AOTA published background materials for mandated professional goals set forth

by the Accreditation Council for Occupational Therapy Education (ACOTE), the accrediting body for occupational therapy education in the United States. ACOTE identified several recommendations, of which three specifically supported this capstone examination of stakeholder perceptions of transitioned foster youth work outcomes. Those ACOTE recommendations were:

(1) "Establish a research agenda..., within the domain of occupational therapy as well as across health professions (interprofessional education); investigate educational processes and outcomes..., prepare and ensure graduates assume collaborative roles and are ready to provide competent, efficient care" (AOTA, 2018, p. 2).

(4) "Sponsor research to evaluate innovative models of education including workplace learning to identify what is and what is not effective in student preparation for future practice" (AOTA, 2018, p. 2).

(5) "Sponsor research to promote cross-health professional investigations on education processes and outcomes centered on critical questions related to preparing and ensuring graduates are ready to provide competent, efficient care in collaborative professional models" (AOTA, 2018, p. 2).

In addition to community practice opportunities, occupational therapy could promote additional services for foster youth through early intervention, school-based therapy, or community outreach programs geared explicitly toward expanding independent living services for transitioning youth. Occupational therapy can promote program collaboration on employment and vocational training and capably provide individualized services to meet each youth consumer's physical, social, psychological, emotional, and cognitive needs.

**Purpose**

This capstone's purpose is twofold: (1) examine San Antonio stakeholder perceptions, factors, and experiences regarding transitioned foster youth employment training and work outcomes; and (2) identify perceived strengths and barriers of existing services. A combination of quantitative and qualitative data collection will address this research. With acknowledged gaps in foster care literature, this examination can provide insight into potential collaboration opportunities for occupational therapy in this community-based area of practice.

This proposal addresses a gap in occupational therapy research, promotes multi-discipline efforts to improve employment skill preparation and training, and lays the foundation to publicize our professional intervention evidence designed to prepare and strengthen foster youth employment skills. Occupational therapy could further support the recommended modifications of government data collection requirements and improve funding associated with foster youth employment training. Beneficial impacts for this capstone affect local, regional, state, and national foster youth programs as well as promoting community-based practice opportunities for occupational therapy.

**Objectives**

- 1) Identify two groups of stakeholder perceptions on transitioned foster youth work outcomes in San Antonio, Texas
- 2) Identify perceptions on services provided transitioned foster youth, including strengths and barriers
- 3) Identify stakeholder perceptions of characteristics associated with transitioned foster youth successful and unsuccessful work outcomes
- 4) Identify opportunities for occupational therapy community collaboration



**Definition of Terms**

Construct-a recognized survey theme obtained through content or statistical analysis

Consumer-stakeholder in client-centered and client-focused care (Yong, Saunders, & Olsen, 2010); one who acquires goods or services for personal use (Consumer, n.d.)

Employment-the activity of engagement in the labor force; implies working for and being paid by an employer (Merriam-Webster, n.d.); not listed in the U. S. Government Bureau of Labor Statistics (BLS) glossary (U. S. Department of Labor, 2016)

Foster care- state agency directed 24-hour placement and care responsibility for minor children removed from parents or guardians. Placements include, but are not limited to, foster family homes, homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, and pre-adoptive homes. The Minnesota Department of Human Services (2004) defines a child in foster care as being in a licensed or unlicensed facility with payments made by the state or local agency for a child's care. Foster care also applies even if adoption subsidy payments are made before the finalization of an adoption, or if federal matching payments are applied (Minnesota Department of Human Services, 2004).

Homelessness- An individual lacking a fixed, regular, or adequate nighttime residence, including temporary shelters or public and private locations not generally used as a residence (U. S. Interagency Council on Homelessness, 2018)

Occupation-life activities where consumers (individuals, groups, or populations) engage or participate in activities of daily living, instrumental activities of daily living, rest and sleep, work, education, play, leisure, and social participation (AOTA, 2014, S18)

Occupational injustice-the absence or lack of meaningful equity and fairness for communities, groups, or individuals regarding opportunities and resources related to engagement

in healthy, diverse, and meaningful occupations; often involves marginalized groups and social inclusion (Durocher, Rappolt, & Gibson, 2013; Nhunzvi, Langhaug, Mavindidze, Harding, & Galvaan, 2019; Nilsson & Townsend, 2010).

Occupational therapy- the therapeutic use of everyday activities or occupations with individuals or groups to enhance or enable participation in roles, habits, and routines for the home, school, workplace, community, and other settings (AOTA, 2014, p. S1)

Participation- naturally occurring involvement during occupations or daily life activities that one finds meaningful or purposeful (AOTA, 2014, p. S1)

Social injustice-the violation or denial of human rights (civil, political, economic, or sociocultural) of societal groups or populations based on mistaken perceptions of inferiority by groups with power and influence; groups often identified with social injustice defined by racial or ethnic status, socioeconomic position, gender, sexual orientation, age, or other perceived characteristics; often stigmatized and negatively stereotyped; actions and policies adversely affecting a group or population's societal conditions to achieve health (Levy & Sidel, 2013)

Social justice-creating an equal and fair society where everyone's rights are acknowledged and protected; decisions are made with fairness and honesty (Oxford Reference, 2020); justice in distributing societal privileges, wealth, and opportunities (Lexico, 2020)

Stakeholder-identified individual or organizational representative with frequent involvement in foster youth or employment outcomes

Survey-online questionnaire with Likert scale response options (Bhat, 2019)

Transition-age at which youth formally leave from the foster care system; usually at age 18 but can happen as early as 13 or as late as the early 20s (Thomson Reuters, 2019); passing

from one stage, state, or place to another; evolving, developing, or moving from one stage to another (Merriam-Webster, n.d.); used interchangeably with emancipated, emancipation, or "aging out" (Child Trends, 2015); also referenced as transition area youth (TAY)

Unemployment-individuals who, according to the Bureau of Labor Statistics, do not have a job but have been actively seeking employment within the past four weeks and are available to work; also includes laid off employees waiting on their return to work (Amadeo, 2019)

Work- Labor to make, construct, manufacture, form, fashion, or shape objects; organize, plan, or evaluate services or processes of living or governing; committed occupations performed with or without financial reward (Christiansen & Townsend, 2010, p 423).

## **Chapter II: Literature Review**

This literature review addressed primary and secondary themes identified in transitioned foster youth literature. Much of this review was obtained outside the profession of occupational therapy and involved counseling, social work, youth services, and work rehabilitation journals. Primary themes included unemployment, wages, employment training, and stakeholder perceptions of service strengths and barriers. Secondary themes under unemployment involved homelessness, education, justice (juvenile/adult) and incarceration, and parenting. Secondary themes under wages addressed educational and academic performance. Employment training identified secondary themes of career readiness, self-determination, and self-sufficiency.

### **Unemployment**

AECF (2018b) identified foster care youth as an at-risk population facing disproportionate unemployment levels that become one of the many barriers to successful work outcomes. Some authors (Kim, Ju, Rosenberg, & Farmer, 2019; Rosenberg & Kim,

2018) support these findings; however, Hook and Courtney (2011) believe more research is needed. Identifying all credible barriers affecting emancipated (transitioned) foster youth unemployment, especially in the early adulthood years, should be a research priority. The literature identified the top contributors to unemployment as homelessness, education, justice and incarceration, and parenting.

### ***Homelessness***

Multiple authors recognized homelessness as the top contributor toward unemployment (AECF, 2018b; Graham et al., 2015; Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017; Lemus, Farruggia, Germo, & Chang, 2017; Rosenberg & Kim, 2018). According to the National Center for Excellence in Homeless Services (2017), a significant barrier for individuals searching for and maintaining employment was homelessness. Lemus et al. (2017) cited foster youth inexperience in planning and goal setting as contributing to their increased risk for homelessness. AECF (2018b) reported that foster youth homelessness increases with minority populations and an ongoing lack of social support.

### ***Education***

Another major contributor to unemployment was education. Factors defining education with unemployment ranged from poor attendance, disruptions or changes in school placement, elevated rates of academic or behavioral issues, suspension, expulsion, dropping-out, exceptional student education (ESE) referrals, and the lack of attaining a high school diploma or higher (post-secondary) education (Hirsch, Dierkhising, & Herz, 2018; Hook & Courtney, 2011; Kim et al., 2019; Okpych & Courtney, 2014; Rosenberg & Kim, 2018). Gypen et al. (2017) acknowledged foster youth educational challenges as contributing to unemployment but were critical of the sparse research supporting these claims. Gypen et al. (2017) proposed that further investigation was

needed to identify and analyze this phenomenon. According to the Organisation for Economic Cooperation and Development (OECD), the benefits of education in overcoming unemployment are irrefutable. Education is deemed the ultimate insurance against unemployment, especially during challenging economies. OECD maintains that education provides employment dividends years after completion (OECD, 2012b).

### ***Justice and Incarceration***

Connections between foster youth and juvenile justice or incarceration are cited as strong contributors to unemployment (Cutuli, Goerge, Coulton, Schretzman, Crampton, Charbat, Lalich, Raithel, Gacitua, & Lee, 2016; Hirsch et al., 2018; Hook & Courtney, 2011; Rosenberg & Kim, 2018). These connections were higher for males than females and disproportionately higher in African American males (Cutuli et al., 2016; Graham et al., 2015; Gypen et al., 2017). According to Looney and Turner (2018), incarceration limits employment and, in many ways, continues an unemployment pattern experienced in pre-incarceration. Within the first year following release, only 55% of ex-prisoners were employed with a median annual income of \$10,000. Mueller-Smith (2015) identified each year of incarceration as a 3.6% reduction in potential employment upon release. Individuals with stable, pre-incarceration employment earnings experienced a 24% decrease in post-incarceration employment.

### ***Parenting***

Another contributor between transitioned foster youth and unemployment is parenting (Graham et al., 2015; Hook & Courtney, 2011; Miller, Paschall, & Azar, 2017) with females experiencing this connection to unemployment more often than males. Some foster youth become parents before transition and others after. According to Miller et al. (2017), 14% of foster youth

identify a pregnancy history by age 17. Graham et al. (2015) acknowledged that the rate of teen pregnancy is higher among foster youth than their general education peers.

As examined in this literature review, the underlying themes of homelessness, education, justice and incarceration, and parenting are acknowledged by a wide range of authors in foster youth work outcomes. Graham et al. (2015) emphasize that more research is needed for foster youth unemployment and the underlying themes for youth after age 30. Hook and Courtney (2011) believe public policies are inadequate to address unemployment and the underlying themes.

### **Wages**

In addition to unemployment, wages also affect foster youth work outcomes. Merriam-Webster (2019) defined wage as monetary payment for an hourly, daily, and job service or labor contract; Amadeo (2019) identified wages as the national product share attributed to a labor force that includes transitioned foster youth. Hook and Courtney (2011) promoted the value of human, personal, and social capital in their analysis of foster youth wages related to employment, and most authors agree that adverse wage outcomes are due to a myriad of issues (AEFC, 2018c; Gypen et al., 2017; Kim et al., 2019; Okpych & Courtney, 2014; Rosenberg & Kim, 2018; Stewart et al., 2014). Gypen et al. (2017) found foster youth are obligated to become independent at earlier ages than their general population peers, and that this fact alone translates to lower wages. AEFC (2018c) recognized that knowledge and experience increase family-sustaining wages but blame foster system's inequities as ultimately disconnecting these youth from meaningful opportunities. Okpych and Courtney (2014) reported that former foster youth earn half as much of the national sample for general population peers; Stewart et al. (2014) confirmed these findings through age 24 in all states except North Carolina, where the low wages continued through age 30.

***Education and Performance***

Lower educational attainment and academic performance represent sub-themes within wages (AECF, 2018c; Graham et al., 2015; Gypen et al., 2017; Hook & Courtney, 2011; Miller et al., 2017; Okpych & Courtney, 2014; Rosenberg & Kim, 2018) and AECF (2018c) identified that times have changed in the past 40 years when education was not needed for a good job but is now. Rosenberg and Kim (2018) confirmed that increased wages correlate with increased education, and Miller et al. (2017) linked education and employment as early indicators of resiliency. Rosenberg and Kim (2018) connected homelessness to decreased opportunities for improving education and wages but admitted few studies have sufficiently examined these connections.

Key literature contributions from the primary theme of wages and the secondary theme of lower educational attainment and academic performance identified missed opportunities and services translating to reduced wage and educational outcomes. Kim et al. (2019) found transition-age foster youth have the most significant adverse outcomes in education and Rosenberg and Kim (2018) concurred, but noted decreases in academic performance and educational attainment convert to lower wages and employment opportunities, especially around the age of transition that is usually 18. Okpych and Courtney (2014) validated that a high school diploma predicts increased wages and college attainment, but a general education diploma (GED) does not provide notable wage benefits until combined with many years of work experience.

**Employment Training**

Traditional educational and employment training models have failed to equip foster youth with the necessary skills and credentials to secure jobs (AECF, 2018c; Gates, Pearlmuter,

Keenan, Divver, & Gorroochurn, 2018). Career readiness preparation is essential for successful employment outcomes; however, some foster youth advocates recommend employment training begin well before youths' transition from foster services to adequately prepare for immediate employment. Multiple authors acknowledge transitioning foster youth have higher adverse outcomes related to employment than their peers (Gates et al., 2018; Graham, Schellinger, & Vaughn, 2015; Kim, Ju, Rosenberg, & Farmer, 2018) and maintain that these youth do not have the necessary skills, training, or services to achieve successful employment. Only Gates et al. (2018) recognized that career readiness influences foster youth self-determination and recommend that vocational services begin as early as childhood. Obtaining vocational skills provides opportunities for increasing self-determination while exploring employment options.

### ***Career Readiness***

Multiple authors contend that employee training and career readiness are vital contributors to promoting successful work outcomes and since transitioning foster youth traditionally face more adverse employment outcomes, the need for career readiness should receive more attention than provided in existing service delivery models. Several authors identified how a lack of career readiness and vocational exploration affect skill development and that such services should begin in childhood (AECF, 2018c; Gates et al., 2018; Graham et al., 2015; Kim et al., 2018).

### ***Self-determination and Self-sufficiency***

Self-determination is characterized by Merriam-Webster (2019a) as the freedom to make one's choices; Gagne and Deci (2005) related self-determination in employment as a visual continuum reflecting volition (choice or motivation) of one's interests or values. These interests reflect employment choices, but if not reflected in those choices, then consumer amotivation may



apply. Unfortunately, foster youth before and after transition from state services do not consistently acquire opportunities for choice-making, so their life experiences dealing with internal and external motivation are limited compared to their non-foster youth peers (Gagne & Deci, 2005).

Self-sufficiency (Merriam-Webster, 2019b) relates to self-determination and is the ability to care for yourself. By demonstrating independence with self-care, they are freely choosing their selected preferences in life. Abrams, Curry, Lalayants, and Montero (2016) studied foster youth perceptions of self-sufficiency and found youth in Los Angeles viewed it as persevering through challenging times. However, youth in New York viewed it as leaning on others for survival.

Multiple authors documented employment training, along with career readiness and self-determination, in promoting successful work outcomes. Transitioning foster youth traditionally face more adverse employment outcomes and a need for career readiness training. Multiple authors believed youth should receive more considerable attention than is provided with existing service models to help identify how a lack of career readiness affects youth self-determination. The authors also contend that exploring vocational opportunities should begin earlier than the age of transition (AECF, 2018c; Gates et al., 2018; Graham et al., 2015; Kim et al., 2018).

### **Stakeholder Perceptions**

Concerning themes of unemployment, employment training, and wages, this literature review would be incomplete without examining stakeholder perceptions. Most literature focuses on perceptions related to service context or the start of new programs; however, one popular theme was natural, non-parent mentoring.

Foster youth overwhelmingly support non-parent mentoring relationships and view them as positive associations with many years of benefits. Multiple authors identify these relationships

as foster youth priorities and describe them as positive parental bonds with respectful and reciprocal communication. Both non-parent mentors and youth believe these mentoring relationships are essential in reducing adverse outcomes (Duke, Farruggia, & Germo, 2017; Greeson, Thompson, Ali, & Wenger, 2015; Nesmith & Christophersen, 2014; Thompson, Greeson, & Brunsink, 2016). Duke et al. (2017) agreed and correlated the theory of social capital in describing these healthy, supportive relationships.

According to New England College (2020), social capital is developing and maintaining social network relationships that help communities with more effective outcomes. These networks perform best with diverse leaders and membership engaged in ongoing bridge-building opportunities. Social capital builds on trust, confidence, engagement, self-reliance, well-being, and happiness (University of Michigan, 2010).

Some negative aspects of mentoring relationships included family interference, a lack of motivation, and inconsistent participation from the youth. Ultimately non-parent mentors and youth perceive these relationships as beneficial with both positive and supportive connections providing needed youth guidance and counsel (Duke et al., 2017; Greeson et al., 2015). Natural, non-parent mentoring relationships reinforce feelings of mutual respect between youth and their mentors. When programs acknowledge and incorporate these relationships into services, a reduction in adverse outcomes has been noted by both youth and mentors (Ahrens, DuBois, Garrison, Spencer, Richardson, & Lozano, 2011; Duke et al., 2017; Greeson et al., 2015; Nesmith & Christophersen, 2014; Thompson et al., 2016).

Concerning foster youth programs and services, stakeholders admit frustration with limited youth background information provided at time of placements, constrained foster parent input related to the youth's future, and inadequate foster family assistance in managing youth

behaviors or emotions for home placements (Havlicek, McMillen, Fedoravicius, McNelly, & Robinson, 2012). Stakeholders also expressed concerns about how services vary between cities and even within one agency at different city locations. Other stakeholder concerns included significant staff turnover with little training, high caseloads, little cross-site collaboration, lack of referral protocols, lack of adequately trained agency supervision, and quality assurance issues (Pecora & Ayer, 2012).

### **Literature Gaps**

Numerous literature gaps included the lack of foster youth access to independent living programs before and after transition, insufficient federal data collection guidelines, and the omission of longitudinal foster youth studies following the transition. Other gaps involved inconsistent services and interagency communications, a lack of consensus on best practices from developed countries, and a lack of research supporting evidence-based practice and outcomes for youth aging out of care.

Recommendations to extend independent living services beyond transition dates have multiplied over the past years, with many of these recommendations requesting increased engagement opportunities for youth/young adults in employment planning and preparation services. These recommendations could redefine the foster youth workforce and consistently promote positive outcomes (Scannapieco, Smith, & Blakeney-Strong, 2016; Gates et al., 2018).

Since research begins with data collection, mandating complete and consistent data collected from federal, state, and local governments could identify service gaps for both pre and post transitioned youth (AECF, 2018b, 2018c; Gates et al., 2018). Longitudinal research has been deemed insufficient and much needed in multiple areas of foster youth work outcomes, such as employment, wages, job-seeking history, characteristics, life goals or plans regarding

employment, degree of participation in independent living services, and homelessness (Gypen et al., 2017; Lemus et al., 2017; Kim et al., 2019).

Further research analysis of social support and employment outcomes is encouraged, especially with a focus on planning and goal setting for pre- and post-transition (Lemus et al., 2017; Kim et al.). Woodgate, Morakinyo, and Martin (2017) identified a troubling trend among developed countries: foster youth demonstrate poorer outcomes than their general population peers in education, employment, and housing. Lee and Berrick (2014) connected this trend to the identity capital framework. However, Pryce, Napolitano, and Samuels (2017) connected these challenges to life course theory and interpersonal, intrapersonal, and systemic barriers.

Additional researchers cited a lack of evidence-based practice supporting existing services and their delivery (California Evidence-Based Clearinghouse for Child Welfare, 2019; Haggman-Laitila, Salohekkila, & Karki, 2019). One of the most significant gaps is the lack of evidence-based practice for interventions relating to foster youth aging out of care. The California Evidence-Based Clearinghouse (2019) maintains an online review of existing United States foster youth programs and interventions. Topic and analytical ratings cataloged these interventions with ranges from most robust research evidence to concerning practices posing a risk to children and families. Of the 19 programs and interventions related to youth transitioning into adulthood, one received a rating supported by research evidence. Two received a rating of promising research evidence, and 16 programs were not able to be rated. This evidence raises serious questions regarding evidence-based practice for foster youth interventions.

Another gap is that occupational therapy is not an established community partner for foster youth services. Occupational therapy can address many of the literature gaps in areas of practice and policy to improve holistic, communicative, consumer-centered services for the

foster youth population and their stakeholders. Occupational therapy literature is limited worldwide for foster youth, transition services, and work outcomes. Paul-Ward and Lambdin-Pattavina (2016) recognized the value of occupational therapy in addressing the complex needs of foster youth. The authors identified existing services as inadequate due to the lack of occupation-based, client-centered, and individualized approaches to meet client needs. Kramper and colleagues (2015) reconfirmed the lack of occupational therapy research with foster youth and cited that further research is warranted with this often-neglected population.

In summary, this literature review supports the need for further research into foster youth employment training services, work outcomes with and without training, stakeholder perceptions on training and employment, and how occupational therapy could redefine the landscape for foster youth work outcomes.

### **Theoretical Frameworks**

Theoretical frameworks structure research methods and analysis that guide planning and organization for change with community services or consumer needs. Establishing goals that empower individuals or collective populations by identifying their capacity for transformation is one way to organize change. Other ways to organize change may include promoting active participation and relevant issue examination, finding the best methods for measurement and evaluation, and reflecting on population motivation and resolve to organize for change within the community (Minkler, 2012). The theoretical frameworks selected for this study include the model of human occupation (MOHO), individual placement and support (IPS), emerging adulthood theory, the holistic model, and Freire's Model.

#### ***Model of Human Occupation***

The model of human occupation (MOHO), developed by Gary Kielhofner and

collaborators in the mid-1970s, addresses how human occupation and health are related. Occupational behavior analyzes through the lens of cultural and environmental perspectives, with the framing of occupation and its benefits for health restoration characterized through activity analysis. This model applies to many areas of occupational therapy practice to include choice making, interest, habits, and motivation (Early, 2017).

One of the central themes in MOHO is that humans desire to explore and master their environments by completing actions to promote and maintain connections. Human occupation defines exploration, development, and control of an individual's environment. Since activity engagement can be nourished or repressed, MOHO seeks to understand and explain individual activity connections and how best to encourage individuals to adapt to their environments (Early, 2017).

MOHO examines how individuals engage in occupation motivation, patterns, and performance with individual outcomes of engagement to define beneficial and non-beneficial connections. MOHO promotes broad and integrative components, such as volition, habituation, and performance capacity. These key MOHO components translate into occupational participation, performance, and skills within an environment shaping interactive processes. Volition involves personal causation, self-efficacy, values, and interests. Volition identifies one's motivation for occupation. Habituation addresses the habits of occupation, such as routines, styles, patterns, or internalized roles. Performance capacity encompasses individual objective and subjective viewpoints with physical and mental abilities underlying their occupational performance skillset (Turpin & Iwama, 2011; Model of Human Occupation Clearinghouse, 2020).

***Individual Placement and Support***

The individual placement and support (IPS) model is a simplified employment approach used with consumers having behavioral health or substance abuse issues. In comparison studies between IPS and traditional vocational rehabilitation programs involving prevocational assessment, sheltered settings, and volunteer work, IPS demonstrated more favorable consumer outcomes in 25 randomized controlled trials. Research supports the efficacy of IPS for consumers with post-traumatic stress (PTS) or early psychosis, besides use with older adults, homeless, consumers with a history of juvenile or adult justice, and various racial/ethnic groups. The evidence-based practice supports IPS as one of the most effective tools for assisting consumers with improving work outcomes (Becker, Swanson, Reese, Bond, & McLeman, 2015).

In IPS, competitive employment delineates anyone working in a community regardless of ability or disability status. Employment measures as part-time, full-time, or self-employed; offering regular (minimum) wages; providing benefits equal to all minimum wage employees; and an employment duration depends on the needs of the business and worker preferences. IPS has practical applications in various community practice settings (community mental health centers, rehabilitation programs, supportive housing, urban/rural/frontier geographical locations, different labor markets) and holds a distinguished track record of success with a variety of different cultures in countries outside of the U. S. (Becker et al., 2015).

IPS involves a team approach using supported/employment coordinators known as IPS specialists. These specialists meet with the consumer treatment team (mental/behavioral health practitioners consisting of case managers, social workers, service coordinators, therapists, psychologists, and psychiatrists) to assist with IPS service integration for the consumer treatment plan. Peer specialists can be added to the consumer treatment team when approved by country,

state, or agency policies. Peer specialists share personal experiences to inspire and motivate others toward successful work outcomes. The IPS model strongly encourages the coordination of resources across service systems, such as social services, labor departments, housing assistance, welfare, and health departments (Becker et al., 2015).

IPS recognizes employment as an essential part of health maintenance and recovery for all consumers by incorporating healthy habits, routines, and roles in a cost-effective manner. As an alternative to day treatment care facilities or other forms of therapeutic interventions, the benefits of steady, competitive employment increases income, self-esteem, social networks, quality of life, and symptom control. Decreases in hospitalization, service utilization, and substance abuse are also documented (Becker et al., 2015).

The eight principles of IPS emphasizing successful work outcomes are: (1) making services available to all consumers who desire to work, (2) teams focusing on competitive employment opportunities, (3) providing rapid job searches, (4) providing targeted job development, (5) consumer preferences guide decision process, (6) providing long-term, individualized supports, (7) integration with consumer treatment plans, and (8) benefits counseling.

The first principle emphasizes consumer choice with no exclusions for a diagnosis history, hospitalization, criminal justice, or work outcomes. The second principle emphasizes job opportunities in the current labor market for the consumer's preferred geographical area. Obtaining consumer preferences for preferred community work locations, days of the week, hours per day, and commute distances help to optimize the competitive employment search. The third principle specifies timelines for rapid job searches. IPS specialists begin employment searches with consumers within 30 days of their program start date. Assessments, training, and



counseling are kept to a minimum and not required to obtain employment. Consumers set the pace for their employment searches and acquisition timelines. The fourth principle of targeted job development is an ongoing effort to cultivate community employment opportunities, market program support of employers, and build long-lasting relationships within the business community. IPS specialists continually update employer needs in order to identify qualified applicants. As IPS specialists develop community building relationships, consumer employment placement becomes a reality, and the relationship-building continues with multiple face to face hiring manager contacts per week.

The fifth IPS principle identifies consumer preferences as the overarching theme for success. This principle also includes consumer preferences for job support. The sixth principle provides job support for as long as needed by the consumer with no time limitation. Viewing these long-term supports as individualized promotion and support of positive work outcomes encourages consumers beyond a fixed time limit. Long-term supports also include job changes, career advancement, and additional education or training. The seventh principle ensures that IPS specialists are collaborative members of consumer treatment team weekly meetings to discuss updates, planning, services, and other consumer-focused service information. The eighth and final principle deals with personalized benefits counseling. Employment benefits are a vital component in starting, stopping, and changing jobs. Benefits counseling aids consumers with their employment decisions for current and future needs (The IPS Employment Center, 2020).

### ***Emerging Adulthood Theory***

Arnett (2000) proposed the emerging adulthood theory based on the works of Erik Erikson, Daniel Levinson, and Kenneth Keniston. Each of these authors identified a prolonged stage of adolescence, role and responsibility experimentation, and a period of change or

instability. Arnett (2000) characterized emerging adulthood as a time filled with diversity, instability, and fueled by demographic variability. The author established that ages 12-17 and after 30 contained norms not found in ages 18-25. Housing, marital status, offspring, and education identify as some of the norms with little variability in ages 12-17 and after 30; however, ages 18-25 demonstrated variability and diversity as the norm, in opposition to the surrounding ages. Most transitioned area youth (TAY) describe adulthood as accepting responsibility for self, making independent decisions, and becoming financially independent. TAY identifiers for adulthood were not what some parents would consider acceptable benchmarks, such as completing school, starting a career, or getting married but were recognized none the less.

Emerging adulthood characterizes three areas of identity exploration: love, work, and world views. Identity exploration and formation involve trying out different life possibilities, then moving toward enduring, stable life decisions. Loving relationships become focused more on lifetime commitments. Work choices become tied to long-term goals in preparation for adult work roles. World views and perspectives change during emerging adulthood, and this change is due to exposure to other viewpoints and the personal/professional experiences of growth during these years. Arnett also notes that a college education is not a prerequisite for identity exploration and formation (2000).

Arnett (2000) identified the uniqueness of emerging adulthood through demographics, subjective perceptions, and identity exploration and formation. Some authors suggest an increase in risk behavior for ages 18-25 involving substance abuse, sexual relationships, excess driving speeds, and intoxication. In 2018, the median age for marriage in the U.S. was 27-29 compared to age 21-23 in 1970 (Arnett, 2000; Stritof, 2019). In 2016, the median age for first time

pregnancy was 26 compared to 21 in 1972 (Arnett, 2000; Bui & Miller, 2018). Arnett's model contends that not every culture accepts the concept of emerging adulthood despite many similarities noted between these cultures (Arnett, 2000).

### ***Holistic Model***

The holistic model treats the whole consumer and focuses on the mind, spirit, body, and emotions. Optimal health achieves and maintains proper life balance using reflection, mindfulness, and assessing factors affecting the consumer's level of occupational engagement and outcomes (Reference, 2020; Slaymaker, 1986). Florence Nightingale foresaw the connections between positive health benefits and competent, compassionate care. She revolutionized this model in the 1800s during the Crimean War. Her goal was to lower death rates by administering proper care, and she met her goal by reducing the hospital's death rate by two-thirds. Her keen sense of duty and honor elevated personal connections in healthcare, establishing a benchmark for compassionate service in support of favorable health outcomes (Leal, 2018).

In 1981, Dr. Robert Adler coined the phrase psychoneuroimmunology (PNI), the study of the physiological connection between the mind and the body. Scientists acknowledged relationships between psychological, neuroendocrine, immunological, and other physiological processes, further strengthening Adler's research. The holistic model recognizes that thoughts and emotions translate into functional physiological changes with stress reduction as a key to recovery. In acknowledging that sensory interventions can affect emotions, context, and environment play a pivotal role in promoting positive psychological responses with uplifting therapeutic environments improving outcomes (Leal, 2018).

Occupational therapy's foundation is the therapeutic value of occupation in restoring and

maintaining an individual's health. Utilizing the five domains of occupation, client factors, performance skills, performance patterns, and contexts/environments, the theme of health and wellness promotes a holistic, occupation focused approach. Each consumer can achieve a life balance in engagement and performance by asserting their goals and preferences (Slaymaker, 1986).

Chen (2015) used randomized control trials (RCTs) to investigate the holistic approach in theory and real-world outcomes and identified common terminologies, such as availability, access, broadly defined populations, implementation, and level of participation. To some degree, each of these terms aligns with this capstone examination of foster youth work outcomes and could promote the benefits of an occupational therapy collaborative evaluation process for foster youth. In examining the data, it is easy to see the myriad of variables affecting TAY since life is and continues to be challenging, overwhelming, and unpredictable for many. Occupational therapy is holistic in measuring and viewing the preferences, strengths, and challenges of each consumer, regardless of their background. The holistic model reflects strong evidence for the well-being and support of each consumer. Occupational therapy provides this needed support using different intervention techniques to address consumer function and independence for daily activities. Some occupational therapy interventions could include cooking classes to address diet changes, beneficial exercise, sleep hygiene, stress management, social skills and peer communication, self-care, or health maintenance, to name a few (Reference, 2020).

### ***Freire's Model***

Freire's Model is a preferred choice for community building between private and public partnerships. It emphasizes an educational process, idea and opinion exchange for individual consumer development, emotional and cultural beliefs, acknowledgment of life challenges, and

acceptance of community strengths as well as needs. Freire empowers individual development and independence, a central theme for occupational therapy (Minkler, 2012). In 2014, AOTA continued using the 2002 definition of independence in an AOTA position paper (p. S43). The construct of independence reflects self-direction, participation, preferences, satisfaction, and not requiring external support (AOTA, 2002, p. 660).

Freire invigorates collaborative planning by acknowledging and promoting opportunities to shape individual and collective strengths while educating a population on their needs and challenges. Since the model promotes empowerment, community-based programs can recognize foster youth as workable stakeholders for future planning and program efforts. As current and future leaders for transition service programs, pre- and post-transition foster youth could promote the intrinsic motivation needed for program sustainability. Community-based programs could also offer part-time employment opportunities to foster youth wanting to advance their leadership skills while continuing their education or other employment pursuits (Minkler, 2012).

### **Occupational Therapy and Occupational Performance**

Paul-Ward and Lambdin-Pattavina (2016) recognized the distinct value of occupational therapy by promoting daily participation in meaningful occupations. Selecting interventions for foster youth using universal, targeted, or intensive levels could significantly improve work participation and lead to meaningful occupational performance outcomes. Universal levels of intervention target partnerships with organizations and agencies by improving community resources for occupational engagement. The development of new or additional programs can promote satisfying life skill opportunities not previously available in existing programs.

Targeted levels of intervention have been effectively used by Purvis, Cross, Danscreau, and Parris (2013) by implementing trauma-focused, attachment-based principles to build healthy

relationships that translate into meaningful occupational engagement. Occupational therapy collaborations reduce foster care effects on dysfunctional activity choices (Pears, Kim, & Fisher, 2016) and target interventions improving placement stability along with long-term well-being in areas of life skill engagement and performance (Fisher, Kim, & Pears, 2009).

Pecora et al. (2006) found intensive occupational therapy interventions, with foster youth work skills training, increased employment potential. Paul-Ward and Lambdin-Pattavina (2016) correlated that occupational therapy makes a difference in youth transitioning out of foster care by developing future goals and skills needed for successful daily activities.

### **Chapter III: Methods**

This examination originally selected a mixed methods design as the planned methodology because it best represented the context of methods, methodology, and philosophy (Greene, Caracelli, & Graham, 1989; Tashakkori & Teddie, 1998, 2003; Johnson, Onwuegbuzie, & Turner, 2007; Creswell & Plano Clark, 2007; Creswell, 2014; Hesse-Biber, 2015). Greene (2007) described mixed methods as possessing multiple sensorial components that explain or make sense of an area of study. Combining qualitative and quantitative examination in this research design easily aligned with client factors from the Occupational Therapy Practice Framework, 3rd edition (American Occupational Therapy Association {AOTA}, 2014) and involved three areas influencing occupational performance: (1) "values, beliefs, and spirituality; (2) body functions; and (3) body structures" (AOTA, 2014, p. S4). Each of these client factors uniquely applies to individual survey respondents and collectively increase our understanding of stakeholder perceptions of foster youth work outcomes (AOTA, 2014).

Due to the small sample sizes received from both groups of data, the original methodology could not be completed. An alternate method from Excel statistical functions was

selected to provide a variance estimate for analysis of collected data.

### **Design**

A mixed-methods design was chosen to thoroughly examine stakeholder perceptions of transitioned foster youth work outcomes and the various strengths or barriers affecting these outcomes. Creswell (2018) noted that mixed-methods research collects qualitative and quantitative data during the same phase, combining collected data to complement data analysis. Tariq and Woodman (2013) identified a 13% increase in mixed methods healthcare research in England from the mid-1990s through the early 2000s. This increase in mixed methods popularity further supported the holistic values of occupational therapy research with at-risk populations. Biddix (2009) identified this design as one of the best in offering multiple ways to explore one or more processes with the characteristics of mixed-methods, often including variations in sample sizes or data collection and that these variations lend credence to the complimentary interpretation of data.

After small sample sizes were realized as insufficient to support the planned design, a discussion with computer science and statistical professionals led to the selection of Microsoft Excel VARA (also known as variance) as the preferred statistical function for data analysis. Lee, Lee, Chang, and Tai (2016) promoted the use of Microsoft Excel in offsetting time and money spent on traditional statistical programs. By choosing Microsoft Excel, investigators can complete a level of statistical analysis more aligned with financial and business practices. Unlike quartiles and range, variance combines all values in a data set to produce a measure of spread. Variance, represented by  $s^2$ , is one of the most used spread measures and is calculated as the average squared deviation of each number from the mean of the data set. In numeric terms, this represents a  $\{\text{squaring deviation from the mean}\} \div \text{number of observations} = s^2$  (Statistics

Canada, 2017). Excel cannot replace the strongly preferred traditional statistical programs used in research today. However, its popularity has been gaining acceptance with many applications and proved most useful with this research analysis.

Surveys were selected because they described or compared individual and collective values, preferences, or feelings. Additional reasons for survey selection included the opportunity to evaluate policies and programs, useful program examination of stakeholder knowledge, attitudes, and health; and to obtain helpful information for guiding future program evaluation and process improvement (Fink, 2017). After reviewing other research survey questions involving TAY, surveys for this research were developed based on literature gaps and data sought by researchers, since established data collection surveys did not meet these needs. In addition to literature gaps, theoretical frameworks guided question development within each survey (Creswell & Plano Clark, 2018). Both groups of surveys included open-ended questions for qualitative data and quantitative-based questions using a 5-point Likert Scale. SurveyMonkey (2020) was used to design and deploy the surveys with access achieved through an online web address and QR (quick response) smartphone codes. Data collection integrates response comparisons and levels of correlation between the two groups of stakeholders.

The traditional model of collecting and analyzing quantitative and qualitative data separately, then combining the results for comparison and contrast during interpretation, remained applicable for this research design. Comparing results from both group data sets aided the ability to examine further and synthesize resulting variance findings. Despite the small sample sizes, data analysis and validation were supported (Creswell, 2007).

Biddix (2009) defended the use of two or more data collection methods when used to confirm, cross-validate, or corroborate findings from collected data. Individual response data was



collected and analyzed first, then combined and compared for variance ( $s^2$ ). The range of variances from none to different proved an excellent tool for reviewing outcomes related to the initial research question(s). Open-ended qualitative data further expanded quantitative data collection and analysis (Creswell, 2003).

The methodology timeline began with the Nova Southeastern University Institutional Review Board (IRB) submission and subsequent approval received in late February 2020 (See Appendix A). Phone calls and emails initiated the research marketing plan for San Antonio public and private agencies serving transitioned foster youth. Agencies servicing transitioned foster youth were located using the online listings of San Antonio organizations. Introductory emails included sample advertising flyers targeting stakeholder groups I and II. Group I flyers sought transitioned foster youth ages 18-24. Group II flyers solicited transition service professionals working with transitioned foster youth. Only after an agency consented to participate in this research (See Appendix B) were the official advertising flyers for groups I and II emailed to them (See Appendices C and D).

Snowball sampling was encouraged and accepted for this research. Marketing continued as needed throughout survey deployment from March through May 2020. For statistical significance, survey groups were to achieve 30 responses; however, neither group met this benchmark, so methodology was revised. Each respondent voluntarily consented to participate before accessing the survey (SurveyMonkey, 2020; See Appendices E, F, and G).

Following the end of survey deployment, response categorization for quantitative and qualitative analysis was completed. Quantitative data analysis used the Excel VARA function. The variance develops through analysis of all participant responses within each group, comparing group responses (group I compared to group II). Finally, a comparison of groups I

and II combined against group II for a VARA of the VARAs. This final variance configuration was recommended as another analysis involving more grouped responses for comparison.

The primary and additional investigators compared and coded qualitative data for constructs, subthemes, and themes. Constructs and subthemes were compared for similarities and re-grouped where applicable for within-group and between-group responses (See Appendix H). Some survey questions aligned with both surveys for coding and theme identification (Creswell & Creswell, 2018).

### **Participants**

Two separate groups of survey respondents voluntarily participated in this study. Group I consisted of transitioned foster youth (known as transition area youth or TAY hereafter) ages 18-24; group II consisted of public/private agency professionals working with TAY.

### ***Sample Size***

The projected sample goal for each group was 30 completed responses within 30 days of the deployed survey start date. A total of 60 projected responses for both surveys sufficiently addressed statistical significance; however, this projected sample goal was not achieved for either group. The final sample size for group I was  $n = 2$ , with one response disqualified and  $n = 3$  for the group II sample size.

### ***Inclusion Criteria***

For group I, the participants were required to: identify as TAY between ages 18-24, possess an English reading proficiency and complete the survey questionnaire containing open and closed-ended questions, complete an electronic informed consent, be free of physical disability preventing work, have spent at least six months in foster care within a 50-mile radius of downtown San Antonio, and complete at least 80% of the survey.

For group II, the participants were required to identify as private or public organization employee providing services to San Antonio TAY, have worked at least one year in current position; have communication with youth, be familiar with two or more services offered to youth; possess basic knowledge of employment strengths and barriers facing youth; and reside within a 75-mile radius of downtown San Antonio.

### ***Exclusion Criteria***

Exclusion criteria for group I included: any TAY under age 18 or over age 24, not proficient in reading, unable to complete a survey in English without assistance, unable to electronically acknowledge informed consent, unable to work due to one or more physical disabilities, did not spend a minimum of 6 months in foster care within a 50-mile radius of downtown San Antonio, and unable to complete at least 80% of the survey.

Exclusion criteria for group II professionals included: not currently working in public/private organizations with TAY, working in the current position for less than one year, not communicating with youth, unfamiliar with two or more services offered youth; lacking the basic knowledge of employment strengths and barriers facing youth, and not residing within a 75-mile radius of downtown San Antonio.

### ***Recruitment***

San Antonio public and private agencies providing TAY services were contacted by phone and email to participate in this research. Each organization signed an agreement to allow research to occur at their establishments (See Appendix B). Additional recruitment measures included advertising flyer postings (See Appendix C, D) with survey links for internal and electronic social media and quick response (QR) codes. QR codes are a two-dimensional barcode offering alternative access to websites with smartphone technology. The codes recognize the

camera and mobile app access with newer smartphones combining QR readers with the camera (McLaughlin, 2019). Additional recruitment was accepted through snowball sampling.

### ***Snowball Sampling***

According to McDavid, Huse, and Hawthorn (2019), snowball or chain sampling is used more often than other forms of sampling because participants can quickly identify additional information-rich sources. The authors also contend that snowball sampling is not random or representative but offers "uniquely informed participants" (p. 230). Snowball sampling is used more often with populations where adequate sample frames may not be available. It does not pose a risk for human subjects since each respondent is permitted to accept or decline participation (McDavid, Huse, and Hawthorn, 2019; National Science Foundation, n.d.)

### ***Informed Consent***

Under Nova Southeastern University Institutional Review Board (IRB) guidelines, the participation letter for anonymous, one-time surveys was used for this research. The one-time participation consent letter was selected since the research premise was an examination, not intervention (See Appendix E). Respondents acknowledged criteria and consented to participate before accessing the survey (Nova Southeastern University, 2020).

### **Outcome Measurement**

Jones (2014) described outcome measurement as an achievement or performance level resulting from an organization's provided activities or services. Outcomes can reveal if a participant learned something new, improved a skill, or achieved a higher standard. Measuring stakeholder perceptions can be challenging for many public/private organizations, so the more natural choice is to measure agency output on programs and services. Jones (2014) reminds us that even though outcomes evoke change and advance service delivery, outcome measurement is

best addressed before program implementation and in an ongoing effort to compare baseline and future metrics for analysis.

These surveys were intended to obtain perceptions held by two different groups: TAY ages 18-24, and agency professionals providing services to these consumers. These two groups of stakeholders were deemed representative in revealing personal knowledge and experience with this research topic. Outcome measurements for this research included: 1) achieved 30 surveys per stakeholder group with a completion rate of 80% for each survey; identify the null and alternate hypothesis, such as the null hypothesis has no significant statistical difference existing between stakeholder groups I and II, and the alternate hypothesis demonstrates a significant statistical difference existing between stakeholder groups I and II; 2) identify if employers of group II professionals have TAY employment goals and objectives; 3) identify if group II professionals perceive their employer is successfully meeting their organizational goals and objectives; 4) identify outcome measurement tools used by group II employers to evaluate the success of delivered services; 5) identify if group II respondents perceive employers as successfully meeting expectations of internal and external stakeholders, and; 6) identify if group II respondents perceive employer's stakeholders as having confidence in their organization's current and future performance.

### ***Instrumentation***

The qualities of accuracy and consistency were prominent in the selection of measurement tools. Accuracy means the instruments measure what they are supposed to measure; consistency means the instruments are confidently measuring a construct (Ponto, 2015; Morrison, 2020). According to McDavid, Huse, and Hawthorn (2019), surveys offer an opportunity to evaluate different lines of evidence from each group of stakeholders and provide

an excellent principal measurement in needs assessment data collection. This connection to needs assessment was an added capstone bonus given the proposed opportunity for occupational therapy services to boost the TAY program and service delivery, specifically in employment assistance areas, to improve work outcomes. McDavid, Huse, and Hawthorn (2019) also identified respondents as the central unit of analysis, promoting program development over time. Occupational therapy recognizes the value of client-centered interventions, and surveys provided the best choice within a specific time frame to support this methodology proposal.

Several different foster youth surveys outside of the field of occupational therapy were examined in designing this research survey. Multi-disciplinary literature, areas of literature gap, and theoretical frameworks guided preferred topics and survey questions. SurveyMonkey (2020) recommendations were utilized for measurement accuracy. The primary intention of survey development was to address stakeholder perceptions not often investigated in standardized surveys. Obtaining these perceptions could provide insight into TAY program efficacy and service gaps.

One of the most critical resources contributing to survey development was the National Youth in Transition Database Survey (NYTD). In 1999, the John Chafee Foster Care Independence Program (CFCIP) was established by congress to provide state funding for youth transitioning from foster care. Congress also required the Administration of Children and Families (ACF) to design a national tracking program on independent living services received by TAY in each state and outcomes measuring TAY success in transitioning from foster care to adulthood. States began collecting data in 2010 and reporting to the U. S. government in 2011.

study music

Youth preparing to transition from foster care are pre-selected for survey participation

with access occurring at ages 17, 19, and 21. All participants receive incentive gift cards for their cooperation (Massachusetts Department of Children and Families, 2020; Nebraska Department of Health and Human Services, 2020; U. S. Department of Health and Human Services, 2020). The NYTD ranges from 22-26 questions, depending on the state, and includes demographics and single selection responses (yes, no). Respondents are given the option to decline answering questions for much of the survey. Topics range from education, mentorship, housing, income, employment, and vocational/job training, healthcare, and different types of government assistance received at the time of survey completion. Each state tracks participating TAY responses and outcomes over four years, with all collected data reported to the U. S. government (Massachusetts Department of Children and Families, 2020; Nebraska Department of Health and Human Services, 2020; U. S. Department of Health and Human Services, 2020). Ultimately, two separate surveys were utilized to address different stakeholder groups meeting inclusion criteria. Group I consisted of TAY ages 18-24, and group II consisted of public/private sector professionals working with TAY.

Quantitative data included two types of answer choices: a 5-point Likert scale (strongly disagree, disagree, neither disagree nor agree, agree and strongly agree) or single selection (yes, no). Psychometric instruments, such as the Likert scale, have been refined to address trait qualifications like stakeholder perceptions, and have been scientifically accepted and validated. The Likert scale quantifies subjective preferences in thinking (cognition), feeling (affective), and action (psychomotor) using a validated and reliable method (Joshi, Kale, Chandel, & Pal, 2015). Single selection or forced-choice responses (yes, no) are easily scored and accepted as low threat questions (Fink, 2017).

Qualitative data included either a combination of multiple-choice responses with an

option for other response being open text or the only response option being an open text response. Text boxes provided ample character spaces for respondents to complete their answers without limited space.

**Group I Survey.** The group I survey (SurveyMonkey, 2020) addressed demographics (age, gender, race/ethnicity, housing, family) and other topics involving foster care, employment, education, health care, spirituality, successful and unsuccessful worker characteristics, and TAY services provided in San Antonio. Survey questions, totaling 45, were a mixture of seven or 15% open-ended and 38 or 84% closed-ended questions with an estimated completion time of 15 minutes.

**Group II Survey.** The group II survey (SurveyMonkey 2020) addressed demographics such as age, gender, race/ethnicity, public or private employer, education, and job title. Other topics included foster care, TAY employment, characteristics of successful and unsuccessful workers, mentorship, spirituality, services provided transitioned foster youth in San Antonio, and employer goals/objectives. Survey questions, totaling 52, were a mixture of six or 11.5% open-ended and 46 or 88% closed-ended questions with a maximum estimated completion time of 18 minutes.

### ***Data Collection Procedures***

Data for quantitative, qualitative, and mixed methods collection was identified in planning and outlined with order and timeline. Data collection was obtained and enhanced using anonymous responses through SurveyMonkey (2020). Survey web links and quick response (QR) codes were provided by email and advertising flyers (See Appendix C, D) to participating sites and through snowball sampling. Participants learned of the surveys through their participating agency or from a snowball source, and no personally identifiable information (PII)



was captured from survey responses. Each survey respondent provided confidential demographic information that included age, education, employment status or job title, gender, race/ethnicity, education, and time in a current job or foster care.

**Quantitative Procedures.** Both surveys had a higher percentage of quantitative data collected through closed-ended questions, including Likert scale responses ranging from strongly disagree to agree strongly, single selection (yes, no), ranking responses, and time referenced responses. 87% of the group I survey collected quantitative data compared to 90% for the group II survey. SurveyMonkey (2020) tracked the anonymous responses and converted them to numerical values. Responses were categorized individually and collectively within each respective survey, and SurveyMonkey (2020) provided different parameters for viewing collected data, such as pie charts, histograms, and color-coding.

**Qualitative Procedures.** Qualitative data were collected in both surveys using open-ended and closed-ended questions, with the latter offering a choice for 'other' text in a response box. Thirteen percent of group I questions collected qualitative data compared to 10% for group II questions. Responses were coded for similar constructs, then translated to subthemes and themes by the principal investigator and one additional coder. Collecting open-ended qualitative data provided additional opportunities to expand data collection in themed areas of advice, demographics, job training, San Antonio programs serving TAY consumers, and work outcomes (Creswell, 2003).

**Mixed Methods Procedures.** All collected data were given numerical values and identified for construct application involving complete verbatim responses. Respondent identification was anonymous, with only responses and data of survey completion recorded. SurveyMonkey (2020) did not offer a program to compare responses between two surveys, so

that part of the collection was transferred to Excel VARA for numerical conversion followed by numerical comparison.

### ***Data Analysis***

Data triangulation was initially planned to help associate how the quantitative and qualitative findings would complement each other. Comparing the data results from both surveys was identified as the preferred approach in pinpointing similar or contrasting patterns between collected data, identifying priorities, relevant occupational performance determinants, and recommendations for occupational therapy would have assisted in prioritizing issues most relevant to the stakeholders. The planned number of responses collected from each survey was vital to the completion of mixed-methods data triangulation; however, the response quota was not met, and data triangulation could not be completed (McDavid, Huse, & Hawthorn, 2019).

A two-sample t-test (independent samples t-test) was planned for this research but was not viable due to the sample sizes. The choice between equal versus unequal variances was determined to be unequal since the number of participants in stakeholder groups I and II were not equal. Unequal variance is used when numbers representing groups are not equal, leading to a variance change (Siegle, 2020).

The planned analysis included linking a topic of interest with each survey question and then identifying a numerical value with each response. Sample sizes, the sampling process, and response rates were identified in the planning phase, in addition to SurveyMonkey (2020) data preparation, an examination of response rates, the Excel VARA (variance) statistical function, and reviewing results with both visual and narrative formats (Pazzaglia, Stafford, & Rodriguez, 2016).

Data analysis preparations included converting responses to numerical values, such as 1-5

for the 5-point Likert scale and 0-1 for no and yes in single selection response choices.

Additional preparations included identifying and merging information by coding and theme identification and ensuring security and personal identity information (PII) was safeguarded per the IRB. Using SurveyMonkey's (2020) identification system, individual survey responses were safeguarded using hard drive back up of all data pre and post data merge. Excel VARA assisted in checking and efficiently resolving data errors, uniform coding of demographics and qualitative data, and determining the best histogram formatting for response presentation (Pazzaglia, Stafford, & Rodriguez, 2016).

A projected sample of 30 participants per survey was considered a benchmark for statistical analysis. Benchmark response rates were examined in preplanning if the probability sample could not be generated to a target population. The National Center for Education Statistics identified an adequate response rate equal to or greater than 85 percent (U.S. Department of Education, 2012). This research identified 80% as an acceptable response rate.

In examining and verifying statistical data, three levels of analysis were identified. The first level of analysis involved coding data using objects, dimensions, categories, and perceptions. This level was considered unidimensional. In the second level of analysis, combinations and concept synthesis formed broader categories that translated to a level considered multidimensional. The third level of analysis determined patterns and offered possible explanations for these patterns. This third analysis level was considered the explanation level as logical connections were either supported or disputed. The planned coded data matrix was attempted but did not provide the additional confirmation of patterns seen and unseen (Pazzaglia, Stafford, & Rodriguez, 2016).

Presenting research results in both visual and narrative formats was planned to aid

readers with additional examples of patterned results. It was hoped these examples would enlighten and inspire future occupational therapy researchers to examine community-based opportunities with TAY.

**Quantitative Analysis.** Quantitative processes for analysis were intended to translate collected data into numerical reference points, identifying potential cause and effect relationships, and generalize findings when applicable. (Jason and Glenwick, 2016). The application of a two-sample and two-tailed t-test was planned to compare whether the average differences between the two survey groups were significant or due to random chance. A normality test (Anderson Darling) was to have identified the null hypothesis with data distribution being normal and an alternate hypothesis with data distribution being not normal. Despite being able to complete the two-sample, two-tailed t-test computations, results were deemed invalid since the data yielded zero for comparison (Chieh, 2020).

Planned comparisons of binary endpoints on three or higher category values using Pearson's Chi-squared test and the calculation of continuous endpoints using Fischer's exact test, with a p-value of .05, could not be supported due to sampling sizing. With planned statistical analysis not obtained due to the low sample size, adjustments were made to account for analytical tools addressing smaller sample sizes.

The selection of Excel VARA (variance) was an alternative analysis method to identify the variance between responses within each group. Excel VARA, a statistical function in Microsoft 365, accepts small and uneven samples for variance calculation. It is a statistical measurement identifying differences between the average value and the range of other values. Variance ( $s^2$ ) is a statistical measurement identifying differences between the average value and the range of other values. Using values from groups I and II, VARA can estimate variances

based on average samples collected from each group's survey responses. In other words, the Excel VARA function calculated a sample variance from a supplied set of values. The function syntax was VARA (number 1, [number 2]). A minimum of two numeric values is necessary for VARA, where the number arguments are arrays of values or values. (Excel Functions, 2020).

VARA was an excellent alternative to the planned statistical analysis since it assumed the following: arguments may represent a population sample; numbers support arguments, names, arrays, references containing numbers, and true/false choices; logical values and text representation of numbers are accepted; true/false can be converted to numerical values; empty cells or text values can be ignored; and x is identified as a sample mean average (value 1, value 2) with  $n = 4$  as the sample size (Microsoft Office Support, 2020). The numerical variances aligned with four descriptive designations, such as no variance, slightly different variance, marginally different variance, or mostly different variance.

**Qualitative Analysis.** Analysis of qualitative processes compared phenomenon definitions with the individuals experiencing the phenomenon, constructed descriptions of participant experiences, and promoted collaborations between researchers and participants (Jason and Glenwick, 2016). Qualitative data were compared and coded for common constructs, subthemes, and themes by two individuals, one being the principal investigator. The planned coded data matrix was attempted but did not provide the additional confirmation of patterns seen and unseen (Pazzaglia, Stafford, & Rodriguez, 2016).

**Mixed Methods Analysis.** Mixed methods incorporated perspectives from both quantitative and qualitative approaches to elevate investigative perspectives by combining these approaches (Taylor, 2017a). Unfortunately, all planned methodology failed to produce any results due to the small total sample size ( $n=4$ ). The plan for data triangulation was to establish

whether quantitative and qualitative data collected findings were complimentary. If the findings indicated patterns of divergence, then strategies for divergent patterns would be addressed. Those patterns would include methodology review of evidence lines, a careful review of alignment between findings, and the research related to those findings and use of outside evaluation or experiences for review. Triangulation was determined as the best option to strengthen and increase the robust characteristics of this mixed- methods design (McDavid, Huse, & Hawthorn, 2019); however, sample sizing (n=1 for group I and n=3 for group II) dictated a different course of action for this mixed-methods analysis.

Using Excel VARA, quantitative variance analysis equaled the numerical spread for responses within group I compared to the numerical spread between responses for group II. In the mixed-methods application, the responses for groups I and group II were combined and compared to the spread of responses for group II only. This variance application was identified as VARA of the VARAs and recommended by computer science and statistics professionals. The goal was to compare known data with more than one level of analysis. Although not considered statistically significant, this analysis proved useful in quantifying a broader review of numerical variances using the same four descriptive designations of no variance, slightly different variance, marginally different variance, or mostly different variance (Excel Functions, 2020; Microsoft Office Support, 2020).

#### **Chapter IV: Results**

The purpose of this mixed-methods study was to examine stakeholder group perceptions about TAY work outcomes. Examining these perceptions could help identify strengths and barriers with existing services and address potential improvements through collaboration with

occupational therapy. Group I collected responses from TAY ages 18-24. Group II collected responses from TAY public and private agency professionals.

Two stakeholder groups completed surveys combining a series of quantitative and qualitative inquiry with open and closed-ended questions. The survey instrument, designed and accessed using SurveyMonkey (2020), included response choices framed in a 5 item Likert scale or single selection. The 5 item Likert scale response choices were strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. The single selection offered a yes or no response.

### **Demographics**

Demographic characteristics included age, education, gender, job title, race/ethnicity, time spent in the current job, time spent in foster care (group I only), and current job title (group II only). The combined total of both group survey respondents was five; however, one of the two respondents for group I did not meet inclusion criteria, so their response was disqualified. Group I consisted of one respondent (n=1) who was male, age 20, Hispanic or Latino, high school diploma graduate, and had spent greater than two years in foster care services. He transitioned from foster care services at age 17-18.

Group II respondents were three in total (n=3), and all were female with two reporting age ranges of 25-34 and one reporting an age range of 35-44. Race/ethnicity representation included Black/African American, Hispanic/Latino, and multiple races/ethnicities (Jamaican/Puerto Rican). Education levels identified one respondent with a two-year college degree and two respondents with master's degrees. Job titles included youth career navigator, workforce solution staff member, and certified art therapist/LPC-S (Licensed Professional Counselor-Supervisor). Group II responses for the time in current jobs were (1) 1-2 years, and

(2) greater than four years.

Table 2

Stakeholder Demographic Data by Groups

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<u>Demographics</u>	<u>Groups</u>	
	<u>Group I</u>	<u>Group II</u>
n=	1	3
Disqualified	1	0
Age	20	25-34 25-34 35-44
Demographic	Group I	Group II
Education	H.S. diploma	2-year college Master's degree Master's degree
Gender	Male	Female Female Female
Job Title	N/A	Youth Career Navigator Workforce Solution Youth Board Staff Certified Art Therapists/LPC-S
Race/Ethnicity	Hispanic/Latino	Hispanic/Latino Black/African American Jamaican/Puerto Rican (multiple race)
Time in Current Job	>1 year	1-2 years >4 years
Time in Foster Care	>2 years	N/A

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### **Quantitative Analysis**

This study closed with a total response rate of  $n=4$ . Group I had  $n=1$ , and group II had  $n=3$ . Since the VARA function accepted small and uneven values from both groups, VARA was used to estimate variances based on average values of samples collected from each group's survey responses. In other words, the Excel VARA function calculated a sample variance from a supplied set of values. The function syntax was VARA (number 1, [number 2]). A minimum of two numeric values was necessary for VARA, where the number arguments are arrays of values or values. (Excel Functions, 2020).

### ***Group I Responses***

The singular male respondent offered perceptions as a high school graduate TAY with employment in the same job for more than one year. He spent greater than two years in foster care before transitioning around ages 17-18 and reported he had not been homeless, unemployed, or involved with the juvenile or adult justice systems. He was not currently attending school.

Regarding survey statements, group I agreed with 46%, neither agreed nor disagreed with 46%, and disagreed with less than 1% of statements. Questions with a Likert response format represented the following numerical values: (1) strongly disagree, (2) disagree, (3) neither disagree nor agree, (4) agree, (5) strongly agree. Group I agreed (4 or higher) with the following: transportation is one barrier preventing completion of daily routines; having children makes it harder to find/keep a job; someone in my life provides good advice on how to find/maintain a job; my spiritual beliefs provide me strength and guidance; I have more days feeling hopeless than hopeful; job seekers with siblings are more successful in finding/maintaining a job than those without siblings; I have not completed a survey like this one; I receive health, dental, and

medication services to meet daily routines; education and training can produce successful work outcomes; service gaps are part of the process in aging out of foster care, and I have experienced service gaps or delays.

Group I was neutral (3 for neither agreed nor disagreed) with the following: I had more successful work outcomes after receipt of job training; job search programs are readily available in San Antonio; I have used San Antonio job search programs as a TAY; I have employment goals; education and training can produce successful work outcomes; gaps in services are part of the process when aging out, and I have experienced service gaps or delays. The only statement registering a disagreed response (2) was I had completed surveys like this one since becoming a TAY. Regarding job training, the respondent confirmed receipt of this training before starting a new job. His training lasted more than three weeks, but less than two months, and he could not recall if he had been paid minimum wage. Skills learned during this training included reading, writing, and math.

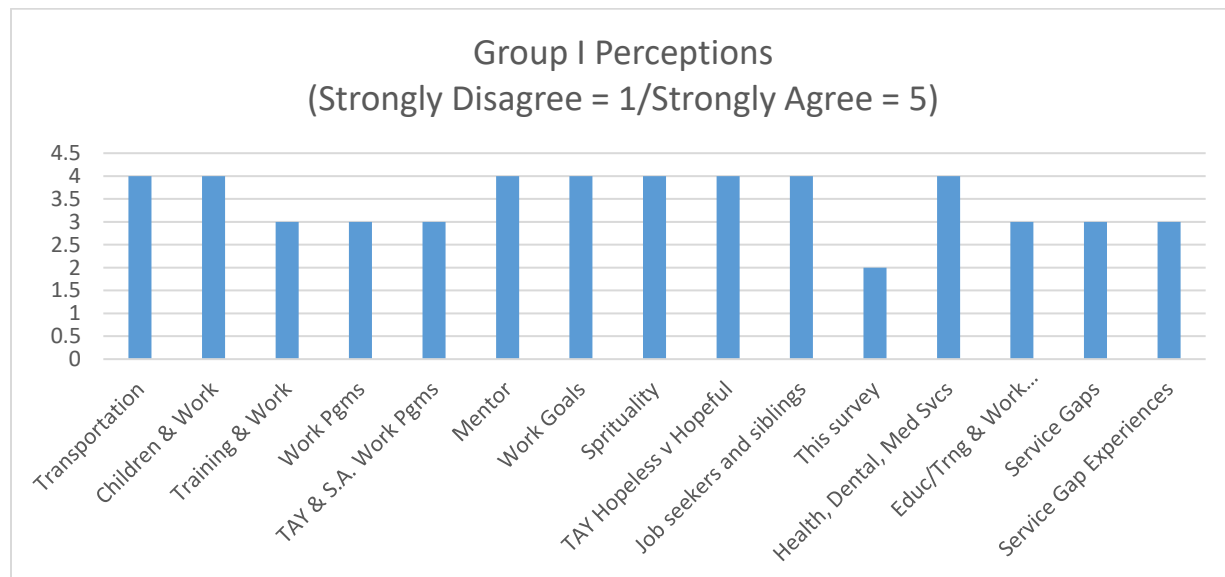
On barriers and characteristics, the respondent identified his top 5 five barriers in finding or keeping a job as (1) other, (2) lack of affordable housing, (3) lack of mentorship, (4) lack of health care services, and (5) lack of childcare. Space was provided to enter a response for his first choice (other), but none was entered. In a separate question on the most significant barrier for employment in San Antonio, he indicated mentorship. The question on ranking the top five characteristics for TAY achieving successful work outcomes was skipped; however, he did rank the top five challenges facing individuals with unsuccessful work outcomes: (1) initiation, (2) dependability, (3) motivation, (4) self-esteem, and (5) mentorship.

For work outcomes and job programs, he identified himself as successfully performing job requirements, such as work skills, time management, co-worker relationships, and sustaining

work performance. He reported average weekly work hours at 31-40 and that state/county government programs were most supportive of him finding/keeping a job. He could not provide the name of a supportive government program but indicated the best employment services came from private, for-profit agencies. The graph I histogram highlights group I responses ranging from 1 (strongly disagree) to 5 (strongly agree) and addresses specific questions for the following topics: transportation, children and work, training and work, work programs, TAYs and San Antonio work programs, mentor, work goals, spirituality, TAY hopeless versus hopeful, job seekers and siblings, this survey, health/dental/medication services, education/training and work outcomes, service gaps, and service gap experiences) are identified in the graph I histogram.

Graph 1

Histogram of Group I Stakeholder Perceptions



Transportation: One barrier preventing me/TAY from completing daily routines is transportation

Children & Work: Having children makes it harder to find/keep a job (for TAY)

Training & Work: I/TAY have had more successful work outcomes after receiving employment/vocational training

Work Programs: Job skill programs/services are readily available in San Antonio

TAY & San Antonio work programs: I/TAY have used job search programs/services in San Antonio after transitioning from the foster care system

Mentor: I/TAY have someone in my life providing good advice on how to find/maintain a job

Work Goals: I/TAY have employment goals

Spirituality: My spiritual beliefs provide me strength/guidance

TAY Hopeless vs. Hopeful: I/TAY have more days feeling hopeless than hopeful

Job Seekers & Siblings: Having siblings makes TAY job seekers more successful in finding/maintaining a job than TAY without siblings

This Survey: Since transitioning from foster care, I have completed surveys like this one

Health/Dental/Medication Services: I receive health/dental/medication services to meet my daily routines

Education/Training & Work Outcomes: Education and training can produce successful work outcomes

Service Gaps: Gaps in services are part of the process in aging out of the foster care system

Service Gap Experiences: I have experienced gaps or delays in the services I receive

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## ***Group II Responses***

The three female respondents offered perceptions as experienced TAY professionals with two reporting master's degrees and one selecting two years of college. Two of the three respondents had worked in their current positions for greater than four years, and one had worked 1-2 years.

Of the 15 topics identified in Graph 2, female respondents averaged the following responses: 53% agreed with the statements, 26% neither agreed nor disagreed with the statements, and 20% disagreed. Questions with a Likert response format were given the following numerical values: (1) strongly disagree, (2) disagree, (3) neither disagree nor agree, (4) agree, (5) strongly agree.

Agreement ranged from 4 - 4.67 for the following statements: transportation is one barrier preventing completion of daily routines for TAY; having children makes it harder for TAY to find/keep a job; I know TAY who have used San Antonio job search programs; my spiritual beliefs provide me strength and guidance; TAY have more days feeling hopeless than hopeful; education and training can produce successful work outcomes for TAY; service gaps are part of the process in aging out of foster care, and I know TAY who have experienced service gaps or delays.

Group II's neutral responses (neither agreed nor disagreed) ranged from 3 – 3.67 with the following statements: TAY experience more successful work outcomes after receipt of job training; job search programs are readily available in San Antonio, and TAY job seekers with siblings are more successful in finding/maintaining a job than TAY without siblings.

Statements receiving an averaged disagreement score of 2.67 were: most TAY have someone in their life providing good advice on how to find/maintain a job; most TAY have employment goals; TAY receive health, dental, and medication services to meet daily routines, and they had completed surveys like this one.

Regarding job training, 33% of responses knew TAY who were required to complete training before starting a new job. 66% believed the average length of TAY job training was 1-3 weeks, and 33% believed it was higher than three weeks. All respondents believed TAY were paid minimum wage for their training.

On barriers and characteristics, respondents identified these top 5 five barriers for TAY when finding or keeping a job: (1) homelessness, (2) lack of childcare, (3) lack of affordable housing, (4) lack of mentorship, and (5) lack of healthcare services. The most significant TAY employment barrier was unanimous: homelessness. The top five characteristics for TAY achieving successful work outcomes were: (1) independent life skills, (2) coping skills, (3) self-esteem, (4) work ethic, and (5) dependability. The top five challenges facing TAY with unsuccessful work outcomes were: (1) a tie between coping skills and self-esteem, (2) independent life skills, (3) another tie between dependability and initiation, (4) motivation, and (5) mentorship.

For work outcomes and job programs, 66% believed TAY with children have a harder time finding or keeping a job. Estimates for TAY weekly work hours were evenly split between

11-20, 21-30, and 31-40. Most supportive programs for TAY finding and keeping jobs were state/county government, private not for profit, and the fast-food industry. Best San Antonio programs helping TAY reach their work goals were Good Samaritan, BCFS PALs, and minimum paying jobs. Responses to the statement 'Most TAY are currently employed' were divided between neutral, disagree, and strongly disagree. When asked if most TAY were successful in their work. 66% were neutral.

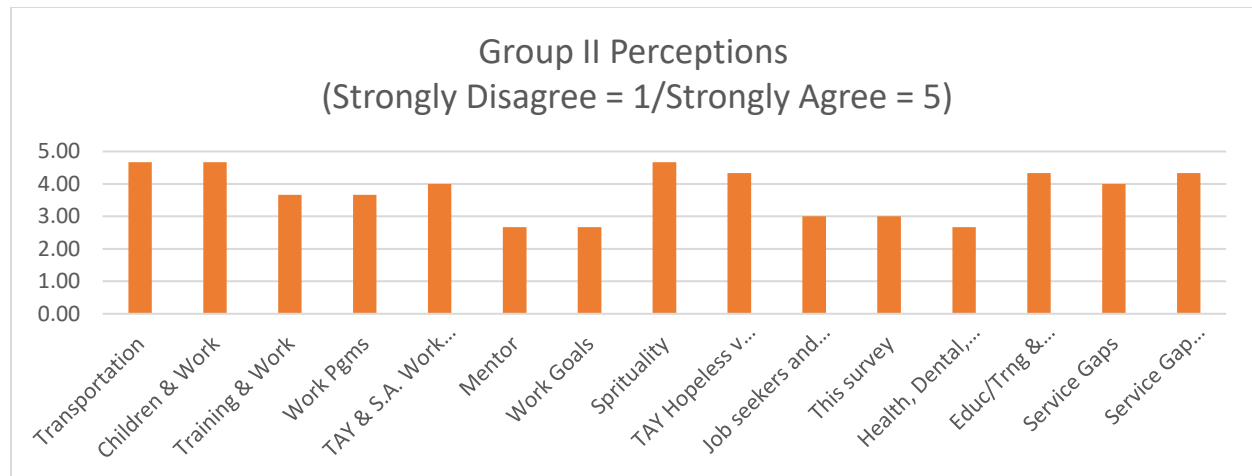
For the respondents in group II, 66% identified their employers as state or country government, and 33% private not for profit. 66% knew TAY that had been homeless at least twice. 100% knew TAY involved with the juvenile justice system, and 66% knew TAY involved with the adult justice system. 66% reported TAY's average length of unemployment higher than six months. Responses were divided on the question 'what percentage of TAY are currently attending school?' One respondent did not answer, and the other answers split between 11-25% and 26-50%.

The Graph 2 histogram highlights group II responses ranging from 1 (strongly disagree) to 5 (strongly agree). Specific topics include transportation, children and work, training and work, work programs, TAYs and work programs, mentorship, work goals, spirituality, TAY hopeless versus hopeful, job seekers and siblings, this survey, health/dental/medication services, education/training and work outcomes, service gaps, and service gap experience.

Graph 2

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Histogram of Group II Stakeholder Perceptions



Transportation: One barrier preventing me/TAY from completing daily routines is transportation

Children & Work: Having children makes it harder to find/keep a job (for TAY)

Training & Work: I/TAY have had more successful work outcomes after receiving employment/vocational training

Work Programs: Job skill programs/services are readily available in San Antonio

TAY & San Antonio work programs: I/TAY have used job search programs/services in San Antonio after transitioning from the foster care system

Mentor: I/TAY have someone in my life providing good advice on how to find/maintain a job

Work Goals: I/TAY have employment goals

Spirituality: My spiritual beliefs provide me strength/guidance

TAY Hopeless vs. Hopeful: I/TAY have more days feeling hopeless than hopeful

Job Seekers & Siblings: Having siblings makes TAY job seekers more successful in finding/maintaining a job than TAY without siblings

This Survey: Since transitioning from foster care, I have completed surveys like this one

Health/Dental/Medication Services: I receive health/dental/medication services to meet my daily routines

Education/Training & Work Outcomes: Education and training can produce successful work outcomes

Service Gaps: Gaps in services are part of the process in aging out of the foster care system

Service Gap Experiences: I have experienced gaps or delays in the services I receive

### ***Quantitative Comparison of Group I and II Responses***

Since the sample was too small to be compared for any traditional statistical analysis, Variance (VARA) was used to identify response similarities and differences. VARA calculated four different response values: 0, .222, .055, and .888. These responses reflected no variance (0), slightly different (.222), marginally different (.05-.055), or mostly different (.888). In fifteen selected questions shared between both groups, one response was a match (.06%, no variance), five responses (33%) were slightly different (.222 variance), four responses (26%) were marginally different (.05 - .055 variance), and five responses (33%) were mostly different (.888

variance). The only question providing matched responses, with no variance between both groups, was if they had ever completed a similar survey. All responses indicated they had not completed similar surveys.

Questions related to transportation, children and work, training and work outcomes, job search programs, and spirituality produced slightly different outcomes measuring .222. All respondents from groups I and II agreed: transportation was a barrier, having children made it harder; job training led to more successful work outcomes, and spiritual beliefs provide strength and guidance. A neutral response best addressed whether San Antonio's job programs were readily available to TAY. Respondents were evenly split (50/50) between neutral and agree on responses when asked if TAYs experienced more successful outcomes after receiving job training.

Topics related to job program usage, feeling hopeless, siblings and work, and service gaps produced marginally different responses measuring .05-.055. All respondents expressed differences in whether TAY had used job search programs in San Antonio. Two respondents gave neutral answers (neither agreed or disagreed), and two agreed that TAY had used these programs. On the topic of TAY feeling more hopeless than hopeful, three respondents agreed, and one respondent strongly agreed. Respondents differed on the topic of siblings and work. Group I agreed that TAY with siblings were more successful in finding or maintaining work than TAY without siblings; however, group 2 remained neutral (neither agreed nor disagreed). When asked if service gaps were part of the process in aging out of foster care, group I was neutral, but group II agreed.

Responses related to mentorship, work goals, education/training and work goals, daily routines/health, and experienced service gaps produced moderately different responses

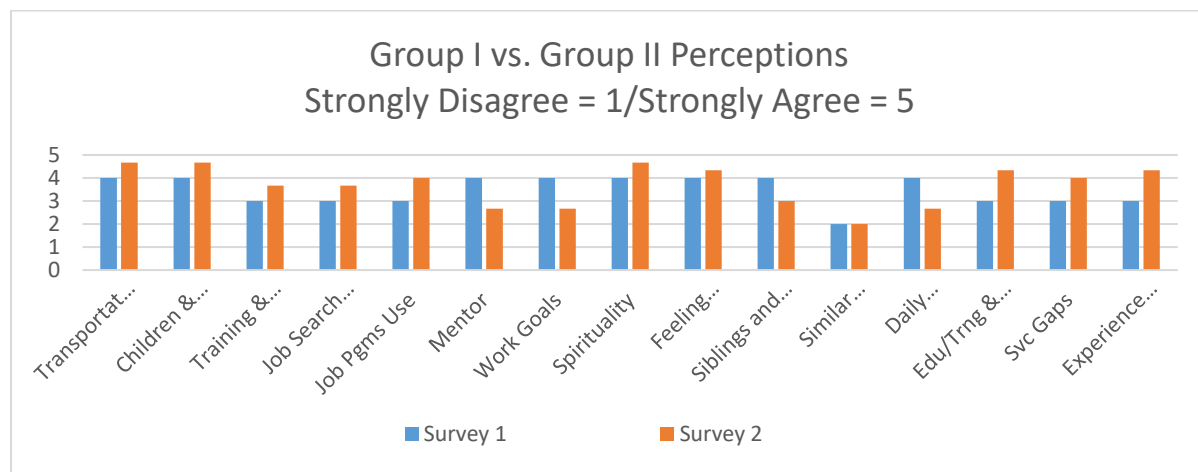


measuring .888. When asked if TAY had someone in their life providing good advice about finding and maintaining work, group I agreed, but the majority of group II was neutral. On TAY having employment goals, group I was neutral along with the majority of group II. On whether education and training produce successful work outcomes, group I was neutral, and group II agreed or strongly agreed. On the topic of youth receiving health, dental, and medication services to meet daily routines, group I agreed, but the majority of group II disagreed. On youth experiencing service gaps or delays, group I was neutral, and group II's majority agreed.

The Graph 3 histogram compares group I responses (n=1) with the average of group II responses (n=3) ranging from 1 (strongly disagree) to 5 (strongly agree). Each topic (transportation, children and work, training and work, work programs, TAYs and San Antonio work programs, mentor, work goals, spirituality, TAY hopeless versus hopeful, job seekers and siblings, this survey, health/dental/medication services, education/training and work outcomes, service gaps, and service gap experiences) is identified under their color-coded responses.

Graph 3

VARA (variance) of Group I vs. Group II Perceptions



Survey 1 = Group 1; Survey 2 = Group II

Transportation: One barrier preventing me/TAY from completing daily routines is transportation  
 Children & Work: Having children makes it harder to find/keep a job (for TAY)  
 Training & Work: I/TAY have had more successful work outcomes after receiving employment/vocational training  
 Work Programs: Job skill programs/services are readily available in San Antonio  
 TAY & San Antonio work programs: I/TAY have used job search programs/services in San Antonio after transitioning from the foster care system  
 Mentor: I/TAY have someone in my life providing good advice on how to find/maintain a job  
 Work Goals: I/TAY have employment goals  
 Spirituality: My spiritual beliefs provide me strength/guidance  
 TAY Hopeless vs. Hopeful: I/TAY have more days feeling hopeless than hopeful  
 Job Seekers & Siblings: Having siblings makes TAY job seekers more successful in finding/maintaining a job than TAY without siblings  
 This Survey: Since transitioning from foster care, I have completed surveys like this one  
 Health/Dental/Medication Services: I receive health/dental/medication services to meet my daily routines  
 Education/Training & Work Outcomes: Education and training can produce successful work outcomes  
 Service Gaps: Gaps in services are part of the process in aging out of the foster care system  
 Service Gap Experiences: I have experienced gaps or delays in the services I receive

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Additional analysis proved more helpful by further identifying a variance between response groupings. This second mixed-method analysis, titled VARA of the VARAs (variance of the variances), provided another perspective in response analysis. In Graph 4, series I represent group II variances (n= 3). Series II represents variances after combining data from groups I and II (n=4). Series III represents variances between data from group II (n = 3) and groups I & II combined (n =4). Value sizes reflected variance with smaller values indicating less variance and larger values indicating more variance.

Series 1 variances, shown in orange, reflected four different values: 0, .33, 1, and 1.33. No variance (0) was noted for responses 10, 11, and 14 with blue absent for these topics. The highest variance (1.33) was noted for responses 4 and 12, as is evidenced by each blue column exceeding the value of one.

Series 2 variances, shown in green, demonstrated seven different values: 0, .25, .33, .66, .91, 1, and 1.33. No variance (0) was noted for response 11, as seen by the absence of green on this histogram topic. Lower variances were noted with responses 7, 9, 10, and 14, and a higher

variance (1.33) was seen on response 12. Series 2 demonstrated three additional variance values not observed in series 1: .25, .66, and .91.

Series 3 variances, shown in gray, identified four different values: 0, .34, 3.125, and 5.55. Three of these values were not observed in series 1 or 2. No variance (0) was noted for response 11. Lowest variances were noted with responses 5, 7, and 9, with the highest variances seen in responses 4, 6, 13, and 15.

In summarizing series one of Graph 4, variances reflected group II responses only (n=3) and are coded in orange. This data indicated four values ranging from 0 to 1.33 with no variance noted for items referencing siblings and work, similar surveys, and service gaps.

A summary of series two in Graph 4 reflected a combination of group I and II responses (n=4) and is coded in green. This data indicated seven values ranging from 0 to 1.33, with no variance in responses for similar surveys.

Series three of Graph 4 demonstrates variances between group II responses (n=3) and the combined responses of groups I and II (n=4) and is coded in gray. This variance demonstrates another analysis perspective since traditional statistical research could not support these sample sizes.

#### Graph 4

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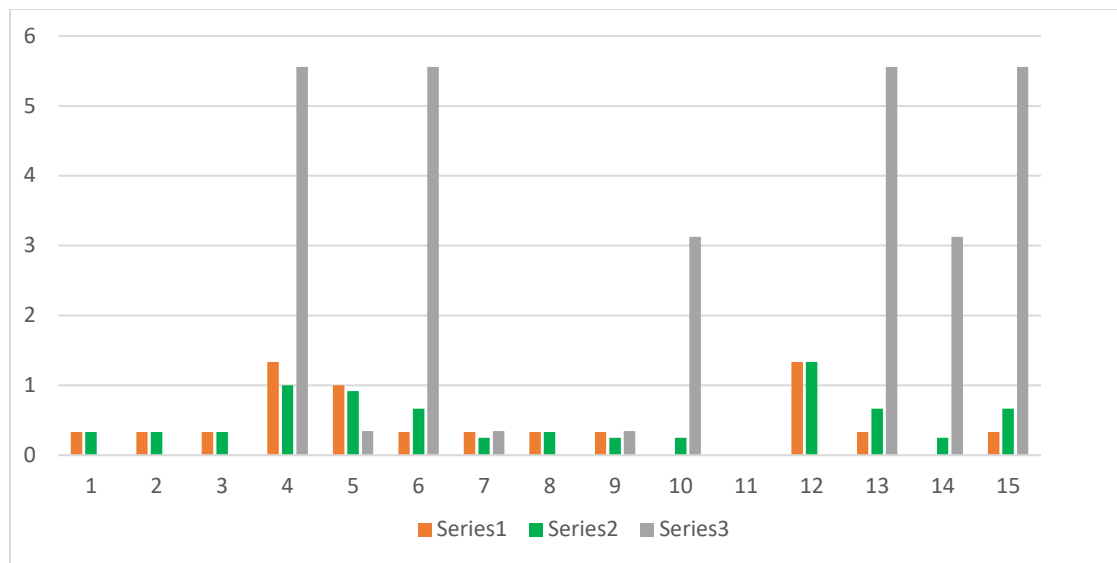
Group Perceptions: VARA of the VARAs (Variance of the Variances)

This graph represents responses and their variances to selected survey questions. Each topic and applicable question are represented by a number (1-15) and detailed separately following the graph, such as, 1 = Transportation: One barrier preventing TAY from completing daily activities is transportation.

-Series I = Group II Variances among n = 3 (Orange)

-Series II = Variances combining data from Groups I and II, n = 4 (Green)

-Series III = Variances between Group II versus Groups I & II combined, n = 3 vs. n = 4 (Gray)



### Group Perceptions: VARA of the VARAs (Variance of the Variances)

*-Numbers 1-15 represent same topics as Groups I & II Perception Histograms: 1 = Transportation, 2 = Children & Work, 3 = Training & Work Outcome, 4 = Job Search Programs, 5 = Job Program Use, 6 = Mentor, 7 = Work Goals, 8 = Spirituality, 9 = Feeling Hopeless, 10 = Siblings & Work, 11 = Similar Surveys, 12 = Daily Routine-Health, 13 = Education/Training & Work Outcomes, 14 = Service Gaps, & 15 = Experienced Service Gaps*

#### Applicable Survey Questions:

- 1 Transportation: One barrier preventing me/TAY from completing daily routines is transportation
- 2 Children & Work: Having children makes it harder to find/keep a job (for TAY)
- 3 Training & Work: I/TAY have had more successful work outcomes after receiving employment/vocational training
- 4 Work Programs: Job skill programs/services are readily available in San Antonio
- 5 TAY & San Antonio work programs: I/TAY have used job search programs/services in San Antonio after transitioning from the foster care system
- 6 Mentor: I/TAY have someone in my life providing good advice on how to find/maintain a job
- 7 Work Goals: I/TAY have employment goals
- 8 Spirituality: My spiritual beliefs provide me strength/guidance
- 9 TAY Hopeless vs. Hopeful: I/TAY have more days feeling hopeless than hopeful
- 10 Job Seekers & Siblings: Having siblings makes TAY job seekers more successful in finding/maintaining a job than TAY without siblings
- 11 This Survey: Since transitioning from foster care, I have completed surveys like this one
- 12 Health/Dental/Medication Services: I receive health/dental/medication services to meet my daily routines
- 13 Education/Training & Work Outcomes: Education and training can produce successful work outcomes
- 14 Service Gaps: Gaps in services are part of the process in aging out of the foster care system
- 15 Service Gap Experiences: I have experienced gaps or delays in the services I received

### Qualitative Analysis

This qualitative data offered some insight into policy and program processes. Computer-assisted qualitative data analysis software (CAQDAS) was not used for coding due to the small sample size. Predetermined themes and categories, identified during the literature review,

provided additional insight into stakeholder perceptions (McDavid, Huse, & Hawthorne, 2019). Two coders completed this process separately, then synthesized data for analysis.

### ***Group I Responses***

Group I themes and subthemes included advice (peer advice), job training (acquired skills), and work outcomes (work goals achieved, work goals). Job training provided reading, writing, and math skills. Keeping a job for more than one year was listed as an achieved work goal; however, current work goals were not provided. Advice offered fellow TAY included "have someone help you out in case of an emergency."

### ***Group II Responses***

Group II themes and subthemes reflected advice (professional advice), demographics (job titles), and San Antonio programs (measuring outcomes, models guiding services). Advice for TAY included: "Coping with failures can be the hardest thing you do, but it's necessary, so you won't give up;" "Find a solid mentor that can assist with providing tools needed to be successful;" and "For them to be mentored by someone who has gone through the process themselves and has words of wisdom. I would also encourage them to find programs which prepare them for the workplace and find medical clinics offering free services."

Under demographics, job titles included youth career navigator, youth board staff member for Workforce Solutions, and a certified art therapist and licensed professional clinical counselor with supervisory credentials. Respondents reported the best San Antonio programs helping TAY reach goals as Good Samaritan, BCFS PALs (Preparation for Adult Living), and minimum paying jobs.

Program outcome measurements used by their employers included performance data gathered from employment and educational goals, along with keeping in touch with TAY and

their former foster families. Models guiding program services included therapy, case management knowledge, social cognitive/goal realization, supporting people's outcome, and knowledge exchange.

### ***Qualitative Comparison of Group I and II Responses***

Both groups shared the theme of advice with linked constructs of someone to help, emergency, find a reliable mentor, providing needed tools, and mentored by someone. Professional job titles varied as did San Antonio programs identified as being the best to help TAY reach their work goals: BCFS, a state government contractor; Good Samaritan, a private not for profit faith-based agency; and minimum wage jobs. Models guiding program services addressed five different models with two responses identified as incomplete: therapy and supporting people's outcomes.

### **Comparisons between Quantitative and Qualitative Analysis**

#### ***Group I Comparison Analysis***

Group I responses were defined by one 20-year-old male Hispanic/Latino high school graduate who agreed with 46% of the survey statements, remained neutral with 46% of the survey, and disagreed with less than 1%. He had already experienced: job training; successful fulltime employment; keeping his job for greater than one year; attaining a work goal and mentorship; spending more than two years in foster care; having siblings; knowing TAY job seekers with siblings were more successful than TAY without siblings; more days of feeling hopeless than hopeful; learning skills of reading, writing, and math during job training; and health services meeting his daily routines. He had not experienced homelessness, interactions with juvenile or adult justice, education beyond high school, or TAY service gaps.

The respondent affirmed support from state/county programs and his spiritual beliefs;

challenges were noted in transportation and parenting areas. He could not recall if he had been paid minimum wage for his job training and was neutral on education or job training producing successful work outcomes, or if service gaps are part of the aging out process.

His top barriers to finding/keeping a job included housing, mentorship, healthcare, and childcare. He also listed "other" as a barrier but did not provide information to explain this response. His most significant employment barrier was mentorship. He identified initiation, dependability, motivation, self-esteem, and mentorship as challenges for TAY with unsuccessful work outcomes. Primary themes included advice, job training, and work outcomes. Advice offered fellow TAY was "to have someone help you out in case of an emergency."

### ***Group II Comparison Analysis***

These responses were provided by three females, with an average age of 28.33 to 37.33. They identified as three different races with education ranging from 2 years of college to graduate degrees, different job titles, and averaged over three years in their current positions. 66% of respondents worked for state/county government. Overall, respondents agreed with 53% of the survey, were neutral with 26%, and disagreed with 20%.

Participants agreed on the survey topics of TAY parenting and employment, transportation, spiritual beliefs, TAY hopeless versus hopeful, job search programs, successful outcomes after training and education, and service gaps when aging out. Respondents were neutral on the topics of job training and work outcomes, availability of job search programs, and the success of TAY job seekers with siblings. Participants disagreed with statements related to TAYs having mentors, employment goals, and health services.

Participants identified homelessness, childcare, housing, mentorship, and healthcare as barriers to finding and keeping a job. Homelessness was listed as the most significant

employment barrier. Characteristics of unsuccessful work outcomes noted a lack of coping skills, self-esteem, independent life goals, dependability, initiation, motivation, and mentorship.

### ***Groups I and II Comparison Analysis***

San Antonio reflected a diverse population of two-thirds Hispanic and one-third non-Hispanic (Caucasian), with African Americans making up less than 10%. Despite the small survey sample, the combined response groups reflected 50% Hispanic, 25% African American, and 25% multi-ethnic. Twenty-five percent of the respondents were male (group I), and 75% were female (group II). With the sole male respondent aged 20, and the average female respondent aged 28.33 to 37.33, the average age for all respondents was 29.5. Each respondent was employed full-time, with 50% working for state/county government. Completed education ranged from high school diploma to graduate education, with 50% of respondents having obtained graduate degrees and 50% having completed two years of college or less.

Excel VARA proved most useful in comparing select intergroup and intragroup responses. Responses to similar questions on both surveys were compared using Excel VARA with numerical values categorized as no variance (0), slightly different (.222), marginally different (.05-.055), or mostly different (.888). The only response between both groups (intragroup) with no variance (difference of zero) was that participants had not completed a similar survey. The variance between both group survey responses reflected: less than 1% was no variance (.06), 33% were slightly different (.222), 26% were marginally different (.5-.055), and 33% were mostly different (.888). The match or no variance for all respondents was that they had not taken a similar survey. Topics related to transportation, children and work, training and work outcomes, job search programs, and spirituality produced slightly different responses. Marginally different responses were reflected in job program usage, feeling hopeless, siblings



and work, and service gaps. Mostly different responses were identified in job program usage, feeling hopeless, siblings and work, and service gaps. Overall, group I and II responses demonstrated an even distribution between slightly different, marginally different, and mostly different.

In another Excel application, VARA of the VARAs (variance of the variances) examined responses to similar questions through three different series of analyses (See Graph 4). The first series reviewed only group II intergroup responses (n=3) using the same categories of no variance, slightly different, marginally different, and mostly different. The topics of work outcomes for TAY job seekers with siblings, completing similar surveys, and service gaps represented no variance for items 10, 11, and 14.

The second series of VARA of the VARAs combined group I and II responses (n=4) to examine variances using the same categories ranging from no variance to mostly different. No variance was noted for response 11 (I have completed surveys like this one). The highest variance (mostly different) was response 12 (I/TAY receive health, dental, and medication services to meet daily routines).

The third series of VARA of the VARAs compared group II responses (n =3) with groups I and II responses (n=4) using the same categories ranging from no variance to mostly different. No variances were noted for response 11 (I have completed surveys like this one). The highest variances (mostly different) observed between responses included question 4 (available job skill programs), question 6 (TAY mentorship), question 13 (successful work outcomes from education or training), and question 15 (TAY service gaps).

Demographics from each group represented age 20 vs. average age 28 - 37, male vs. female, high school diploma vs. undergraduate and graduate degrees, and diverse race/ethnic

representation. All respondents were working fulltime with most professionals employed with state/county government. Regarding all survey respondents, 49.5% agreed with survey queries, 36% were neutral (neither agreed nor disagreed), and 10.5% disagreed.

Both groups agreed with TAY topics of parenting and employment, experiencing more days being hopeless than hopeful, transportation, spiritual beliefs, and not having completed a similar survey. Most respondents were neutral (neither agreed nor disagreed) with TAY topics on the use and availability of job search programs and TAY having employment goals. Opposing group perceptions on TAY were noted in homelessness, the justice system, job training, and successful outcomes. Other opposing TAY perceptions included current employment, length of unemployment, agencies supporting job seekers, mentorship, job seekers and siblings, health services, successful work outcomes from education and training, education, service gaps when aging out, and employment services. One interesting note on wages and job training was that group II unanimously agreed that TAY receive minimum wages for job training; however, group I participated in such training and could not recall if minimum wages were paid.

Both groups matched four of five choices in their top barriers for TAY finding/keeping a job. The matches did not occur in rank order but in the selections: lack of childcare, lack of affordable housing, lack of mentorship, and lack of healthcare services. Groups did not match responses on the most significant barrier for employment: group I selected mentorship, and group II selected homelessness. The groups matched five of seven choices in the top challenges for TAY with unsuccessful work outcomes. The matches (selections only not rank order) were coping skills, initiation, independent life skills, dependability, motivation, self-esteem, and mentorship. Ranked characteristics of TAY achieving successful work outcomes were received only from group II. Those characteristics included independent life skills, coping skills, self-

esteem, work ethic, and dependability.

### **Chapter V: Discussion**

This capstone examined stakeholder perceptions of TAY work outcomes in San Antonio and was an essential step in recognizing the value and opportunities for occupational therapy collaborations with TAY consumers. The purpose was twofold: to examine stakeholder perceptions, factors, and experiences regarding TAY employment training and work outcomes, and to identify perceived strengths and barriers of existing services. The objectives were to focus on perceptions from two groups of stakeholders, quantify and qualify strengths and barriers, identify characteristics associated with TAY successful and unsuccessful work outcomes, and identify opportunities for occupational therapy collaboration with service agencies.

Stakeholder groups reflected TAY ages 18-24 (group I) and public/private agency professionals working with TAY (group II). Despite small sample sizes, respondents from both groups (group I, n=1; group II, n=3) represented diverse races, education levels, ages, job titles, and work experiences. Quantitative analysis was more limited with group I than group II, but valuable responses were obtained from both groups. The group I respondent was unique in having obtained his high school diploma, not experienced homelessness nor the juvenile/ adult justice system, received mentorship, and experienced successful work outcomes.

Both groups reinforced familiar TAY literature themes, such as parenting and job seekers, benefits of education and training on work outcomes, service gaps, and completing a similar survey (Ahrens et al., 2011; Duke et al., 2017; Greeson et al., 2015; Havlicek et al. 2012; Nesmith & Christophersen, 2014; Pecora & Ayer, 2012; Thompson et al., 2016). Another theme with both groups noted that spiritual beliefs provided strength and guidance. The theme of spirituality is not generally associated with TAY literature but is part of occupational therapy as

one client factor influencing occupational engagement and performance (AOTA, 2014).

Both groups agreed that TAYs experience more days feeling hopeless than hopeful. This revelation from group I, who experienced successful outcomes, underscores the importance of TAY mental/behavioral health services and the elevated need for consumer-focused interventions distinctive with occupational therapy. Alternative family services (2019) have been serving the mental health needs at-risk populations in the San Francisco and Sacramento regions of California for over 40 years. Their published statistics reveal: foster youth are seven times more likely to have depression than non-foster youth, nationwide numbers of foster care children grew 10% from 2012 to 2016, one of every five foster youth lack a home when they age out at 18, TAYs are twice as likely to develop post-traumatic stress disorder when compared to military veterans, one of every two foster youth have encountered four or higher adverse childhood experiences, and eight of every ten foster youth have mental health needs at the time they enter the foster care system (Alternative Family Services, 2019). Neal (2017) attributed TAY's desire for success as a basis for commitment to breaking their cycle of hopelessness.

Notable group differences included group I's support and group II's neutral standing that job seekers with siblings were more successful in finding/keeping a job than those without siblings. The theme of sibling connections with TAY resiliency and social support is noted in the literature (Singer, Berzin, & Hokanson, 2013; Wojciak, McWey, & Waid, 2018), but surprisingly not recognized by group II respondents. Another difference between groups was the statement that TAY receive health, dental, and medication services to meet daily routines. Group I affirmed this statement, but group II did not. With acknowledged service gaps and delays, further research is needed to examine TAY daily routines involving health and dental services.

Both groups disagreed that TAY have someone in their life, providing useful advice on

finding and keeping jobs. Group I agreed with this statement, but group II collectively disagreed. Mentorship is one of several characteristics aligned with both successful and unsuccessful TAY work outcomes. Group I identified mentorship as the most significant barrier in San Antonio TAY employment, but group II identified homelessness. Both responses were equally important and bore further correlational investigation. Could the lack of mentorship contribute to homelessness, or does homelessness contribute to the lack of mentorship? If homelessness had not been a choice for group II, would they have selected mentorship?

One interesting note on wages and job training was that group II unanimously agreed TAY receive minimum wages for job training; however, group I participated in such training and could not recall if minimum wages were paid or not. The Fair Labor Standards Act (FLSA) established a minimum wage system for employees under age 20 for \$4.25 per hour up to 90 days. Unless prohibited by state or local law, this wage applies to every employee under the age of 20. The law was designed to protect minors' educational opportunities (under the age of 20) and prohibiting jobs that were detrimental to health and well-being (Thomson Reuters, 2020).

Since 1938, FLSA has changed the employment landscape on wages, child labor standards, 40-hour workweeks, and overtime. Despite minor legislative revisions added over the years, FLSA has not kept up with the modern workforce. The federal minimum wage was increased to \$7.25 in 2009, which is below some state-mandated minimum wages. Employers have shifted to hiring independent contractors, whose positions are not regulated by FLSA, and many employees are now misclassified as independent contractors. Employees may not know their classifications without direct knowledge of employer recordkeeping. This misclassification benefits employers, not employees (Morgan & Morgan, 2020).

Both groups matched in identifying four of five ranked barriers for TAY finding and

keeping a job in San Antonio. Those matches, not in ranked order, were lack of affordable housing, lack of mentorship, lack of childcare services, and lack of healthcare services.

Matching in 4 of 5 selections was impressive, especially for this small sample size. The top five challenges facing TAYs with unsuccessful work outcomes offered additional matches between both group responses. Those matching responses, not in order, included initiation, dependability, motivation, self-esteem, and mentorship.

Only group II responded to naming the top five characteristics for TAY achieving successful work outcomes. Those collective responses listed independent life skills, coping skills, self-esteem, work ethic, and dependability. It is interesting to note that dependability and self-esteem were identified as characteristics of TAY unsuccessful work outcomes.

Both groups identified state/county government as most supportive of TAY finding and keeping a job in addition to private not for profit and the fast-food industry. The fast-food response was creative in recognizing that community employers hire and keep TAY employed, not the agencies. Best San Antonio programs identified as helping TAY reach their work outcomes were private not for profit, Good Samaritan, BCFS PALs, and minimum paying jobs.

Sadly, 66% of group II respondents knew TAY, who had been homeless at least twice. One hundred percent knew TAY involved with the juvenile justice system, and 66% knew TAY involved with the adult justice system. Sixty-six percent of group II also estimated TAY experience unemployment for greater than six months and that current school attendance ranges from 11 to 50%.

For series I in VARA of the VARAs, this analysis reconfirmed the need for additional research into the benefits of sibling support, surveying stakeholder perceptions, and the effects of TAY service gaps on work outcomes. In series 2 for VARA of the VARAs, the highest variance

(mostly different) surrounded the topic of TAY health, dental, and medication services meeting their daily routines. This finding emphasizes the need for continued research into TAY relationships between health, dental, and medication services and their daily routines.

In series 3 of VARA of the VARAs, findings reconfirmed no respondents had ever completed a similar survey. The highest variances were reflected in the availability of job skill programs, mentorship, successful work outcomes from education and training, and service gaps/delays. On the availability of job skills programs, robust collaboration is needed to increase marketing, access, and availability of these programs and services. About mentorship experiences, group II reflected the need for this connection in the San Antonio TAY community, but group I did not. Group I may not have perceived other TAY mentorship needs if their own needs were fulfilled.

If stakeholders cannot agree on whether education and training produce successful outcomes, then outcome measurements should be re-examined to determine what prompted these stakeholder perceptions and how occupational therapy can assist with producing successful outcomes.

The theme of advice, shared by both groups, included poignant reflections that were heartfelt and sincere. Occupational therapy could promote TAY communication, mentorship, and advice through support groups at schools, churches, and community agencies. These opportunities could be virtual or face to face and expand to international connections through the World Federation of Occupational Therapy (WFOT).

The most significant finding from this research was that no participant had ever completed a similar survey. Stakeholder perceptions deserve continued research to identify, examine, and utilize their contributions in strengthening existing TAY services. Occupational

therapy is a proven collaborator for enhancing consumer outcomes. The opportunity to expand our professional footprint with TAY consumers and their stakeholders is now.

### **Summary**

The research purpose and objectives in examining stakeholder perceptions of TAY work outcomes were achieved. An examination of perceptions from two groups of stakeholders used quantitative and qualitative analysis to identify service strengths and barriers, work outcomes, job training, unemployment, characteristics of TAY with successful and unsuccessful work outcomes, challenges, demographics, health, routines, and mentorship. Collected data provided opportunities to compare stakeholder responses to understand better how occupational therapy could improve TAY work outcomes through practice, education, and research.

This examination revealed that much of the Texas state/county government staff, related to TAY job training and work outcomes, was outsourced to service contractors. Some training, such as the Preparation for Adult Living (PAL) program, self-evaluates through post-testing with a long-standing history of impressive results (Texas Department of Family and Protective Services, n. d.). Contractors carefully guard data access, especially to researchers outside of the state system. Despite efforts to interview and request access to sample data, little progress was made in determining what data Texas collects on TAY vocational and employment training. If other states can report this training, what is preventing Texas from doing the same? Other states successfully manage to secure and report TAY data through contractual agreements without the Texas budget or resources available to them.

The intent of the Foster Care Independence Act of 1999 was to mandate foster care data tracking for outcome comparison at the state and national levels. Unfortunately, the law provided state reporting options that led to inconsistent data collection. With Texas continuing to report



incomplete data, their outcomes reflect a limited view of their standings in state and national performance outcomes (AECF, 2018b). The Texas state legislature needs to reverse established parameters for reporting incomplete data and embrace full data tracking of TAY outcomes reflecting state transparency compared to national performance measures.

Some researchers claimed traditional job training programs were not providing successful TAY work outcomes (Lee & Morgan, 2017; AECF, 2018c), while other investigations indicated changes were needed to existing services before successful outcomes could ever be improved (AECF, 2018b; Gates et al., 2018; Kim et al., 2019; Meredith, 2019). Unfortunately, without data collected for analysis, those researcher claims can neither be proven nor disproven for Texas ((Lee & Morgan, 2017; AECF, 2018c).

Like many states, Texas needs longitudinal research to address foster youth work outcomes, including wages, job-seeking history, employment, education, life goals, goal setting for employment, participation in independent living services, transportation, homelessness, and mentorship (Gypen, Vanderfaellie, De Maeyer, Belenger, & Can Holen, 2017; Lemus, Farruggio, Germo, & Chang, 2017; Kim et al., 2019). An analysis of TAY employment outcomes and social support, focusing on goal setting, would also benefit major cities within Texas as well as regional analysis of collected data (Lemus et al., 2017; Kim et al., 2019). AECF (2018d) identified limitations with nationwide research on stakeholder perceptions and acknowledged collecting these perceptions could increase a researcher's understanding of TAY outcomes and experiences. Caseworkers could be an essential source for stakeholder perceptions but often lack objective measures for service availability and cross-system collaboration (Courtney, Park, Harty, & Feng, 2019). Longitudinal data could identify stakeholder perceptions on changing service contexts and relationships between county factors

and youth outcomes. Linking stakeholder perceptions with point in time data from youth and respective collaborative agencies could also compare real-time outcomes reflecting individual experiences (Courtney et al., 2019).

### **Implications for Occupational Therapy**

These implications are intended to inspire and encourage all occupational therapy practitioners to take on unconventional territory in spreading our practice acumen. Step outside a familiar comfort zone and try something new and different. Identify a goal challenge to reach for the stars, even if it is only in your community. Recognize current practice boundaries and dream of new possibilities. Utilize occupational therapy intuition, just like our professional forefathers, and develop collaborations in your surrounding community to support TAY and foster youth consumers. ACOTE has already begun promoting innovative educational training in marketing, community development, collaboration, motivational interviewing, and the IPS model. These innovations are laying the groundwork for the next 100 years of our profession. Imagine the endless possibilities of how occupational therapy can advance TAY work outcomes, one consumer at a time. Another review of the selected frameworks ensures an appreciation of how each one uniquely supports successful TAY work outcomes. The models: MOHO, IPS, emerging adulthood, holistic, and Freire, provide consumer-focused evaluation and intervention applications.

MOHO reminds us of the value of activity analysis and its distinct applications to individual consumers. Kielhofner recognized the lifeline connections between occupation and health and how they manifested themselves through successful or unsuccessful environmental adaptations. Consumers become the focus of MOHO with an expansive array of evaluation and intervention tools. MOHO attempts to answer consumer-directed questions, such as: What are

their values and interests? Is this consumer motivated for work or vocational training? What part do consumer routines play in work outcomes, and how does consumer performance capacity affect abilities and occupational performance? How do volition, habituation, and performance shape consumers and their environments? MOHO works well with consumers affected by mental or behavioral health issues, PTSD, abuse or neglect, and trauma (Early, 2017; Turpin & Iwama, 2011; Model of Human Occupation Clearinghouse, 2020).

IPS is a respected employment approach used with consumers affected by behavioral or substance abuse issues, PTS, initial psychosis, homelessness, or a history of juvenile/adult justice. The evidence-based practice supports this method as one of the most effective tools in assisting consumers with improving work outcomes (Becker, Swanson, Reese, Bond, & McLeman, 2015). IPS specialists coordinate with the consumer treatment team to optimize successful work outcomes. IPS recognizes the value of employment as an essential part of health maintenance and recovery for all consumers. Incorporating healthy habits, routines, and roles is a cost-effective alternative to day treatment or other forms of therapeutic interventions. The benefits of steady, competitive employment include increases/improvements in income, self-esteem, social networks, quality of life, and symptom control. Decreases in hospitalization, service utilization, and substance abuse are also noted (Becker et al., 2015). IPS is an evidence-based model that is consumer-driven and consumer-focused.

The emerging adulthood model acknowledges themes of diversity, demographic variability, and instability for consumers aged 18-25. Identity exploration of love, work, and world views enters a metamorphosis phase of life with an increase in risk behaviors. Change becomes the hallmark for consumers in this model. Acknowledging that this period is a time of growth with an increased understanding of goal planning for life helps consumers understand

that long-term goals become formulated during this stage (Arnett, 2000).

With most TAYs having lived portions of their life without the choices or freedoms given non-foster youth peers, having a model treating the whole consumer in mind, spirit, body, and emotion is refreshing. The holistic model captures the spirit and intent of occupational therapy and empowers consumers by improving work outcomes through uplifting therapeutic environments. Each consumer is guided to achieve a life balance in engagement and performance that reflects their goals and desires (Chen, 2015; Leal, 2018; Reference, 2020; Slaymaker, 1986).

Freire recognized strengths found within individual consumer development, especially when empowering independence. Occupational therapy is based on functional independence and often uses a just-right challenge approach to shape consumer strengths and educate on needs and challenges (Minkler, 2012}.

### ***Practice***

In 2019, Leclair, Lauckner, and Yamamota determined that a distinct set of skills, attitudes, and approaches were needed by the occupational therapy profession to engage communities. Community practice is not new to our profession; however, understanding the differences between community-based and community-centered practice is needed if we expand our professional collaborations for TAY consumers.

In community-based practice, designated health professionals or agencies determine the agenda and issues, then find individuals or groups to assist with predetermined or planned goals. Occupational therapy often supports these timelines intending to change behavior or increase knowledge for the community. In community-centered practice, also known as community-developed or community-driven, communities identify their priorities. The occupational therapy profession supports these choices with solutions and strategies developed for the community. In

the latter, occupational therapy's role is to mentor, educate, and facilitate. Occupational therapy needs to cultivate and expand prosperous collaborative relationships built on process improvement and sustainable partnerships for every community (Leclair, Lauckner, & Yamamota, 2019).

Paul-Ward and Lambdin-Pattavina (2016) recognized the value of occupational therapy in addressing the complex needs of foster youth by collaborating with existing government and private agencies to infuse occupation-based, client-centered, and individualized approaches to meet consumer needs. During this capstone research, few TAY professionals were familiar with occupational therapy but were intrigued by the opportunities for collaboration. During observation experiences, individualized approaches were impossible due to the size and structure of group dynamics. Opportunities for applying newly learned information or reflective learning were non-existent with passive learning environments, the primary means of instruction.

Kramper et al. (2015) recommended further research to promote the value of occupational therapy with TAY consumers and service stakeholders. One application of this recommendation could involve a short-term occupational therapy pilot program focused on TAY work outcomes. The program could include housing, meals, and necessary transportation through a dorm-style community learning experience. The hybrid classroom of direct, indirect, online, and fieldwork types of job placement experiences could involve a team of occupational therapy practitioners and other disciplines addressing the occupation of work, occupational therapy evaluations (including MOHO), group and individual-based instruction and interventions, resume and interview skills, soft skills, volunteer experiences, team building activities, goal-setting, independent life skills, educational pursuits, and journaling to name a few recommendations (Special Service for Groups, 2014). Applicable theoretical frameworks could

include MOHO, IPS, emerging adulthood, and holistic approaches (AOTA, 2014; Arnett, 2000; Becker et al., 2015; Chen, 2015; Leal, 2018; MOHO Clearinghouse, 2020; Minkler, 2012; The IPS Employment Center, 2020).

In San Francisco, OTTP utilizes the IPS model and a multi-disciplinary team to help consumers achieve health and wellness. As part of this team, occupational therapists primarily work as employment specialists. Their multiple talents include marketing, community development, family collaboration, resume instruction, and motivational interviewing. These occupational therapists are developing community employer and employment opportunities for both current and future consumers. More private and public agencies should incorporate the OTTP concept with IPS.

In AOTA's Vision 2025 (2019), advancing health, well-being, and quality of life for all individuals, communities, and populations is the primary objective. These visionary goals should redefine the landscape for future practice and demonstrate how the vision was achieved through professional practice. Did we achieve our vision, and if so, how did it apply to at-risk populations, such as TAY? The application of AOTA's Vision 2025 is more than enough to begin the conversation and expand practice for TAY work outcomes. The bigger question is if or when the profession of occupational therapy can assimilate and execute these goals.

Professional leadership skills in areas of community development, marketing, mediation, and entrepreneurship should be added to occupational therapy educational curriculums and AOTA opportunities for continuing education. Embracing these leadership prospects for occupational therapy professional engagement is paramount if an increase in community alliances with other disciplines is realized. Redefining and improving the landscape for TAY work outcomes should be added explicitly to the next AOTA Vision statements.

This examination, despite the use of traditional statistics, reinforces needed changes in TAY career readiness programs (Gates et al., 2018; Kim et al., 2019), existing community work models (AECF, 2018c; Gates et al., 2018; Kim et al., 2019; Lee & Morgan, 2017; Meredith, 2019), and increase federally funded transition assistance for housing, transportation, employment, education, and mentorship (AECF, 2018d; Gypen et al., 2017; Lemus et al., 2017; Kim et al., 2019, Lemus et al., 2017).

As the country's concerns for social injustice expand, each practitioner should embrace their community's need to address these concerns. Sadly, with today's life demands, few practitioners give back to their communities in this area of practice. Perhaps AOTA could offer the Social Injustice Challenge where each AOTA member sets a personal and professional goal to work in their community to address one social injustice. This inspirational challenge could make the difference in the life of one consumer and one community.

### ***Education***

Current occupational therapy fieldwork opportunities with foster youth and TAYs are rare, especially in employment areas. ACOTE and AOTA should jointly implement five-year goals for occupational therapy and occupational therapy assistant programs to develop these areas for fieldwork opportunities in each state. AOTA could provide guidance using a task force, tool kits, and continuing education to increase our professional footprint and community collaboration in expanding our services for foster youth and TAY. Of course, these opportunities require instructors and students to be trained in marketing, community development, the IPS model, motivational interviewing, and customized and supported employment. Some universities provide these opportunities through their campus collaborative programs.

Virginia Commonwealth University (VCU) developed the Rehabilitation Research and

Training Center (RRTC) that primarily focuses on employment for consumers with intellectual or developmental disabilities. This institute includes occupational therapy faculty already vested in training and research on evidence-based practice and work outcomes. The RRTC at VCU also houses the Center on Transitions Innovation (CTI), specializing in youth transitions for education and employment. Despite the VCU emphasis on supported and customized employment for consumers with intellectual or physical disabilities, the concepts are applicable to foster youth and TAY (VCU Rehabilitation Research and Training Center, 2020). The University of Florida and Vanderbilt University are expanding their collaborative educational efforts with this focus. The time for AOTA and ACOTE to maximize opportunities for collaboration is now (University of Florida Health, 2020; Vanderbilt University Medical Center, 2020). AOTA and ACOTE can facilitate Vision 2025 by encouraging and nurturing more of these educational collaborations.

The Accreditation Council for Occupational Therapy Education (ACOTE) previously identified several professional goals aligning with this capstone research. One of those recommendations was to establish a research agenda involving other professions, thus ensuring future graduates could assume collaborative roles through diversified opportunities. Another recommendation was to evaluate innovation in educational models, including those addressing workplace learning. Sponsoring research to promote cross-health processes and outcomes facilitating occupational therapy competency and productivity in collaborative models was the final recommendation from ACOTE that richly supports our professional engagement with TAY consumers.

### ***Research***

Armstrong-Heimsoth et al. (2020) recently completed their investigation on Arizona-



based TAY perspectives of support services and programs. This research was one of a handful found among within the occupational therapy research community; however, few address occupational therapists acting as employment specialists. The authors acknowledged limited research on TAY perceptions and confirmed that this population needs earlier programs for transitioning and increased opportunities for real-world decision-making and life skills training. The authors conceded limited evidence-based practice with existing programs, the lack of reliable support in place for TAY before leaving the foster youth system (state identification, driver's license, birth certificate, social security card, and mailing address), and the consumer desire for individualized services. Armstrong-Heimsoth et al. (2020) agreed that further research is needed to explore TAY perceptions, evidence-based practice, and consumer-focused services.

Norgard (2018) proposed that further research into transition program effectiveness was needed to determine if occupational therapy was a valid addition. While other professions identify the need for further research, occupational therapy can more than address the value of occupation with these consumers using evidence-based practice for our professional services. Virginia Commonwealth University's Rehabilitation Research and Training Center (VCU RRTC) offers a free online database to access keywords for research (VCU, 2020). The keywords of transitioned foster youth and work did not yield any specific findings; however, several inquiries reflected topics of further occupational therapy and TAY research value.

Some of those topics included: exploring how vocational rehabilitation improves employment outcomes, identifying evidence-based practice in pre- and post-employment transition services, demonstrating how the ASPIRE (analysis, scaffolding, project, investigation, reaction, and evaluation) model teaches self-determination (Chambless, McCormick, Ipsen, Kurth, & Hall, 2019), recognizing best practices in community school-to-work models,

identifying protocols for enhancing cross-system partnerships, identifying how and if collaborative function-based and work-based learning environments work in the community and the evidence-based goals for a model transition program.

Research searches on TAY outcomes usually lead to the following professional journals: The Journal of Vocational Rehabilitation, Children and Youth Services Review, The Journal of Occupational Rehabilitation, and the Journal of Behavioral Health Sciences & Research. These journals can allow our profession to connect, expand, shift our focus, and collaborate on the needs and choices of TAY consumers in the twenty-first century.

### **Limitations**

Stakeholder perception surveys were deployed on March 9, 2020, when COVID-19 effects expanded into the San Antonio area. Surveys were planned to remain open for 30 days; however, participating sites requested two end-date extensions beyond the original 30 days. Both surveys remained open past 60 days; however, COVID-19's impact continued for the duration of the survey deployment. COVID-19 had already caused some state closures with shelter in place orders. By March 13 in Texas, most businesses had closed until further notice. Daily workplace routines were interrupted, and access to work emails and computers delayed. This research plan did not account for workplace disruptions of this magnitude. For group I TAY participants, survey access was intended during visits at participating sites for computer access. All participating and potential snowball sampling sites closed offices. For participating sites, a few employees worked from home with delayed or limited access to work emails. COVID-19 affected access to both groups of survey participants. With additional waves anticipated for COVID-19, similar research should prepare for alternate phone interviews in lieu of online survey access.

The sample size was too small to reflect significant relationships from the collected data. Minimum group participation was identified at 30 per survey for a total of 60 participants. This research produced two responses for group I with one response disqualified. Three responses were received for group II for a total of 4 responses from combined groups. The sample size may have improved with group incentives, such as gift cards for groceries, community transportation, fast food, or food delivery.

The planned methodology could not be completed due to the small sample size. Our statistical testing required sample sizing of 5 to ensure the application of respective formulas. An Alternate analysis was selected to review variances between responses and groups; however, this analysis did not reflect significant relationships but motivated the need for further research.

Nonresponse bias occurs when a significant difference exists between those numbers that responded and those that did not. In this research plan, the quota of 60 responses was projected; however, only four responses were received. Some reasons for this limitation could be associated with survey length, online access, workplace events surrounding COVID-19, email invites going to spam folders, unemployed group I respondents overwhelmed with world events and rising unemployment, and the lack of incentives. Future research could overcome nonresponse bias by combining face to face interviews with focus groups in conjunction with real-time surveys. Every agency should encourage employee and consumer survey participation and use collected data to improve services (Glen, 2015).

## **Conclusion**

This San Antonio examination of stakeholder perceptions on TAY work outcomes was an essential step toward identifying strengths and barriers with existing services and perspectives between two groups vested in TAY outcomes. Despite the low response rate ( $n = 4$ ), collected

data did not support statistically significant findings but did support existing literature, promote further investigation into stakeholder perceptions, and encourage further research into occupational therapy as a joint collaborator in supporting success consumer-oriented TAY work outcomes.

Findings revealed Texas opts out of reporting TAY vocational and job training data for nationwide comparisons; however, few states choose to opt-out of this category. Participants reinforced familiar themes that having children makes life more challenging in finding and keeping a job, education and training can produce successful work outcomes, service gaps are part of the process in aging out of foster care, and knowing TAY who have experienced service gaps or delays. Respondents agreed that personal spiritual beliefs provided strength and guidance and that TAYs have more days feeling hopeless than hopeful. The only survey item demonstrating no variance between responses was that no one had completed a similar survey.

The most significant barriers to San Antonio TAY employment were identified as mentorship and homelessness. Other barriers recognized against TAY finding and keeping a job were the lack of childcare, healthcare, and mentorship. The biggest challenges facing TAYs with unsuccessful work outcomes included initiation, dependability, motivation, self-esteem, and mentorship. The most identified characteristics of TAY achieving successful work outcomes were independent life skills, coping, self-esteem, work ethic, and dependability. Most supportive agencies for TAYs finding and keeping a job were state/county government, private not for profit, and the fast-food industry. Best San Antonio programs helping TAY reach work outcomes were private not for profit, Good Samaritan, BCFS PALs, and minimum paying jobs.

Qualitative analysis identified themes of advice, job training, work outcomes, demographics, and San Antonio programs. Advice was the only theme shared by both groups

with linked constructs of someone to help, emergency, find a reliable mentor, providing tools needed, and mentored by someone. Occupational therapists should learn the difference between community-based and community-centered practice to engage collaborative relationships fully. Designing TAY pilot programs or promoting occupational therapy fieldwork placements could boost professional opportunities to expand our practice footprint into these non-traditional areas.

This research reconfirmed Taylor's (2017b) findings that community-based inquiries can be challenging due to the number of parties involved with the process, varied definitions and phenomena perceptions, and pluralistic approaches often used in community-based research (Taylor, 2017b). By developing multi-discipline centers on a college campus, occupational therapy programs could facilitate training and research on foster youth, transition, evidence-based practice, and become professional influencers as employment specialists with consumer work outcomes. As Admiral Grace Hopper wrote, "a ship in port is safe, but that is not what ships are for; sail out to sea and do new things." Time for occupational therapy to set sail and do new things for TAY consumers in our communities.

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## Appendices

## Appendix A

## NOVA IRB APPROVAL LETTER

MEMORANDUM

To: **Bonnie Inkel**

From: **Monique Mokha, PhD ATC LAT CSCS,**  
**Center Representative, Institutional Review Board**

Date: **February 27, 2020**

Re: **IRB #: 2020-95; Title, “Stakeholder Perceptions on Transitioned Foster Youth Work Outcomes: A Mixed Methods Study in San Antonio”**

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I have reviewed the above-referenced research protocol at the center level. Based on the information provided, I have determined that this study is exempt from further IRB review under **45 CFR 46.101(b) (Exempt 3: Public Officials involved in interviews, surveys, etc.)**. You may proceed with your study as described to the IRB. As principal investigator, you must adhere to the following requirements:

- 1) **CONSENT:** If recruitment procedures include consent forms, they must be obtained in such a manner that they are clearly understood by the subjects and the process affords subjects the opportunity to ask questions, obtain detailed answers from those directly involved in the research, and have sufficient time to consider their participation after they have been provided this information. The subjects must be given a copy of the signed consent document, and a copy must be placed in a secure file separate from de-identified participant information.

Record of informed consent must be retained for a minimum of three years from the conclusion of the study.

- 2) **ADVERSE EVENTS/UNANTICIPATED PROBLEMS:** The principal investigator is required to notify the IRB chair and me (954-262-5369 and Monique Mokha, PhD ATC LAT CSCS, respectively) of any adverse reactions or unanticipated events that may develop as a result of this study. Reactions or events may include, but are not limited to, injury, depression as a result of participation in the study, life-threatening situation, death, or loss of confidentiality/anonymity of subject. Approval may be withdrawn if the problem is serious.
- 3) **AMENDMENTS:** Any changes in the study (e.g., procedures, number or types of subjects, consent forms, investigators, etc.) must be approved by the IRB prior to implementation. Please be advised that changes in a study may require further review depending on the nature of the change. Please contact me with any questions regarding amendments or changes to your study.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed in Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991.

Cc: Mariana D'Amico, EdD OTR/L

Rose M Colon, PhD

## Appendix B

## AGENCY CONSENT TO PARTICIPATE LETTER

Nova Southeastern University  
3301 College Avenue  
Fort Lauderdale, FL 33314-7796

**Subject:** Site Approval Letter

To whom it may concern:

This letter acknowledges that I have received and reviewed a request by *Bonnie Inkel* to conduct a research project titled “*Stakeholder Perceptions on Transitioned Foster Youth Work Outcomes: A Mixed Methods Study in San Antonio*” at [site name] and I approve of this research to be conducted at our facility.

When the researcher receives approval for his/her research project from the Nova Southeastern University’s Institutional Review Board/NSU IRB, I agree to provide access for the approved research project. If we have any concerns or need additional information, we will contact the Nova Southeastern University’s IRB at (954) 262-5369 or [irb@nova.edu](mailto:irb@nova.edu).

Sincerely,

[name of senior administrator]  
[position/title]  
[phone/email]

## Appendix C

## GROUP I RECRUITMENT FLYER

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# SEEKING PARTICIPANTS FOR ONLINE SURVEY

**TOPIC:** *Stakeholder Perceptions on Transitioned Foster Youth Work Outcomes in San Antonio*

**WHO:** **Transitioned foster youth (ages 18-24) who live in San Antonio**

**WHAT:** Online questionnaire taking about 12-15 minutes

**WHEN:** March 9-30, 2020

**HOW:** <https://www.surveymonkey.com/r/9CXDGQ6> or

**WHY:** No payment/compensation provided but your answers can help improve services and work outcomes for current/future transitioning foster youth in San Antonio

Contact Information: Principal Investigator Bonnie Inkel, 850-748-6091; [bi76@mynsu.nova.edu](mailto:bi76@mynsu.nova.edu)





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## GROUP II RECRUITMENT FLYER

**NSU**  
**Florida**  
NOVA SOUTHEASTERN  
UNIVERSITY

**Contact Information:** Principal Investigator Bonnie Inkel, 850-748-6091; bi76@mynsu.nova.edu



## Appendix E

## CONSENT TO PARTICIPATE IN SURVEY

**Participant Letter for Anonymous Surveys****NSU Consent to be in a Research Study Entitled**

[Stakeholder Perceptions on Transitioned Foster Youth Work Outcomes: A Mixed  
Methods Study in San Antonio]

**Who is doing this research study?**

This person doing this study is [Bonnie Inkel, MS, MPA, OTR/L] with [the Department of Occupational Therapy/Dr. Pallavi Patel College of Health Care Sciences]. She will be helped by [Mariana D'Amico, EdD, OTR/L, BCP, FAOTA and Husny Amerih, PhD, OTR, CKTI]

**Why are you asking me to be in this research study?**

You are being asked to take part in this research study because you are [associated with one or both stakeholder survey groups with the following inclusion criteria:

**Stakeholder Group 1 Inclusion Criteria** = identify as transitioned foster youth between ages 18-24, possess a proficiency to read and complete a survey questionnaire in English with open and closed-ended questions, complete an electronic initialed informed consent, be free of disability preventing work, have spent 3-6 months in foster care, live within a 50-mile radius of downtown San Antonio, and complete responses for 80% or > of survey.

**Stakeholder Group 2 Inclusion Criteria** = identify as an employee of a private or public organization providing services to transitioned foster youth, working in current position at least 1 year; had communication with transitioned foster youth within past 6 months; familiar with two or more services offered to transitioned foster youth; possess basic knowledge of employment strengths/barriers facing transitioned foster youth; and reside within a 75-mile radius of downtown San Antonio].



**Why is this research being done?**

The purpose of this study is to find out [stakeholder perceptions on transitioned foster youth work outcomes and if the findings support a need for occupational therapy services].

**What will I be doing if I agree to be in this research study?**

You will be taking a one-time, anonymous survey. The survey will take approximately [8-12 minutes] to complete.

**Are there possible risks and discomforts to me?**

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

**What happens if I do not want to be in this research study?**

You can decide not to participate in this research, and it will not be held against you.

You can exit the survey at any time; however, only surveys with an 80% completion rate can be counted.

**Will it cost me anything? Will I get paid for being in the study?**

There is no cost for participation in this study. Participation is voluntary and no payment will be provided.

**How will you keep my information private?**

Your responses are anonymous. Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law. [Participant privacy will be masked by survey monkey and data not accessible for research]. Only survey response data will be available to the researcher, the Institutional Review Board (IRB), other representatives of this institution, and any granting agencies (if applicable). All confidential data will be kept securely [stored in a locked filing drawer in a cabinet in a locked room by the principal investigator]. All data will be kept for 36 months from the end of the study and destroyed after that time [in accordance with Institutional Review Board procedures].

**Who can I talk to about the study?**

If you have questions, you can contact [Bonnie Inkel] at [850 748 6091. She will be readily available during and after normal work hours. Mariana D'Amico, faculty advisor, is also available at 813 574 5351].

If you have questions about the study but want to talk to someone else who is not a part of the study, you can call the Nova Southeastern University Institutional Review Board (IRB) at (954) 262-5369 or toll free at 1-866-499-0790 or email at IRB@nova.edu.

**Do you understand and do you want to be in the study?**

If you have read the above information and voluntarily wish to participate in this research study, please go to the following web addresses or use the telephone scan code to access your stakeholder group survey  
Stakeholder Group 1 Survey is for transitioned foster youth ages 18-24 and can be

accessed through <https://www.surveymonkey.com/r/7KWG27K>



Or

Stakeholder Group 2 Survey is for professionals working with transitioned foster youth and can be accessed through

<https://www.surveymonkey.com/r/68WDBPG>



Or

## Appendix F

## GROUP I SURVEY

I spent this amount of time in foster care: 3-6 mo., 7-11 mo., 1-2 yrs, > 2 yrs, I did not spend any time in foster care

After transitioning from foster care, I have been homeless: at least once, at least twice, I have not been homeless

I have been involved with the juvenile justice system: No, Yes

I have been involved with the adult justice system: No, Yes

One barrier preventing me from completing daily routines is transportation: SD, D, Neither D nor A, A, SA

Having children makes it harder to find/keep a job: SD, D, Neither D nor A, A, SA

I have children: No, Yes

How many? \_\_\_\_\_

I have received employment or vocational training since I left foster care: No, Yes

I have received employment or vocational training required for starting a new job: No, Yes

The length of time I received employment/vocational training was: 0 days-<1 week, 1-3 weeks, >3 weeks, I am not sure

I was paid minimum wage for my employment/vocational training: No, Yes, I am not sure

I've had more successful work outcomes after receiving employment/vocational training: SD, D, neither D nor A, A, SA

Some of the skills I learned in employment/vocational training were (Select all that apply): heavy machine operation, typing/keyboarding/computer skills, commercial driving, reading/writing/math skills, a degree or certificate, Other please specify \_\_\_\_\_

Job skill programs/services are readily available in San Antonio: SD, D, neither D nor A, A, SA

I have used job search programs/services in San Antonio after transitioning from the foster care system: SD, D, neither D nor A, A, SA

I am currently employed: No, Yes

Read Carefully-Choose one of the following statements to best describe your daily activities: I am successfully performing job requirements such as work skills, time management, co-worker relationships, and sustaining work performance; I am successfully seeking employment by completing/submitting/reviewing/following up on job applications, preparing/completing interviews, and advocating for self; I am successfully identifying employment interests by reviewing work opportunities matching my strengths, limitations, likes, and dislikes; I am not successfully performing job requirements such as work skills, time management, co-worker relationships, nor sustaining, work performance; I am not successfully seeking employment by completing/submitting/reviewing/following up on job applications, preparing/completing interviews, or advocating for self; I am not successfully identifying employment interests by reviewing work opportunities based on my strengths, limitations, likes, and dislikes

My average weekly work hours are: 0-10, 11-20, 21-30, 31-40

I have not been employed for: 1-4 weeks, 5-11 weeks, 3-6 months, >6 months, N/A I am employed

Organizations/programs most supportive of me finding/keeping a job are part of state/county government, private for profit, private not for profit, other please specify \_\_\_\_\_

Name the best San Antonio programs/services that has helped you reach your work goals. Kindly spell out: \_\_\_\_\_

Rank the top 5 barriers facing you in finding/maintaining work: homelessness, lack of affordable housing, lack of healthcare services, lack of mentorship, lack of employment training, lack of child care, lack of community transportation, other \_\_\_\_\_

I have someone in my life providing good advice on how to find/maintain a job: SD, D, neither D nor A, A, SA

I have employment goals: SD, D, neither D nor A, A, SA

Name an employment goal you recently achieved: \_\_\_\_\_

My spiritual beliefs provide me strength/guidance: SD, D, neither D nor A, A, SA

I have more days feeling hopeless than hopeful: SD, D, neither D nor A, A, SA

I have brothers or sisters: No, Yes

If yes, how many? \_\_\_\_\_

Having brothers or sisters makes job seekers more successful in finding/maintaining a job than if I did not have brothers or sisters: SD, D, neither D nor A, A, SA

Since transitioning from foster care, I have completed surveys like this one: SD, D, neither D nor A, A, SA

Rank the top 5 characteristics for transitioned foster youth achieving successful work outcomes: work ethic, dependable, able to initiate, positive role model, coping skills, spirituality, organizational skills, time management skills, reading/writing/math skills, self-esteem, sense of humor, independent life skills, social skills

I receive health/dental/medication services to meet my daily routines: SD, D, neither D nor A, A, SA

Education and training can produce successful work outcomes: SD, D, neither D nor A, A, SA

I am currently attending school: No, Yes

If I could offer advice to youth preparing to transition from foster services, it would be:

\_\_\_\_\_  
Gaps in services are part of the process in aging out of the foster care system: SD, D, neither D nor A, A, SA

I have experienced gaps or delays in the services I receive: SD, D, neither D nor A, A, SA

For transitioned foster youth, San Antonio's best employment services come from: state/county, private for profit, private not for profit, other \_\_\_\_\_

The most significant barrier for employment in San Antonio is: homelessness, affordable housing, healthcare, mentorship, employment/vocational training, child care, community transportation, other please specify \_\_\_\_\_

Rank the top 5 challenging areas for individuals who do not achieve successful work outcomes: dependability, initiation, motivation, self-esteem, organization, mentorship, coping skills, spirituality, time management, reading/math/writing skills, social skills

I transitioned from foster care at age: 13-16, 17-18, 19-20, 21-22, 23-24, >24

My current age is: 18, 19, 20, 21, 22, 23, 24

My gender is: female, male, other, prefer not to answer

The race/ethnicity that best describes me is...please choose only one answer: American Indian or Alaskan Native, Asian/Pacific Islander, Black or African American, Hispanic or Latino,

White/Caucasian not Hispanic or Latino, Multiple ethnicity/Other please specify \_\_\_\_\_

My level of education is: < high school diploma, high school diploma, GED, some vocational education courses, some college courses, 2-year college degree, 4-year college degree, > 4-year college degree

END of SURVEY I

## Appendix G

## GROUP II SURVEY

My employer provides services to transitioned foster youth ages 18-24: No, Yes

My employer is: state/county government, private for profit, private not for profit, other please specify \_\_\_\_\_

How long have you worked in your current position? >4 years, 3-4 years, 1-2 years, <1 year

I have worked with transitioned foster youth for: >4 years, 3-4 years, 1-2 years, <1 year

My current job title is: vocational counselor, social worker, healthcare professional, administrator, probation officer, school counselor, other please specify \_\_\_\_\_

I know transitioned foster youth who have been homeless: at least once, at least twice, not sure, I have not known any homeless transitioned foster youth

I know foster youth who have been involved with the juvenile justice system: No, Yes

I know transitioned foster youth who have been involved with the adult justice system: No, Yes

One barrier preventing transitioned foster youth from completing daily routines is transportation: SD, D, neither D nor A, A, SA

Having children makes it harder for transitioned foster youth to find/keep a job: SD, D, neither D nor A, A, SA

I know young adults who received employment or vocational training after they left foster care: No, Yes

I know transitioned foster youth who were required to complete employment/vocational training before starting a new job: No, Yes

The average length of time transitioned foster youth receive employment/vocational training is: <1 week, 1-3 weeks, >3 weeks, I am not sure

Transitioned foster youth are paid at least minimum wage for their employment/vocational training: Yes, No, I am not sure

Transitioned foster youth have more successful work outcomes after receiving employment/vocational training: SD, D, neither D nor A, A, SA

Job search programs/services are readily available in San Antonio: SD, D, neither D nor A, A, SA

I know transitioned foster youth who have used job search programs/services in San Antonio: SD, D, neither D nor A, A, SA

Most of the transitioned foster youth in San Antonio are currently employed: SD, D, neither D nor A, A, SA

The average length of time transitioned foster youth is unemployed in San Antonio is: 1-4 weeks, 5-11 weeks, 3-6 months, >6 months

Most transitioned foster youth are successful in their job: SD, D, neither D nor A, A, SA

The average weekly work hours for transitioned foster youth in San Antonio are: 0-10, 11-20, 21-30, 31-40

Organizations/programs most supportive of transitioned foster youth finding/keeping a job are part of: state/county government, private for profit, private not for profit, other please specify \_\_\_\_\_

Name the best San Antonio program helping transitioned foster youth reach their work goals. Kindly spell out: \_\_\_\_\_

Rank the top 5 barriers facing you in finding/maintaining work: homelessness, lack of affordable housing, lack of healthcare services, lack of mentorship, lack of employment training, lack of child care, lack of community transportation, other \_\_\_\_\_

Most transitioned foster youth have someone providing good advice on how to find/maintain a job: SD, D, neither D nor A, A, SA

Most transitioned foster youth have employment goals: SD, D, neither D nor A, A, SA

My spiritual beliefs provide me strength/guidance: SD, D, neither D nor A, A, SA

Transitioned foster youth have more days feeling hopeless than hopeful: SD, D, neither D nor A, A, SA

Transitioned foster youth with siblings are more successful in finding/maintaining a job than those without siblings: SD, D, neither D nor A, A, SA

Since working with transitioned foster youth, I have completed surveys like this one: SD, D, neither D nor A, A, SA

Rank the top 5 characteristics for transitioned foster youth achieving successful work outcomes: work ethic, dependable, able to initiate, positive role model, coping skills, spirituality, organizational skills, time management skills, reading/writing/math skills, self-esteem, sense of humor, independent life skills, social skills

Transitioned foster youth receive health/dental/medication services to meet their daily routines: SD, D, neither D nor A, A, SA

Education and training can produce successful work outcomes: SD, D, neither D nor A, A, SA

The percentage of San Antonio's transitioned foster youth currently attending school is: <10%, 11-25%, 26-50%, 51-75%, 76-100%

Gaps in services are part of the process in aging out of the foster care system: SD, D, neither D nor A, A, SA

If I could offer advice to youth preparing to transition from foster services, it would be:

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I know transitioned foster youth who have experienced gaps or delays in the services: SD, D, neither D nor A, A, SA

San Antonio's best employment services for transitioned foster youth come from: state/county, private for profit, private not for profit, other please specify \_\_\_\_\_

The most significant barrier for transitioned foster youth employment in San Antonio is: homelessness, affordable housing, healthcare, mentorship, employment/vocational training, child care, community transportation, other please specify \_\_\_\_\_

Rank the top 5 challenging areas for individuals who do not achieve successful work outcomes: dependability, initiation, motivation, self-esteem, organization, mentorship, coping skills, spirituality, time management, reading/math/writing skills, social skills

My organization has employment goals/objectives for transitioned foster youth: SD, D, neither D nor A, A, SA

My organization successfully meets their goals/objectives: SD, D, neither D nor A, A, SA

My organization evaluates the success of delivered services by using the following measurement tool(s): \_\_\_\_\_

My organization's products/services meet the expectations of internal stakeholders: SD, D, neither D nor A, A, SA

My organization's products/services meet the expectations of external stakeholders: SD, D, neither D nor A, A, SA

Stakeholders have confidence in my organization's current and projected performance: SD, D, neither D nor A, A, SA

What percentage of your consumers are receiving work-related services and are transitioned foster youth ages 18-24? <10%, 11-25%, 26-50%, 51-75%, >76%

Select the model/framework your organization uses to guide service delivery. Select all that apply: change, knowledge exchange, social cognitive/goal realization, supporting people's outcome, case management knowledge, prefer not to answer, other please specify \_\_\_\_\_

The race/ethnicity that best describes me is...please choose only one answer: American Indian or Alaskan Native, Asian/Pacific Islander, Black or African American, Hispanic or Latino, White/Caucasian not Hispanic or Latino, Multiple ethnicity/Other please specify \_\_\_\_\_

My age is: 18-24, 25-34, 35-44, 45-54, >55

My gender is: female, male, other, prefer not to answer

My level of education is: < high school diploma, high school diploma, GED, some vocational education courses, some college courses, 2-year college degree, 4-year college degree, > 4-year college degree

Some of the skills I learned in employment/vocational training were (Select all that apply): heavy machine operation, typing/keyboarding/computer skills, commercial driving, reading/writing/math skills, a degree or certificate, other please specify \_\_\_\_\_

Job skill programs/services are readily available in San Antonio: SA, A, Neither A nor D, D, SD

I am currently employed: No, Yes

Read Carefully-Choose one of the following statements to best describe your daily activities: I am successfully performing job requirements such as work skills, time management, co-worker relationships, and sustaining work performance; I am successfully seeking employment by completing/

submitting/reviewing/following up on job applications, preparing/completing interviews, and advocating for self; I am successfully identifying employment interests by reviewing work opportunities matching my strengths, limitations, likes, and dislikes; I am not successfully performing job requirements such as work skills, time management, co-worker relationships, nor sustaining, work performance; I am not successfully seeking employment by completing/submitting/reviewing/following up on job applications, preparing/completing interviews, or advocating for self; I am not successfully identifying employment interests by reviewing work opportunities based on my strengths, limitations, likes, and dislikes

I have not been employed for: 1-4 weeks, 5-11 weeks, 3-6 months, >6 months, N/A I am employed

I have someone in my life providing good advice on how to find/maintain a job: SA, A, Neither A nor D, D, SD

Name an employment goal you recently achieved: \_\_\_\_\_

I have brothers or sisters: No, Yes

If yes, how many? \_\_\_\_\_

Since transitioning from foster care, I have completed surveys like this one: SA, A, Neither A nor D, D, SD

I transitioned from foster care at age: 13-16, 17-18, 19-20, 21-22, 23-24, >24

END of SURVEY II

## Appendix H

## QUALITATIVE CONSTRUCTS, SUBTHEMES, AND THEMES

<b>Constructs</b>	<b>Subthemes</b>	<b>Themes</b>
<ul style="list-style-type: none"> <li>-Have someone to help you out in case of an emergency, coping with failures can be the hardest thing you do but it's necessary so you won't give up</li> <li>-Find a solid mentor than can assist with providing tools needed to be more successful</li> <li>-For them to be able to be mentored by someone who has gone through the process themselves and has words of wisdom for them. I would also encourage them to find programs in which prepare them for the workplace and find medical clinics that offer free services</li> </ul>	<ul style="list-style-type: none"> <li>Peer Advice</li> <li>Professional Advice</li> </ul>	Advice
<ul style="list-style-type: none"> <li>- Reading, writing, &amp; math</li> </ul>	Acquired Skills	Job Training
<ul style="list-style-type: none"> <li>-Performance data based on employment goals &amp; education</li> <li>-Employment and education</li> <li>-Keeping in touch with them &amp; their former foster families</li> </ul>	Measuring Outcomes	San Antonio Programs
<ul style="list-style-type: none"> <li>-Therapy</li> <li>-Case management knowledge</li> <li>-Social cognitive/goal realization</li> <li>-Supporting people's outcome</li> <li>-Knowledge exchange</li> </ul>	Models Guiding Services	
<ul style="list-style-type: none"> <li>-I am not sure</li> <li>-They earn minimum wage for training</li> <li>-Earn minimum wage</li> <li>-Yes, minimum wage</li> </ul>	Job Training	Wages
<ul style="list-style-type: none"> <li>-Keep job &gt; 1-year</li> </ul>	Work Goal Achieved	Work Outcomes
<ul style="list-style-type: none"> <li>-No response</li> </ul>	Work Goals	
<ul style="list-style-type: none"> <li>-I am successfully performing job requirements....</li> </ul>	Work Performance	
<ul style="list-style-type: none"> <li>-Fast food industry</li> <li>-Private not for profit</li> <li>-State/County government</li> </ul>	San Antonio Programs Supporting Work	



Table 1

## SWOT (Strengths, Weaknesses, Opportunities, &amp; Threats) Analysis

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**Strengths**

- Texas Workforce Commission
- Workforce Solutions Alamo
- Multiple private agencies providing transitioned foster youth consumer services
- Childcare services, community transportation

**Weaknesses**

- Contracted state service providers
- Contractor controlled program evaluation measurement
- No occupational therapy services
- Selective data collection
- Limited external evaluations of state foster youth services
- Identified collaboration gaps between public/private agencies

**Opportunities**

- Diverse population with interest to improve transitioned foster youth work outcomes
- Developing interest in San Antonio focused research involving transitioned foster youth, work outcomes, and occupational therapy

**Threats**

- COVID-19
  - Majority of multi-discipline focus limited to social work, mental health counseling, and vocational counseling
  - Resistance to change permeates state and contracted services
  - State contractors control many community programs/services
-