

## IMPROVING FAMILY FOSTER CARE

### Findings from the Northwest Foster Care Alumni Study<sup>1</sup>

During fiscal year 2003 in the United States, 800,000 children were served by foster care services; 523,000 children were still in care at the end of that year. Relatively few studies have examined how youth formerly in care (“alumni”) have fared as adults, and even fewer studies have examined what changes in foster care services could improve their lives. The Northwest Foster Care Alumni Study provides new information in both areas.

Case record reviews were conducted for 659 alumni (479 of whom were interviewed) who had been in the care of Casey Family Programs or the Oregon or Washington state child welfare agencies between 1988 and 1998. Findings for three domains are presented: Mental Health, Education, and Employment and Finances. This summary also provides an overview of a predictive analysis showing which foster care services, when optimized, hold the greatest promise for improving the outcomes for foster youth.



#### DEMOGRAPHICS AND PLACEMENT HISTORY

- Sample: 60.5% women and 54.4% people of color
- Average age at the time of interview: 24.2 years
- Mean length of time in care: 6.1 years
- Mean placement change rate: 1.4 placements per year

#### KEY FINDINGS

##### Mental Health

Compared to the general population, a disproportionate number of alumni had mental health disorders. Within the 12 months prior to being interviewed, their diagnoses included:

- One or more disorders: 54.4%
- Post-traumatic stress disorder (PTSD): 25.2%  
(a rate nearly double that of U.S. war veterans)<sup>2</sup>
- Major depression: 20.1%
- Social phobia: 17.1%

##### Education

Alumni completed high school (via diploma or GED credential) at rates similar to the general population; however, they used GED programs to complete high school at six times the rate of the general population.

Other findings included:

- Experienced seven or more school changes from elementary through high school: 65.0%
- Completed high school (via a diploma or GED credential): 84.8%
- Obtained a GED credential: 28.5%
- Received some education beyond high school: 42.7%
- Completed any degree/certificate beyond high school: 20.6%
- Completed a vocational degree: 16.1%  
(25 years and older: 21.9%)
- Completed a bachelor's degree: 1.8%  
(25 years and older: 2.7%)

## Employment and Finances

Alumni experienced difficult employment and financial situations. Their employment rate was lower than that of the general population, and they lacked health insurance at almost twice the rate of the general population (ages 18 to 44 years).

Other findings included:

- Homeless for one day or more after age 18: 22.2%
- Employed full- or part-time (among those eligible to work): 80.1%
- Currently receiving cash public assistance: 16.8%
- Had household incomes at or below poverty level: 33.2%
- Had no health insurance: 33.0%

## WHAT CAN IMPROVE FOSTER CARE OUTCOMES?

Statistical simulations were conducted to determine the effect of optimizing specific foster care experiences, including Placement History and Experience, Education Services and Experience, and Resources upon Leaving Care (a proxy for better preparation for independent living). When foster care experiences were optimized, estimated outcomes improved, revealing the potential power of targeted program improvements. Combining all improvements had an even more powerful effect on youth outcomes.

### Placement History and Experience

Optimal Placement History and Experience was defined as having a low number of placements; short length of stay in care; low number of placement changes per year; and no reunification failures, runaway episodes, or unlicensed living situations with friends or relatives.

- Statistical optimization of this area reduced estimated negative education outcomes by 17.8% and reduced estimated negative mental health outcomes by 22.0%.

### Education Services and Experience

Optimal Education Services and Experience was defined as having few school changes and access to supplemental education resources.

- Statistical optimization of this area reduced estimated negative mental health outcomes by 13.0%.

### Resources upon Leaving Care

Optimal Resources upon Leaving Care was defined as having at time of exit from care \$250 in cash, dishes and utensils, and a driver's license.

- Statistical optimization of this area reduced estimated negative education outcomes by 14.6% and reduced estimated negative employment and finance outcomes by 12.2%.

## RECOMMENDATIONS

### Mental Health

- Federal and state governments should eliminate barriers to valid assessment of mental health conditions and evidence-based mental health treatment. Barriers include restrictive eligibility requirements for funding and inadequate worker capacity for identifying and treating mental health problems.
- Maintain placement stability, which appears to have a large positive effect on adult mental health.

### Education

- Emphasize the importance of obtaining a high school diploma, and create policies that support completion of high school by age 18 or 19.
- 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 older youth about local college-preparatory programs, such as GEAR UP, TRIO, and Upward Bound, and help them enroll in these programs.<sup>3</sup>
- Minimize school placement change.

### Employment and Finances

- Encourage the development of lifelong relationships with foster parents and other supportive adults so that alumni have places to live during difficult times.
- Implement systems-reform efforts to strengthen transitional housing and public/community housing systems.
- Reform life-skills development approaches to be more hands-on. Provide youth who are leaving care with a variety of opportunities to learn independent living skills and provide tangible resources, such as cash, household items, and a driver's license.

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<sup>1</sup> Abstracted from Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., White, J., Hiripi, E., White, C. R., Wiggins, T., & Holmes, K. E. *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs. Available at <http://www.casey.org>.

<sup>2</sup> Kulka, R. A., Fairbank, J. A., Jordan, K., & Weiss, D. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel; and Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13–22.

<sup>3</sup> Casey Family Programs (2003). *Higher education reform: Incorporating the needs of foster youth*. Seattle, WA: Author.