

Northwest Foster Care Alumni Study: Executive Summary

Abstracted from:

Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., White, J., Hiripi, E., Roller White, C., Wiggins, T., and Holmes, K. (2005). *Improving family foster care: Findings from the Northwest foster care alumni study*. Seattle, WA: Casey Family Programs.

Study Overview

The Northwest Foster Care Alumni Study (Northwest Alumni Study) examined outcomes for 659 alumni who were placed in family foster care as children. The investigation included adults between the ages of 20 and 33 who had been placed in family foster care between 1988 and 1998, and who were served by one of three agencies: (1) Casey Family Programs; (2) the Oregon Department of Human Services, Division of Children, Adults, and Families; or (3) the Washington Department of Social and Health Services, Children's Administration, Division of Children and Family Services. The study focused on identifying how alumni were faring and what foster care experiences resulted in positive outcomes.

The study reviewed case records for 659 alumni and interviewed 479 of them between September 2000 and January 2002. The adjusted response rate was 75.7%. The sample consisted of 60.5% women and 54.4% people of color.

Findings

Despite challenges that included child maltreatment and placement instability, over one-fifth of alumni were doing well in terms of educational achievement, personal income, or other major outcomes. The majority, however, faced significant challenges in the areas of mental health, education, and employment and finances.¹ Findings are summarized below:

Mental Health

- **A disproportionate number of alumni had mental health problems.** Within the previous 12 months, more than half of the alumni (54.4%) had clinical levels of at least one mental health problem, such as depression, social phobia, panic syndrome, post-traumatic stress disorder, or drug dependence, and one in five (19.9%) had three or more mental health problems. These rates are substantially higher than those of the general population in the age range of the sample.

¹ This report contains a limited set of study findings, including outcomes related to mental health, education, and employment and finances. Gender and racial differences in outcomes will be reported in subsequent papers. Data related to additional outcomes in the domains of physical health, marriage and relationships, and parenting are reported in a book by Pecora, Kessler, Williams, Downs, English and White (forthcoming) and in papers that will be posted on the alumni study extranet at <http://research.casey.org> (User name: researchguest. Password: caseyguest).

*A collaborative study among Casey Family Programs ~ Harvard Medical School ~
University of Michigan Survey Research Center ~ State of Washington Office of Children's
Administration ~ University of Washington ~ State of Oregon Department of Human Services*

- **Post-traumatic stress disorder (PTSD) rates for alumni were up to twice as high as for U.S. war veterans.** One in four alumni (25.2%) experienced PTSD within the previous 12 months.
- **Many alumni recovered from mental health problems.** Although alumni encountered significant mental health problems, recovery rates for major depression, panic syndrome, and alcohol dependence were similar to those of the general population (recovery was defined as occurring when a previously diagnosed mental health illness had not been present in the past 12 months). While some recovery rates seem high, a substantial proportion of alumni is living with mental health problems.

Education

- **Alumni completed high school at a high rate.** Over four in five alumni (84.8%) had completed high school via a diploma or general educational development (GED) credential (89.1% among those 25 years and older). This compares favorably to the general population (87.3%) and is much higher than graduation rates found by other foster care studies.
- **Completing high school via GED testing was a common practice among alumni.** Over one in four (28.5%) of the alumni who completed high school did so by passing GED tests; this is a concern because national research has found that adults with a diploma are 1.7 times more likely to earn an associate's degree and 3.9 times more likely to complete college. Adults with a high school diploma also earn more than those who have a GED credential.
- **Alumni completion rates for postsecondary education were low.** Fewer than one in five alumni (16.1%) had completed a vocational degree; this rate was greater for alumni who were 25 years or older (21.9%). The rate for completing a bachelor's or higher degree (1.8%) was significantly lower than that of the general population of the same age (24%). The rate increased somewhat (to 2.7%) among alumni who were 25 years or older, but remained dramatically lower than that of the general population.

Employment and Finances

- **Many alumni are in fragile economic situations.** After accounting for alumni who were not in the workforce (e.g., full-time students and homemakers), the employment rate was 80.1%. This rate is lower than for 20- to 34-year-olds in the general population (95%). One-third of the alumni (33.2%) had household incomes at or below the poverty level, which is three times the national poverty rate. One-third (33.0%) had no health insurance, which is double the national rate of 18% for ages 18 to 44 years old. More than one in five alumni (22.2%) experienced homelessness after leaving foster care.

Policy and Program Recommendations

What can agencies and communities do to improve outcomes for youth currently in care?

To answer this question, the following recommendations are clustered by the major outcome domains covered by this report—Mental Health, Education, and Employment and Finances. The recommendations stem from the basic descriptive outcomes of the study, the foster care experience statistical simulations, and conversations with stakeholders.

Statistical simulations were conducted to evaluate the expected effects on mental health, education, and employment and finance outcomes after optimizing services and other foster care experiences of youth in foster care. These analyses simulate an optimal foster care experience.

The stakeholders included alumni of foster care, foster parents, caseworkers, and agency executives, as well as clinical and policy specialists from each of the three collaborating organizations and other public child welfare agencies.²

Mental Health

Comparing alumni mental health diagnoses to the general population provided clear evidence of severe mental health problems among alumni. It is critical to examine why mental illness is so prevalent for this group.

1. ***Increase youth and alumni access to evidence-based medical and mental health treatment.*** This study contributes new findings: PTSD and major depression may be the most far-reaching mental health conditions for alumni in young adulthood. PTSD and depression may contribute to difficulty in gaining or retaining employment, and their prevalence underscores the need to improve mental health services in many ways, including the following:
 - a. Reform systems to increase mental health insurance coverage and Medicaid. Federal and state governments should examine barriers to mental health care—including eligibility requirements that limit access to funding and worker capacity that may be insufficient to treat mental health problems—so that youth and alumni have greater access to effective treatment.
 - b. Provide specialized training to Medicaid-funded and other therapists to enable them to properly screen, assess, and treat PTSD, depression, social phobia, and other disorders.
 - c. Expand early and ongoing evidence-based treatment to help alleviate mental health disorders.³ Treat youth with validated approaches, and validate promising new interventions.

² These people were chosen as “key informants” because of their past work in designing the study or their familiarity with the study design or early findings.

³ The field needs more interventions that have been documented as effective by rigorous practice research (Kazdin & Weisz, 2003).

2. **Help maintain placement stability, which appears to have a large positive effect on adult mental health.** Optimizing *Placement History and Experience* (e.g., few placement changes, no reunification failures, and no runaway incidents) resulted in a 22.0% decrease in negative mental health outcomes. While many factors influence placement stability,⁴ minimizing placement changes while a youth is on his or her way to a permanent living situation warrants greater attention because of the apparent association of fewer changes with mental health problems. Strategies include:
 - a. Strengthen initial placement decisions so that youth are less likely to move.
 - b. Train foster parents in how to implement social learning approaches to child behavior management and other interventions that will minimize placement disruptions.⁵
 - c. Provide opportunities for youth to form positive attachments, and teach them skills for maintaining healthy relationships.
 - d. Continuous relationships with adults can facilitate youth development. If caseworkers help youth form and maintain healthy relationships with birth parents and siblings through regular visits, provide transportation for visits (e.g., bus passes), and provide phone cards while they are in care, youth may be less likely to run away or otherwise need to be moved.
3. **Increase education services and experiences.** Optimizing *Education Services and Experiences* (i.e., by providing access to supplemental education services and tutoring, and by having a low number of school changes) resulted in a 13.0% decrease in negative mental health outcomes. According to the results of our analysis, stability and support in the school environment will have a positive effect on adult mental health.

Education

Although graduation rates were quite high, the rates at which alumni completed high school with a GED credential were disproportionately higher than in the general population. While a considerable number of alumni had begun vocational and college programs, too few were graduating.

1. **Encourage youth not to settle for a GED credential.** Improve identification and treatment of mental health problems that may act as barriers to classroom success (e.g., social phobia, depression, and the sleep and attention problems that accompany PTSD). Educate school personnel about the challenges that youth in foster care face and ways that they can advocate for these youth.⁶
2. **Minimize placement change.** By minimizing placement changes, reunification failures, and runaway incidents, the statistical simulations predicted a 17.8%

⁴ James (2004).

⁵ Briere (2004); Chamberlain, Moreland & Reid (1992); Cohen, Mannarino, Zhitova & Capone (2003); Kazdin & Weisz (2003); and Price & Chamberlain (forthcoming).

⁶ For resources and more information, see *A Road Map for Learning: Improving Educational Outcomes in Foster Care* at www.casey.org.

decrease in negative education outcomes. If youth don't change homes and schools, there is no need to transfer school records and the youth are less likely to fall behind. Placement instability can result from moves toward a more permanent living situation, poor administrative processes, lack of agency support of foster parents, and behavioral problems of youth. All of these factors need to be studied and addressed.⁷

3. ***Provide concrete resources to youth as they leave care.*** Opportunities for youth to develop independent living skills in a variety of areas predicted a 14.6% decrease in negative education outcomes. It may be that having concrete resources such as a driver's license, \$250 in cash, and dishes and utensils results in more financial stability, allowing alumni to pursue their education goals. A more plausible explanation is that these variables represented youth who had received many different opportunities to develop skills for independent living, as well as some concrete resources.
4. ***Support better preparation for, access to, and success in postsecondary education programs.*** Caseworkers, foster families, and other stakeholders should encourage young people in foster care to plan for college or vocational school, and support them in being adequately prepared for higher education and training. Inform young adults about local college-preparatory programs, such as GEAR-UP, TRIO, and Upward Bound, and help them enroll in these programs.

Employment and Finances

Many alumni were living in vulnerable financial and housing situations.

1. ***Overhaul independent living preparation.*** As evidenced by the uneven findings for employment preparation, life skills preparation, education, and income, alumni varied widely in their level of readiness for emancipating from foster care.
 - a. Federal and state funds are being spent on a variety of untested life skills training, employment services, and education supports. Redirect these funds to the most promising programs and rigorously evaluate them.⁸
 - b. For every youth, develop a comprehensive transition development plan that includes planning for supportive relationships, community connections, education, life skills assessment and development, identity formation, housing, employment experience, physical health, and mental health.⁹
 - c. Increase youth access to Individual Development Accounts (IDAs), special "youth opportunity passports," and asset accumulation strategies like debit accounts.¹⁰

⁷ James (2004).

⁸ Clark & Davis (2000); Massinga & Pecora (2004); and Shirk & Stangler (2004).

⁹ Casey Family Programs (2001); and Mech (2003).

¹⁰ See Jim Casey Youth Opportunities Initiative at www.jimcaseyouth.org.

- d. Implement “booster session” programs that provide a toll-free phone number and various fallback services to alumni after they turn 21. This service could also include ongoing access to special job or housing search help well beyond the current age limitations.

2. **Strengthen housing programs and other supports to prevent homelessness after leaving care.**

- a. Encourage youth to develop and maintain lifelong relationships with foster parents and other supportive adults so alumni have a place to go during difficult times. This may require after-care supports for the foster parents.
 - b. Reform systems to strengthen transitional housing and public/community housing systems. Government agencies can work with local Section 8 landlords to help allocate apartments for low-income foster care alumni.¹¹ As with other groups whose special needs have been recognized (such as battered women), alumni would benefit from these new housing models that provide not only housing subsidies but also home-based case management or other adult guidance (e.g., Scattered-Site, sober living,¹² Master-Lease Models, and HUD, HOME, and Section 8 housing assistance).
3. **Minimize placement change.** By minimizing placement changes, reunification failures, and runaway incidents, the statistical simulations predicted a 6.8% decrease in negative employment and finances outcomes. Having fewer placement changes may allow youth in care to develop better social support networks, which will assist them to find employment and can serve as a safety net when a youth encounters financial difficulties.
4. **Optimize education services and experiences.** Optimizing *Education Services and Experiences* (i.e., by providing access to supplemental educational services and tutoring and by having a low number of school changes) decreased negative employment and financial outcomes such as low income and high public assistance receipt rates by 7.2%.
5. **Provide youth who are exiting care with concrete resources.** The study’s optimization of the *Resources upon Leaving Care* program area indicated that having more extensive preparation for independent living and a critical mass of resources during exit from care decreased negative outcomes by 12.2%. These variables are reflective of the advantages of being able to drive, having cash for a rent deposit or other expenses, and having basic household supplies (i.e., a driver’s license, \$250 in cash, dishes and utensils).

Conclusion

This study found that although some youth who were placed in foster care benefited from the protection, emotional care, and services that they received while they were in

¹¹ Choca, et al. (2004) and Van Leeuwen (2004).

¹² See Polcin (2001).

care, many did not. Service delivery systems were unable to prepare some alumni to secure and sustain jobs that pay a living wage with health insurance, and to help them complete vocational training or college.

Using statistical simulations, certain program areas were identified that, when optimized, can improve alumni outcomes. Rigorous field trials are important next steps in confirming these simulated findings. In other words, the prediction simulations would be bolstered by additional research identifying the types of services and foster care program performance levels that are linked with positive adult outcomes.

Apart from the research efforts, there are many program reforms that can be made now, as described above. The statistical simulations revealed the potential power of targeted program improvements. Combining all improvements has an even more powerful effect on youth outcomes. Finally, many of the needed improvements will be more successful if they are anchored in larger structural *and* community-based reforms that involve the public and private sectors, including neighborhood associations, faith-based organizations, Parent Teacher Associations, and local businesses.

References

- Briere, J. (2004). *Psychological assessment of adult posttraumatic states: Phenomenology, diagnosis, and measurement*. Washington, D.C.: American Psychological Association (Second Edition)
- Casey Family Programs. (2001). *It's my life: A framework for youth transitioning from foster care to successful adulthood*. Seattle, WA: Casey Family Programs.
- Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. *Child Welfare, 5*, 387-401.
- Choca, M. J., Minoff, J., Angene, L., Byrnes, M., Kenneally, L., Norris, D., Pearn, D., & Rivers, M. (2004). Can't do it alone: Housing collaborations to improve foster youth outcomes. *Child Welfare, 83* (5), 469-492.
- Clark, H. B., & Davis, M. (2000). *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties*. Baltimore, MD: Paul H. Brookes.
- Cohen, J. A., Mannarino, A. P., Zhitova, A. C., & Capone, M. E. (2003). Treating child abuse-related posttraumatic stress and comorbid substance abuse in adolescents. *Child Abuse & Neglect, 27* (12), 1345-1365.
- James, S. (2004). Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *Social Service Review, 78*(4), 601-627.
- Kazdin, A. E. & Weisz, J. R. (2003). *Evidence-based psychotherapies for children and adolescents*. New York, NY: Guilford.
- Massinga, R., & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. *The Future of Children* (Issue No. 30) 14 (1), 151-173.
<http://www.futureofchildren.org>
- Mech, E. V. (2003). *Uncertain futures: Foster youth transition to adulthood*. Washington, D.C.: Child Welfare League of America.
- Polcin, D. L. (2001). Sober living houses: Potential roles in substance abuse services and suggestions for research. *Substance Use and Misuse, 36* (3), 301-311.

- Price, J., & Chamberlain, P. (forthcoming). *Enhancing support and parenting skills for foster parents: Effects on child behavior problems and placement disruption rates*. Eugene, OR: University of Oregon, Oregon Social Learning Center.
- Shirk, M., & Stangler, G., (2004). *On their own: What happens to kids when they age out of the foster care systems*. Boulder, CO: Westview Press.
- Van Leeuwen, J. (2004). Reaching the hard to reach: Innovative housing for homeless youth through strategic partnerships. *Child Welfare*, 83 (5), 453-468.