How Can You Not Drive?
YOU CAN! DRIVE!

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Abstract

Background:
Youths in foster care acquire driver's licenses less often compared to non-foster-care peers and this impacts their ability to fulfill adult responsibilities such as securing employment and housing. Current evidence lacks an emic description of the experience of young adults currently and formerly in foster care to get driver's licenses to inform intervention development. The purpose of this study was to explore the lived experience of acquiring a driver's license by young adults with foster care experience.

Methods:
We specifically queried the phenomenon of attempting to get or getting a driver's license drawing from the Phenomenology of Practice approach. Nine young adults with foster care experience were interviewed. We extracted lived experience descriptions (LEDs) from interview transcripts, developed these as anecdotes, and analyzed them for phenomenological themes.

Findings:
Themes identified included perseverance, resource inequities, and restricted movement. The driver's license acquisition experience was marked by moments of crisis, risk, help seeking, and challenges doing the process alone.

Discussion:
We identified four themes from the interviews: making urgent situations harder, taking risks, lacking resources, and challenges doing the process alone. Resource inequities were notable and included limits to funding and support from others.

Application to practice:
Caregivers who integrate these findings into care delivery models will assess driver's license acquisition as a developmental milestone that could impact inequity.

Keywords: phenomenology; adolescents; young adults; at risk; lived experience; driver's license; foster care

Indroduction

Few youths with foster care experience acquire a driver's license given the absence of dedicated caregivers able to provide the resources to learn to drive. Lacking a driver's license leaves these youths dependent on public transportation or friends who can drive, as well as limited in getting to school, work, or appointments. These barriers are unacceptable given the strong evidentiary link between poorer mental health outcomes and inconsistent access to healthcare systems, education, employment, and housing throughout life among youths in foster care who were exposed to caregiver neglect and/or abuse (Fryar et al., 2017). Disrupting the continued inequities imposed by childhood trauma histories is a public health priority. This manuscript will confront the complexities of driver licensure among youths with foster care histories.

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Purpose

Driver's license acquisition improves mobility and impacts social determinants. Youths with a driver's license were more likely to be employed, have a higher personal or household income, and higher educational achievement than nondrivers (Le Vine & Polak, 2014). High school seniors who reported no weekly earnings were almost three times (2.8) more likely to be nondrivers than those who reported a weekly income (Shults et al., 2016). Additionally, associations found between driving and psychological well-being among youths in foster care (Berridge, 2017) and non-foster-care peers (Audrey & Langford, 2014) suggest that driver's license acquisition could mediate or moderate pathways between social determinants and health outcomes. Youths with foster care experience who do not have a driver's license have a more difficult time finding and keeping employment (Shults et al., 2016), attending school, accessing healthcare (Collins & Thomas, 2018), and maintaining social networks (Syed et al., 2013).

Disruptions in access to social networks is problematic given its role in healthy development. Access to social networks has been associated with reductions in problem behaviors, improved social-emotional competence, and resilience during foster care (Sanders et al., 2017). Benefits associated with engagement with others is developmentally rooted in cognitive, emotional, and social gains noted in infancy afforded by locomotion and achievement of independent mobility (Anderson et al., 2013). Opportunities to engage with one's environment confers a bidirectional effect with locomotion supporting development and development supporting locomotion (Anderson et al., 2013).

Several gaps in licensure exist for youths in foster care. Approximately 73% of high school seniors obtain a driver's license in the United States (U.S.) (Atkinson, 2018), yet only 3% of 16–17-year-olds with foster care experience obtained a driver's license in Florida (Florida Department of Children and Families, 2013). Although the 2014 federal Preventing Sex Trafficking and Strengthening Families Act mandated states in the U.S. to ensure youths who leave foster care have driver's licenses (National Conference of State Legislatures: Children and Family, 2017), data to evaluate how well these priorities translate to licensure are lacking. The purpose of this study was to explore the lived experience of attempting or acquiring a driver's license by young adults who were in or had left foster care.

Design and Methods

We used van Manen's (1990, 2014) Phenomenology of Practice approach to answer the research question. The use of a phenomenological approach is intended to capture an experience in such a way that the description resonates with the reader and provides insight into the phenomena. The phenomenological attitude inspires us to see the meaning and essential elements of common human experiences (van Manen & van Manen, 2021). The phenomenologist seeks to describe a mystery through words untainted by familiarity and communication of themes unique to the phenomenon such that these themes make the phenomenon what it is, and without which it could not exist (van Manen, 1990). For example, attaining a birth certificate or completing driving practice hours may be details hidden within a common human experience of getting a driver's license, often taken for granted by those not in foster care. Exploring this phenomenon with participants having foster care histories reveals these essential elements; otherwise, these details might remain hidden or taken-for-granted. A phenomenologist aims to capture elements of a common and recognized event, known as a "lived experience," that are unique to that experience. The importance of gathering experience descriptions is not to objectify phenomena by fact; rather, examples function as devices to enable a reader to gain access to a taken-for-granted phenomenon (van Manen & van Manen, 2021). In this study, the lived experience of attempting or acquiring a driver's license among young adults in or after leaving foster care was explored.

Phenomenology is a means of capturing what is unique to a phenomenon and creating a sense of resonance in the reader even if the reader has never personally experienced the particular moment or event (van Manen, 2014). Concrete, "pre-reflective" descriptions of a phenomenon, known as lived experience descriptions (LEDs), are the data of phenomenological research, and are "pre-reflective" in that descriptions are explanations of what one lives through, rather than what one thinks about, an event (van Manen, 1990, 1997). Pre-reflection is a concrete description of an experience as it is lived through that limits as much as possible

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the interpretation, abstraction, generalization, theorization, and psychologizing of the experience. The aim of the Phenomenology of Practice approach is not to collect a large, empirical sample of population characteristics but to ensure sufficient experiential sources from which to gather in-depth, plausible, LEDs (van Manen, 2014). The goal of data collection in phenomenological research is to glean experiential accounts that will allow the development of powerful stories that bring the reader closer to and allow deeper insights into the phenomenon (van Manen, 2014).

A purposive sample of young adults in extended foster care was recruited from an independent living facility and a nonprofit organization in urban communities in the southwest United States through convenience sampling. One of the researchers is a member of the community in which these participants live. Eligible participants were individuals who were currently or formerly in the foster care system and spoke English.

After university Institutional Review Board approval was obtained, participants were informed about the study, given the opportunity to ask questions, and provided written informed consent prior to study enrollment. Each in-depth interview lasted 60 to 90 minutes, was audio recorded, and transcribed verbatim. Nine participants between 18 to 30 years of age, with a mean age of 20.8 years (SD 3.9), were recruited. Participants were of Mexican American, Black American, Asian American, and White race and all were female. Two participants had children. Of the nine participants, six had attended college and three were high school graduates. Six participants were working part-time, two were not employed, and one was working full time. All participants' annual income levels were less than $20,000.

We collected LEDs regarding driver's license experiences through interview data. The number of interviews conducted using a phenomenological approach is dependent upon the ability to gather richly descriptive stories from participants about a lived experience (van Manen, 2014). We monitored interview material throughout data collection and ended participant recruitment when numerous rich, experiential accounts had been identified.

The validity of a phenomenological study comes from using sound interpretive approaches that evoke resonance regarding a phenomenon (van Manen, 2014). Generalizing empirical findings through sampling procedures or attempts to saturate common themes are not consistent with phenomenological inquiry (van Manen, 2014). As such, the phenomenologist avoids legitimizing a study through criteria that do not align with phenomenological underpinnings (van Manen, 2014). Rather, the phenomenologist aims to gain rich, descriptive experiences that may be singular in origin and contribute to the depth and breadth of the experience as it is lived. As such, phenomenology aims to describe an experience as an individual lives through it to evoke resonance with the reader, gathering sufficient data to answer the research question, fully aware that an exhaustive description of any phenomena is never complete.

Data Analysis

Each participant was assigned a code name to maintain privacy. The transcripts of each interview were read and reflected on to grasp the meaning of the experience of getting a driver's license. We examined the interviews for richly descriptive stories (LEDs) that best described the phenomenon. Anecdotes were developed from LEDs to attempt to make the human experience more comprehensible (van Manen, 1990). Each anecdote was written, reflected on, and rewritten to refine the participants' experiences of getting a driver's license. We followed van Manen's (1990) instruction to isolate thematic statements from anecdotes by asking (a) what is the significance of the text; (b) "what statements of phrases" are essential to understanding the phenomenon; and (c) what does this "sentence reveal about the phenomenon or experience" (p. 93). We further identified and reflected on the meaning of thematic statements within each line of text and explored abstract perceptions of time, space, body, relationships, and objects to identify essential aspects of the phenomenon in anecdotes (van Manen, 2014). We continuously returned to written transcripts of participant interviews to ensure that language and analysis accurately reflected each participant's experience. We shared and discussed anecdotes and reflections, creating revisions until reaching agreement.

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Results

All participant data contributed to the development of a description of the experience of getting a driver's license. Four anecdotes are presented based on how clearly they characterized the LED of all participants interviewed. Participants' experiences demonstrate how the experience of young adults after foster care may be amplified compared to other vulnerable peers without foster care histories.

Learning to drive may be due to moments of crisis

Everyone may experience an urgent situation at some time. However, for youths who have been in foster care, not having the opportunity to get a driver's license can make responding to urgent situations difficult. Serena told us what happened when her baby fell and was hurt:

> *My baby fell and I realized she was bleeding, like a lot. I started crying and panicking. What do I do? Do I call 911? How do I get to the doctor? I called my husband, but he was working out of town and there was no one else to call, so I took two buses with my baby to get to the doctor's office and two buses to get back. That made the decision for me. I had to get a driver's license.*

When a child is hurt and a mother has no one to call for help, she can feel helpless. Scared, Serena makes the best decision she can in that moment. Normally, her husband is the first person she calls, but he is in another town working and cannot leave. Whereas most others in this same situation would turn to other family members for assistance, Serena was in foster care and has no parents or other family members to call for help. She is—as it seems she always has been—alone, able to rely on only herself.

As Serena's account reveals, without a driver's license it can be difficult to carry out adult responsibilities, especially when it comes to providing care for children. Although there are alternatives when it comes to transporting children—Uber, Lyft, and taxis are available—the cost may be prohibitive for a young family. And although public transportation is available in larger cities, it can be limited and inconvenient when trying to transport an injured child to a healthcare provider. In rural areas, travel options are even more limited if they exist at all.

Access to reliable transportation for moments of crises is an often-unrecognized necessity. And, for Serena, it is in this moment—when her child is injured, and she has no one to help her with transportation to get her child to care quickly—that she realizes she needs a driver's license. The unanticipated nature of emergencies can surprise a parent and reveal how quickly a situation can change. The sense of safety and security of the shape of our lives can be shattered by the reality of an injured child, and our inability to respond as we should: immediately and with direct care. Realizing that one is not able to ensure their own children's safety can be a motivating force to learn to drive.

Learning to drive may mean taking risks

Learning to drive for youths with foster care histories does not always occur at the legal driving age or under ideal circumstances. Serena described her first attempt at driving.

> *I think I started driving when I was 23. My father-in-law helped us [my husband and I] get a car. We get to the car lot and he says, "you drive it." I started crying and said, "I don't know how to drive." I thought somebody else was going to drive the car. He had to drive his own car, the car he drove me to the lot in. I'm crying and blurted out, "I can't! I can't!". He pushes me, "Como que no puedes. Puedes! Maneja!" [How can you not? You can! DRIVE!] And just walked away. I told myself, "Ok, I can do this." I got in. I was shaking, so nervous, so scared. I went like super-fast. So, then I just drove the car myself.*

Young adults who age out of foster care do not have the same connections to family as those raised with their family. Unlike their peers, they may not have had the opportunity to learn to drive and get a driver's license while in foster care. Indeed, Serena may not have anticipated what she would need a driver's license for—until her father-in-law suddenly expected her to drive her new car off a car lot.

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In foster care, Serena was not afforded the opportunity to learn to drive or get a driver's license at age 16. What may come easily for teenagers in supportive families and is a common adolescent milestone—learning to drive the family vehicle or taking driving lessons—is more difficult for teenagers in foster care where foster parents may be unwilling or unable to provide driving practice to allow a teenager to get a driver's license. And it is a gap in knowledge of which few outside of the foster care system are aware. Indeed, Serena's father-in-law did not know that she could not drive. He wanted to facilitate her driving and his generosity even extended to purchasing a car for her, which may provide her the opportunity to practice driving and later getting a driver's license. But when it came time to leave with the car, he expected her to drive home. He did not ask if she could drive, if she had practiced driving, or if she had a driver's license—as if it is common knowledge that she should already possess the skill to drive simply because of her age. She does drive without a license, putting herself and others on the road at risk of injury because she has never driven a car before. The action of driving is not just between the driver and car. The driver must understand the road signs and markings on the road to complete their trip safely. The process of learning to drive provides basic rules of the road to the new driver but only practice can prepare a person for a driver's license test.

One might ask how Serena's situation could have been avoided. Perhaps she should have asked to learn to drive before ever heading to the car lot. And yet, who would she have asked and when?

Lacking funding and consistent social support are barriers to get a driver's license

Some youths in foster care, however, *do* plan well in advance about how to get a license. But that plan may be difficult to execute without financial support. Maribel explained her frustration with getting financial support for driving education through a community agency:

> *Right after I graduated high school I wanted a license to get a car. I asked my caseworker to ask Foster Help to pay for half of the driver's education course, which was about 500 dollars. I told her I would pay the rest. She comes back to me a week later, "I'm sorry, but you were denied. It's because of your county." I started yelling at my caseworker. "It has nothing to do with my county! Y'all always do this to me. I've gotten denied so many times. I don't want your money. I'm tired of asking for help. I don't want my license."*

For most adolescents like Maribel, getting a driver's license involves turning to others for help, like asking a parent to drive with us or set up driving education. Having someone to turn to means turning towards someone or something in trust, knowing that someone is available and ready to assist. The youths in foster care do ask others for help, but they may make a dizzying number of turns to multiple people in looking for a person who non-foster-care peers may more easily find in one person: turn to a caseworker, then turn to a judge, then an advocate, a friend, maybe to family members. Some in foster care may even turn to other solutions. Rather uniquely, Maribel demonstrated her adulthood and independence of thought and action—which is the foster care system's ultimate goal: to support youths until they become independent, autonomous adults— through her solution to this process. She created a well thought out, logical plan and shared that plan with her caseworker. She is functioning as an adult would.

Maribel's caseworker, though, addressed the request as a demand upon the system they represent, not as evidence of personal growth or demonstrated competence. The caseworker's "no," more of an institutional rejection rather than a personal one, seemed to miss the significant move that Maribel has made towards adulthood. Indeed, the caseworker's denial came from the logic of a scarcity of funds whereas Maribel's request came from an abundance of maturity. Caseworkers, working in an underfunded child welfare system, may be conditioned to regularly deny services in the name of scarcity. Rewarding Maribel's maturity would require resources that do not exist either in the caseworker's mind or system's pocket. Yet the refusal to see who she has become in the process (an adult) is a costly, unacknowledged loss for the system expected to help these youths become adults.

The state's arbitrary rejection to her plan, based solely on Maribel's county of residence, was final and highly personal for Maribel. She has no recourse to change their minds. This is unusual for non-foster-care peers. Whereas most teens may have more than one opportunity to show a parent they are ready to drive and con-

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vince a parent to help them get a license, teens in foster care often only have one chance. Youths in foster care may not have the day-to-day contact with the adult figures in their lives nor will these adults communicate with one another as parents might for youths not in foster care. The caseworker, wanting this measure of normalcy for Maribel but working within limits imposed by the foster care system itself, may be forced to accept the inflexibility of the state's decision. Maribel not only experiences the loss of time to make her case, the lack of resources to be a normal teen struggling to become adult, but also, and more importantly, the weariness of an un-rational (or nonrational) rejection, a state common to those in foster care.

Youths in foster care begin working on a driver's license with a certain amount of money and time, albeit often unknown, at their disposal. Each step of the process from finding a birth certificate to finding someone to practice driving costs both time and money. At 18 years of age the process and foster care ends, regardless of money and time spent.

Some youths complete all steps whereas many more—like Maribel—will not. The states' denial, a refusal to grant money, results in Maribel's denial, a refusal to accept not only a license, but any and all other help. Maribel rejects the rejection. Endless requests and denials such as these by youths in foster care are lessons in themselves. Youths in foster care may learn to fight, depend on themselves alone, and reject others before they themselves are rejected. The overall impact of endlessly turning to others with trust and blossoming independence may have untoward effects. Youths in foster care may, at some point, no longer be willing to turn or ask for help. These youths may learn how and become conditioned to accept scarcity themselves.

Doing the driver's license process alone can be a challenge

The paperwork required to get a driver's license can be overwhelming for youths who have been in foster care. LaNayla described her experience trying to get a driver's license:

> *I have to get ready to go to the DMV [Department of Motor Vehicles] for the third time. I shuffle through piles and stacks of mail and paper all over the desk, out of order on this tiny desk at home. I find a few that worked the last two times I went to the DMV. Then I look at a checklist from the driver's education course: Take documents from lists from A or B, or if you don't have anything from A but some from B, choose from B, C and D. I sift through another pile on the desk. I don't work at this job anymore. Would they accept this? Is this OK? I'll just take them all, just in case this one won't work. Two days later I go to the DMV with 20 papers in my bag to prove where I live. Just in case. I walk to the kiosk and the lady gives me a ticket. I sit down, I wait. Five minutes after they call my name, I have a driver's license.*

Repeat visits and missing papers in exchange for a driver's license are a risk for those in foster care; they have much more to lose. Whereas for most, driver's license paperwork may be a nuisance, for youths in foster care, it may be a trial. The would-be driver prepares a case, an argument for licensure, multiple times by digging through evidence hidden in disorganized, voluminous stacks haphazardly collected. The truth of the situation is hidden: youths in foster care may apply multiple times before a license is granted, knowing only after each rejection that they had inadequate "proof." "Just in case" means to protect against something bad that may happen (Cambridge Dictionary, 2021). LaNayla prepared as if anticipating yet another rejection and sought protection from uncertainty with all the documentation she has collected about her life. Convinced that with anything less than everything, she would experience denial again, she brought everything. A way around not having the right paperwork is to bring everything.

Adolescents who are not in foster care may not pass their driver's test or find the correct paperwork and may have to make trips to the driver's license office more than once. However, although those adolescents not in foster care may experience driver's license bureaucracy, the cost of their repeated trips, delay, or inaction may be inconsequential when a family support system is willing to bear the cost of complexity. Parents may get annoyed with the added trips, but they will not refuse to take the youth back to try again. There is a system of care, opportunity, and a safety net afforded by a family that many youths get past 18 years of age that acts as a buffer for failed driver's tests or wrong paperwork. For youths in foster care, however, going to the same place multiple times and failing to achieve the goal of licensure costs time and the patience of an

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impatient system, payments they cannot make easily. Every failed trip runs the risk of them *not* being able to apply again, due to cost, aging out, or the simple unwillingness of a caseworker to drive them to the DVM.

Ironically, licensure, <u>once done right, is almost a nonevent.</u>

Discussion

The experience of getting a driver's license by young adults who were in or had left foster care was characterized by resource inequities and included limits to funding and support from others. Inequities in resources noted in this study are consistent with barriers in other findings. Barriers to obtaining a driver's license for youths in foster care or those who have left foster care are the license application process, cost and accessibility of driver's education, access to a car, and car insurance costs (Johnston-Walsh, 2018). Although some state legislation mandates coverage for driver's license acquisition, no state covers all of the costs related to obtaining a driver's license (National Conference of State Legislatures: Children and Family, 2017). Recent federal and state legislation enacted in the United States, however, could offset costs associated with driver's license acquisition. The Supporting Foster Youth and Families through the Pandemic Act, Division X of the Consolidated Appropriations Act, 2021, Public Law (P.L.) 116-260, enacted December 27, 2020 (Administration for Children and Families, 2021), and Texas Senate Bill 2054 voted into law in 2021 (Legiscan, 2021) provide financial resources and support for driving instruction for youths in foster care.

Although financial resources can limit youths' abilities to get a driver's license, lacking resources to locate required documentation was also a challenge. For example, obtaining a birth certificate is a challenge for youths who have multiple placements while in foster care such as different foster homes, possible adoption and return to foster care, or lack of contact with their biological family. Youths who age out of care get a certified copy of their birth certificate, social security card, health insurance documentation, medical records, and a state-issued identification card or driver's license prior to leaving care (Child Welfare, 2018). However, documentation is not always a priority when preparing to leave care and many youths may find they cannot obtain employment, housing, healthcare, or a driver's license without these documents (Reed, 2013).

Of importance, transportation inequities systemically oppress under-resourced populations including, but not limited to, those with foster care experience. Furthermore, the COVID-19 pandemic has devastated funding and capacity for public transportation systems in urban and rural areas (Skoutelas, 2020). Additionally, social determinants of health for populations of the global majority (i.e., populations of color) are not met due to unreliable and unpredictable public transportation (Ray, 2020). Lack of vehicle access, longer commute times, and lack of infrastructure to support transportation use disproportionately impact health outcomes among populations of the global majority and indigenous and low-income communities (United States Department of Transportation, 2013). Associations between higher licensure rates and greater economic wealth, older age, and higher proportions of populations living in cities were found in 14 countries including the United States (Schoettle & Sivak, 2014). Conversely, not driving was associated with being a member of the global majority and having parents with lower incomes (Shults et al., 2016). Populations consistently experiencing systemic oppression notably experience transportation inequities.

Movement in a literal sense is about being able go from one place to another and, specifically for youths, without relying on anyone. In a figurative sense, this is about moving from adolescence to adulthood, from being moved to moving oneself. Van Lennep (1987) emphasized the significance of driving as something that "heightens our feeling of freedom" (p. 226) and is "a piece of social life par excellence" (p. 220). However, youths in foster care may discover that freedom associated with getting a license does necessarily happen when or in the way they want it to happen. They may discover that their expectation may be more of an imposition, and that others decide how and when they move from adolescence to adulthood. The rite of passage to adulthood can look different for youths who have been in foster care.

Practice Implications

The process to ensure and explore the impact of licensure needs attention for youths in foster care. State funding for driver's license acquisition for youths in foster care has been demonstrated to increase licen-

sure. The Florida Keys to Independence program includes reimbursement to providers for driver's education, practice through driving schools, and testing fees and has effectively mitigated barriers to licensure for youths in foster care in Florida (Keys to Independence, 2019). Translation of the Florida program to other states could address barriers and provide analysis of short and long-term impacts of licensure.

Examination of equity within licensure among youths in foster care also needs serious consideration. Differences between individuals of the global majority and individuals of White heritage achieving licensure and gaining car access must be evaluated given evidence suggesting nondrivers are more likely to be populations of the global majority. Addressing mobility for under-resourced groups enables disruptions in systems of inequity.

Evidence to establish the association between driver's license acquisition and driving and car access needs further study. Driving and car access could be proxies for licensure acquisition; however, this link has not been established and needs further clarification. An integrative review of evidence demonstrated that relationships between education, health outcomes, housing, employment, and licensure are unclear or lacking (Collins et al., 2020). Exploration of the role of licensure as a mediator or moderator of psychological wellbeing and access to housing, education, healthcare services, employment, income, and social networks is needed. Future studies should evaluate the long-term impact of addressing these resource limitations on licensure and the role licensure may play as a mediator or moderator between social determinants and health outcomes. Articulation of the impact of licensure on social, economic, and legal determinants could illuminate and amplify this intervention as a tool to reduce barriers imposed by system inefficiencies and trauma and improve quality of life.

Limitations

The participants in the study were all female and recruited through convenience and snowball sampling, which may contribute to bias in findings. The sample size was small and most of the participants resided at one urban facility. The results of this study included the lived experience of three of the nine participants interviewed. Researcher perspective may have influenced the representation of the phenomena. We intended to interview professionals who work with young adults with foster care histories to get their perspective on obtaining a driver's license; however, we were unable to recruit professionals such as social workers and case workers. This limits the understanding of the phenomena to one perspective. The study had to be terminated with the advent of COVID-19 restrictions, limiting access to young adults, social workers, and case workers.

Conclusion

Youths who have been in foster may have the same desire as non-foster-care peers to get a driver's license. However, youths in foster care have unique challenges caused by resource inequities, movement restrictions, risk-taking behavior, and challenges completing the process alone. Federal and state resources vary by state and may only provide limited financial assistance. Perseverance is a key factor in obtaining a driver's license. Even when financial resources were restrained or there was a lack of access to other resources, these participants found a way to overcome barriers and obtain a driver's license. The significance of inequities in movement can impact the ability of youths to be employed, attend school, receive healthcare, or connect with their social networks. Healthcare providers can advocate for youths who have been in foster care with state legislators to provide financial assistance for resources related to obtaining a driver's license. Connecting youths with appropriate social service resources may also help with driver's license acquisition. Associations between licensure and social determinants present a compelling argument for investigating the potential to mitigate disparities in health, education, and income experienced by youths in foster care.

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