THE FOSTER CARE ALUMNI STUDIES

STORIES FROM THE PAST TO SHAPE THE FUTURE

ASSESSING THE EFFECTS OF FOSTER CARE:

Early Results From the Casey National Alumni Study

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Casey Family Programs has been delivering planned long-term foster care services since 1966. For more information, contact Casey Research Services at info@casey.org or see http://www.casey.org

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Special thanks to the study leaders and staff of the Northwest Alumni Study for their work on many of the methodological issues that made this report possible. (See Appendix A for a list of their names and organizational affiliations.) We especially appreciate the foster care alumni who helped us design the study, shared their stories and interpreted the findings; Casey staff members who helped us locate alumni; and the Survey Research Center study leaders (Nat Ehrlich, Nancy Gebler, Tina Mainieri, Alisa McWilliams) and interviewers at the University of Michigan for their assistance with the study. Erika Arthun, Candace Grossman, John Emerson, Brian Judd, Sarah Morello, Peggy Didier, Niki Le Prohn, Kelly Sim, and Debbie Staub helped make this report possible with supplemental resources or expert editing. Richard Barth and Natasha Bowen provided expert consultation on an earlier draft of this summary; all remaining limitations are the responsibility of the authors.

Functional Outcomes

This document presents data collected from case records and interviews about the life experiences, educational achievements, and current functioning of more than a thousand Casey Family Programs foster care alumni who were served in 23 communities across the country between 1966 and 1998. The high school graduation rates and employment rates were positive for many alumni. This occurred despite many placement changes (the rate of which was slowed significantly by Casey services).

Factors Predictive of Success as Adults

Although many of the general outcomes were positive, they depended on characteristics of children and services. The following characteristics together predicted the level of success of an alumnus at the time they were interviewed for the study (a composite of educational attainment, income, mental and physical health, and relationship satisfaction):

- Life skills preparation;
- Completing a high school diploma or GED before leaving care;
- Scholarships for college or job training;
- Male gender;
- Participation in clubs and organizations for youth while in foster care;
- Less positive parenting by their last foster mother;
- Not being homeless within a year of leaving care;
- Minimized academic problems (as indicated by use of tutoring services in their last foster home); and
- Minimized use of alcohol or drugs (as indicated by use of treatment services near the end of their time in foster care).

Additional analyses about what is associated with high school completion of foster youth suggested the value of delaying a child's first placement in the child welfare system (i.e., better use of primary prevention and family support), reducing placement disruptions, providing group care as a stabilizing measure, helping youth gain employment experience while in care, providing independent living training, promoting a positive relationship between the child and the foster parents, and minimizing criminal behavior. Other predictors included being in foster care for a longer period of time, more time between first placement and entering Casey, not needing extensive tutoring, and not having school-related psychological diagnoses.

We believe that foster care and transition services programs would benefit from paying attention to these key factors. Future analyses will focus on predictors of positive mental health functioning, identifying which youth are most at risk for poor adult outcomes, and the particular groups for whom certain kinds of services are most effective.

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The Incidence and Cost of Child Maltreatment

Foster care is a service that is often required when children are seriously abused or neglected. As such, it is part of a larger set of interventions that cost society substantial amounts of money because family supports and child abuse prevention programs have not been sufficiently funded and implemented. For example, in 2001, nearly five million U.S. children were reported as abused and neglected, with 903,000 confirmed victims. This represents an increase of 48% in officially reported victims since 1990.[1] In 1999, the Urban Institute reported that the child welfare costs associated with child maltreatment totaled $14.4 billion.[2] The Federal Government spent $13.1 billion in 2002 for programs within the Administration for Children and Families, which does not include state-only funded programs.[3] In fiscal year (SFY) 2000, states may have spent as much as $20 billion on child welfare services, with $9.9 billion coming from federal funds, $7.9 billion from state sources, and $2.2 billion from local governments.[4]

In 2002, nearly five million U.S. children were reported as abused and neglected

The *direct cost* of child maltreatment to society in terms of hospitalization, chronic health problems, mental health care, child welfare (e.g., child protective services, family support, and foster care), law enforcement, and judicial systems was conservatively estimated at $24.3 billion in 2001.The *indirect costs* in terms of special education, mental health and health care, juvenile delinquency, lost productivity to society, and adult criminality were estimated at $69.7 billion, for a *total cost estimate of $94.1 billion.*[5] The costs for treatment and other effects may not be surprising, given national data linking childhood adversity with adult psychiatric disorders.[6]

[1] There were three million reports involving the welfare of approximately 5 million children in 2001. For the most recent federal child maltreatment statistics see U.S. Department of Health and Human Services, Children's Bureau, Administration on Children, Youth and Families, National Clearinghouse on Child Abuse and Neglect Information (2003), pp. iii and 3. In 1990, there were an estimated 611,924 victims, based on projections using data from 35 states. See: U.S. Department of Health and Human Services. (1999), p. 4-2.

[2] Geen, Waters Boots, & Tumlin (1999).

[3] White House 2004 budget proposal summary for the U.S. Department of Health and Human Services: http://www.whitehouse.gov/news/usbudget/budget-fy2004. The federal government estimated that they would spend $6.9 billion just on Title IV-B1, Title IV-B2, and Title IV-E foster care, independent living, and adoption assistance payments to the states in 2001, with those costs rising to $9.2 billion by 2005 (U.S. Department of Health and Human Services, Administration for Children and Families, (2003), pp. 3-4).

[4] Bess (2002); Bess, Andrews, Jantz, Russell, & Geen (2002).

[5] Fromm (2001).

[6] Kessler, Davis & Kendler (1977).

Placement of Children as a Consequence of Child Maltreatment

The United States federal government estimated that 542,000 children were placed in foster care as of September 30, 2001.[7] The numbers of children in foster care have risen substantially since 1980 and are only now just decreasing slightly. The average age of the children in foster care was 10 years old and the average length of stay was almost three years.[8] The length of time that children are spending in foster care has diminished during the last few decades.[9]

Changes in adoption programs, supplemented to a small degree by some family-based placement prevention programs and family reunification programs, are reducing the numbers of children spending long periods of time in substitute care.[10] But even though child welfare policy strongly emphasizes preventing child placement, many children will spend a substantial amount of their childhood living in foster care homes.[11] Of those children in foster care as of September 30, 2001, 64% had been there for 12 months or longer. Of those leaving care in fiscal year 2001, half had been in care 11 months or less, but 20% had been there for three years or more.[12]

Focus of this Report

Although the precision of information about the timing and nature of exits from foster care is increasing, we know much less about how children fare in foster care, and thereafter. In this report, we present:

- Selected findings from the Casey National Alumni study—and specifically about the current functioning of alumni who were placed in foster family care between 1966 and 1998 in all of the Casey field offices;
- Comparisons of these findings with previous foster care alumni studies and general population statistics;
- Predictors of high school completion and success in later life; and
- Recommendations based on these and other findings.

This is the first of a series of reports on services and outcomes for children in Casey foster care. Later publications will summarize alumni mental health outcomes, current parenting and other results.[13]

[7] These data are from the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) - which used data from 45 state and other jurisdictions, including Washington DC and Puerto Rico, to derive these estimates. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2003), p.1.

[8] The best data, however, are not from point- in- time snapshot studies, but from cohort or administrative data base studies that follow children over time to pick up the dynamics of change. With these data, we see that infants and adolescents spent longer periods in care Wulczyn, Harden, & Goerge (1997).

[9] Wulczyn & Brunner (2002).

[10] See, for example, Aspen Institute, Chapin Hall, & James Bell Associates (1998); Barth & Berry (1988); Walton, Sandau-Beckler & Mannes (2001), Maluccio & Sinanoglu (1981); and Walton, Fraser, Lewis, Pecora, & Walton (1993).

[11] Wulczyn & Goerge (1992).

[12] U.S. Department of Health and Human Services (2003), pp. 2–3.

[13] The Casey National Alumni study is one of two linked foster care alumni studies. The other study is the Northwest Alumni study, which includes foster care alumni served by the state public child welfare agencies in Oregon and Washington, who were matched with Casey alumni served in the same geographic areas between in 1988 and 1998. For other reports, see http://www.casey.org and Pecora, Kessler, Williams et al. (in preparation).

Agency Description

The focus of this study was a model of long-term family foster care that was delivered by Casey Family Programs from 1966 to 1998. Casey Family Programs (Casey), headquartered in Seattle, is a national operating foundation that supports families, youth and children through direct services and through collaborations with other organizations and agencies.

In 2002, Casey served over 17,000 youth through 23 field offices by providing a variety of permanency planning (planned long-term foster care, guardianship, adoption, kinship care), prevention (services to families with mental health and substance abuse treatment needs), and transition services for youth emancipating from foster care. Over 32,000 youth and their caregivers participated in life skills planning by completing the on-line Ansell Casey Life Skills Assessment (ACLSA).[14]

Casey was established in 1966 by Jim Casey, the founder of United Parcel Service and his family. Planned long-term foster care for children for whom adoption and family reunification were not viable alternatives was the primary mission of the program (with increasing use of kinship care and guardianship). The fundamental outcomes of the program emphasized equipping "…young people with the skills to form and sustain significant positive relationships, to effectively parent their own children, to participate responsibly in their communities, [and] to sustain themselves economically…"[15]

In 1998, Casey Family Programs served over 1,500 children in 23 communities in 13 states, with virtually all of the youth served through participation agreements with public child welfare agencies.[16] Over 90% of the social work staff had M.S.W. degrees, and caseloads (approximately 16 cases per worker) were lower than most public agencies but higher than treatment foster care caseloads.[17]

A range of counseling and other services were provided to foster families and children over a long period of time, depending upon the unique needs of the child. Worker turnover was 6% or lower per year—rising to about 10% in 1998.[18] This is low, compared to public child welfare agencies which averaged 18% according to one study.[19] Foster parents were paid room and board, as well as clothing allowances that generally provided for what children in foster care need for their upbringing.

In 1998, Casey Family Programs served over 1,500 children in 23 communities in 13 states.

[14] See www.caseylifeskills.org

[15] Casey Family Program (1995), p. 4.

[16] Casey changed its name in 2000 from "The Casey Family Program" to "Casey Family Programs." In 2003, Casey began a process of restructuring that will reduce the number of offices by about half, raise worker caseloads to Council of Accreditation (COA) standards of about 18 children per worker, increase the ratio of BSWs to MSWs, lower service cost, and expand its programs in kinship care, transition services, and systems improvement, including prevention and family support.

[17] Treatment foster care is generally a more intensive approach to foster care services with smaller worker caseloads and greater foster parent training requirements. See for example, Meadowcroft, Thomlinson & Chamberlain (1994).

[18] See Ezell, Casey, Pecora, Grossman, Friend, Vernon & Godfrey (2003).

[19] Russell (1987) p. 36.

The study included adults who received services from the field offices in these states and cities:

- Arizona (Phoenix, Tucson)
- California (Walnut Creek/Bay Area, San Diego)
- Hawaii (Hilo, Honolulu)
- Idaho (Boise)
- Louisiana (Baton Rouge)
- Montana (Helena, Missoula)
- North Dakota (Bismarck, Fort Berthold)
- Oklahoma (Oklahoma City)
- Oregon (Portland)
- South Dakota (Pine Ridge, Rapid City, Rosebud)
- Texas (Austin, San Antonio)
- Washington (Seattle, Tacoma, Yakima)
- Wyoming (Cheyenne)

In contrast to many public foster care programs, youth placed with Casey were supported financially to participate in a variety of special activities such as the arts, sports, and other hobbies. Each youth was eligible to apply for special post-secondary educational or vocational training scholarships. Each year over 100 young people received this support as full-time students, with other young adults receiving part-time educational support. Attention was paid to helping youth reach major developmental milestones, including developing social skills through participation in various community groups and events such as scouting, summer camps, church groups, and employment experience. Foster parent training was frequent, and there was at least monthly child-social worker contact. Foster parent satisfaction was relatively high, and turnover was fairly low.[20]

A variety of recreational, individual therapy, group therapy, and other interventions were provided, all of which combined with the low staff and foster parent turnover to produce a supportive and therapeutically powerful environment for youth treatment and development.[21] This array of stable support is important since youth entering Casey had an average of five previous placements, with the exception of youth entering Casey as a kinship care placement who had only 1-3 previous placements.[22]

Based on attachment and developmental theories, the agency has focused on helping youth build healthy relationships with a variety of adults such as foster parents and Casey staff.[23] These attachments can then be used to help support youth who may need to be placed in residential treatment or moved to another foster home while in the program. Providing a nurturing foster family and a supportive agency environment may be significant in ameliorating the effects of earlier abuse and neglect.[24]

[20] See LeProhn, Godinet, Barenblat, & Pecora (1996); LeProhn & Pecora (1994); Vaughn (2002); Doucette, Tarnowski, & Baum (2002).

[21] See for example, Fanshel, Finch, & Grundy (1990); Remy (1980); Walsh & Walsh (1990). See Casey Family Programs (2000) for a comprehensive qualitative study that described in more detail the theoretical and intervention frameworks underlying the Casey long-term foster care program model.

[22] LeProhn & Pecora (1994)

[23] See Casey Family Programs (2000), Downs & Pecora (2003), and the alumni studies website.

[24] See, for example, Simms & Horwitz (1996); and American Academy of Pediatrics (2000). Previous research (e.g., Wind and Silvern, 1994) has found that depression and low self-esteem in maltreated youth are directly affected in a positive way by parental warmth.

Casey's foster care model[25] has components found in other private foster care agencies, including Father Flanagan's Girls and Boys Town, Boysville of Michigan, Placement Alternative Treatment Homes (PATH, which specializes in treatment foster care), and Pressley Ridge. Casey strives to help children stay in the same foster home while in care, is now setting social worker caseloads to the Council on Accreditation standard of 18 cases per worker, and offers developmental and therapeutic resources for youths. This is also true of public child welfare services and of the other private foster care agencies listed above, but funding limitations may often hinder those efforts.

One of the chief purposes of the study was to determine if certain service delivery factors were associated with any long-term outcomes for the youth. Casey has traditionally devoted more resources to foster care than state agencies, but were these extra efforts worthwhile? If so, this approach could be used by policy makers and practitioners to promote changes in public agencies. This approach, or its components, could also be exported directly to both public and private agencies. In fact, Casey's approach to child assessment, case planning, provision of certain ancillary services, and a few other intervention components has been implemented state-wide in Idaho, with a pilot project beginning in Alaska. The present study explored whether some aspects of foster care provided or purchased by Casey would be identified as helpful. These findings would have practical significance for other programs offering out-of-home care.

Research Questions

Based on some initial research findings,[26] extensive qualitative data obtained from Casey alumni over the years, and other foster care research, the Casey National Alumni Study posed the following questions:

1. How are maltreated youth placed in Casey foster care faring as adults? Do they differ from other adults with regard to functioning status?
2. Are there key factors or program components, such as placement stability, individual mental health services, groupwork, employment training, and employment experience which are linked particularly with better foster care alumni functioning?

[25] As described in Casey Family Programs (2003), and Massinga & Perry (1994).

[26] See for example, Fanshel, Finch, & Grundy (1990); Walsh & Walsh (1990); and Wedeven, Pecora, Hurwitz, Howell, & Newell (1997). A complete list of research questions is available on the alumni study website.

Data Collection Methods

The research data were collected through case record reviews and interviews with alumni. Data collected from the case records included alumni demographics, dates of entry and exit from foster care, replacement rates, some foster family information, type of exit from foster care, reasons for original child placement, child maltreatment, and some information about one or both birth parents, including family composition, parent functioning, drug and alcohol usage, and termination of parental rights. Raters, without knowledge of the hypotheses of the study, individually read and recorded the information from case records. Professionally trained interviewers from the University of Michigan Survey Research Center (SRC) administered the alumni interview, which contained a number of standardized scales.

Sample

The study sample included 1,609 alumni served by the 23 Casey Field offices in operation in 1998. All of the youth served by Casey Family Programs offices between 1966 and 1998 were included in the study sample if they met the following criteria:

- Had been placed with a Casey foster family for 12 months or more; and
- Had been discharged from foster care at least 12 months previously.

The interview response rate was 73%.

As shown in Exhibit 2.1, the proportion of alumni interviewed was 68% (1,087 were interviewed). The interview response rate was 73% when the alumni who we could not interview were subtracted from the original sample because they were in prison (3.4%), in psychiatric institutions (0.7%), or deceased (3.9%). This was eight percent of the sample which had some of the worst outcomes, but for which we have case record review data. Slightly over 50% of the alumni had been served in the 1990s. (See Exhibit 2.2.)

Key demographic data are summarized below, with ethnicity data presented in Exhibit 2.3:

- Gender: 54.6% were female
- Alumni of color: 35%
- Average age at time of first placement: 8.9 years (SD: 4.6), Median: 9.4 years
- Average age at time of interview: 30.5 years (SD: 6.3), Median: 30.0 years, alumni ranged in age from 20-51 years old

Exhibit 2.1 Alumni Location Outcomes and Response Rates

LOCATION OUTCOME	PROPORTION OF SAMPLE
Total sample size	1,609[a]
Deceased by the time the study location effort began	62 (3.9%)
In prison at the time of contact for interview	55 (3.4%)
In a psychiatric or other institution at the time of contact for interview	11 (0.7%)
Not located by the end of the field period	331 (20.6%)
Refusals	63 (3.9%)
Interviews[a]	1,087 (67.6%)
Conservative response rate[b]	70.27%
Traditional/minimum response rate (RR1)[c]	73.4%
Adjusted response rate (RR3)[d]	75.08%

[a] Note that while approximately 69% of the entire study sample has been interviewed, we will have some data (case record reviews, dispositions [refused, deceased, in prison, etc.], and geographic/census tract data) on the entire sample. Thus, the analyses will involve as many as 1,609 foster care alumni.

[b] A "conservative" response rate was calculated by subtracting only the deceased from the sample size: interviews ÷ (sample – deceased).

[c] Because of human subjects review board restrictions, we were not allowed to interview people in mental health or correctional institutions. This "traditional" response rate subtracts those in prison, those in psychiatric institutions, and the deceased from the sample size: interviews ÷ (sample – deceased – in institution – in prison). This is the RR1 response rate, as defined by the Standard Definitions manual of the American Association for Public Opinion Research (2000), pp. 24-25.

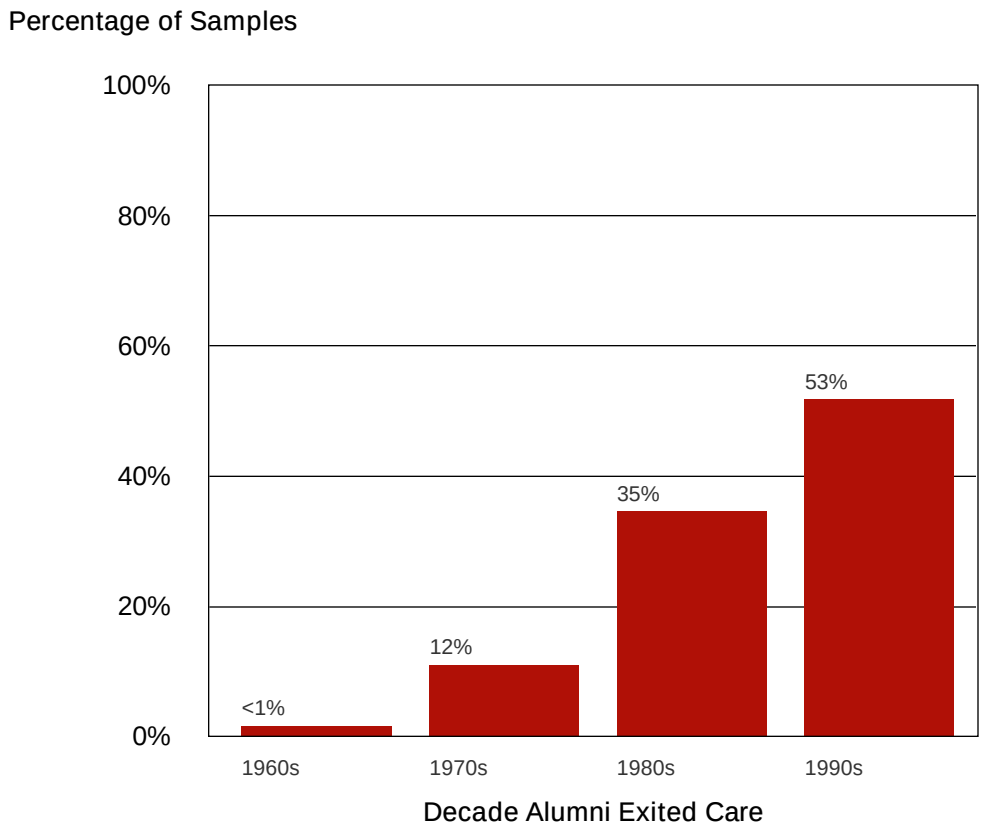
[d] RR3 assumes that the cases with unknown eligibility (those not located) were actually eligible at the same rate as those we had found: (interviews + refusals) ÷ (interviews + refusals + deceased + in institution + in prison). This rate is then used to estimate that portion of the lost cases that were eligible and adjust the sample size accordingly (American Association for Public Opinion Research, 2000), p. 25.

An Alumni Profile

Although there is no such thing as one profile that adequately represents this unique and complex group of people, we hope the following summary is helpful. The "average" Casey alumnus represented by the national study case record data:

- Was born in January, 1970.
- First experienced maltreatment when he or she was 4 years old.
- First received child welfare services in January, 1976.[27]
- Was first placed in out-of-home care in May, 1977.[28]
- Entered Casey in August, 1981.[29]
- Left Casey care in November, 1988.[30] (Also see Exhibit 2.2.)

Exhibit 2.2 A Breakdown of the Decades Alumni Exited Care from Casey



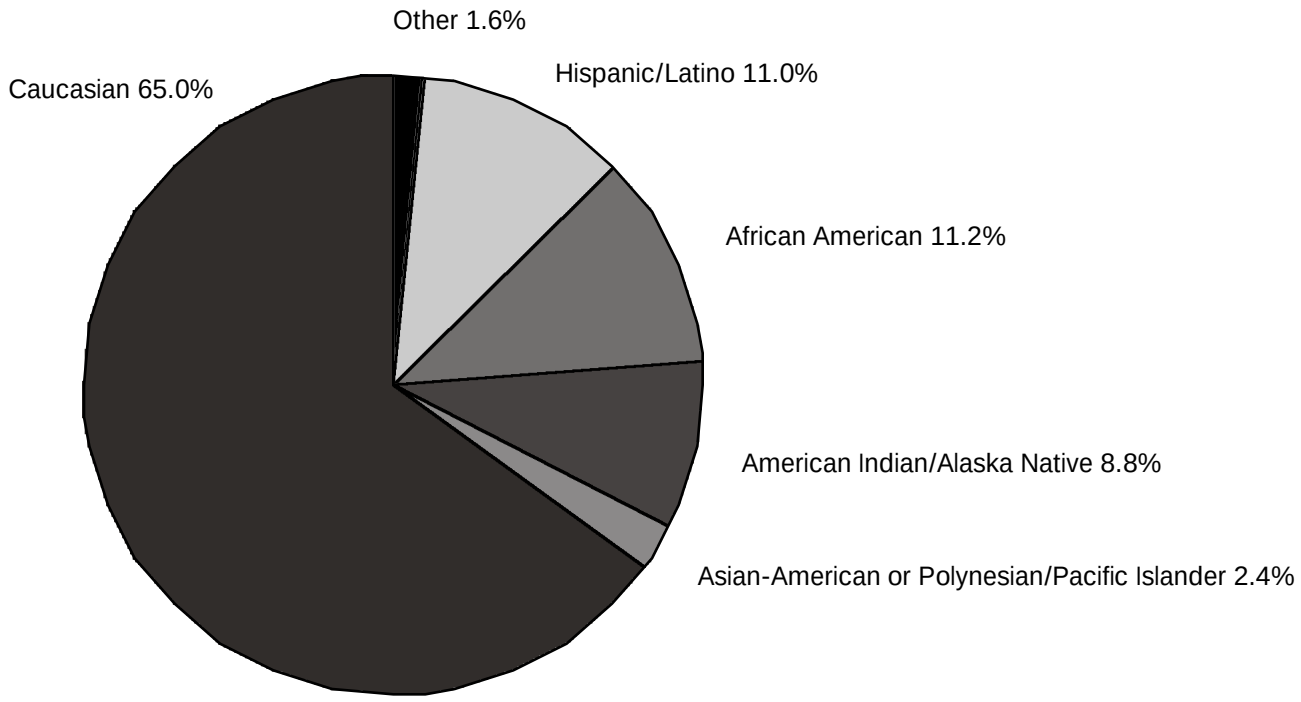
[27] Generally, this was a time of first CPS, Casey or other child welfare-related agency involvement.
[28] The average age at time of first placement was 8.9 years.
[29] The average age of entry into Casey was 13.2 years.
[30] The average age at time of exit from their last foster care placement was 19.4 years old. The average alumnus spent 7.2 years in the foster care system, adjusting for periods of time spent at home with his or her birth family.

How Representative of Other Foster Care Alumni is the Casey Sample?

Despite the efforts to quickly secure permanent homes, over the past three decades many youth have spent multiple years in care. For example, in 2001, 51% of the youth who were placed in out-of-home care in America spent one year or more in placement; over 27,000 spent five years or more in care in 2001.[31]

Alumni in the study spent a median average of 6.2 years in foster care. The considerable lengths of stay of the long-term youth is not typical of foster youth today, although about 10% of youth leaving foster care in the United States continue to have such extended placement histories. A sizable group of Casey alumni (25.5%) were youth who stayed between one to four years in foster care. The lengths of stay for these youth are much more like the current national foster care population. Both of these groups include children for whom society invests a substantial amount of money because of their length of stay and services provided. Knowing what factors are linked with successful development and functioning would help agencies and their communities better plan and prioritize services.

Exhibit 2.3 Primary Race/Ethnicity of Casey Alumni



[31] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2003), p.4.

Measures

An important feature of this study is the utilization of several sections from the Composite International Diagnostic Interview (CIDI). The CIDI is a World Health Organization (WHO) approved non-clinician administered psychiatric diagnostic interview, which was developed to facilitate psychiatric epidemiological research. It generates mental health diagnoses for conditions such as depression, anxiety, and substance addiction. More specifically, sections of the Composite International Diagnostic Interview (CIDI 2.1) and supplemental sections developed from the CIDI 2.0 by the University of Michigan were included in the interview.[32] The Conflict Tactics Scale, Trauma Symptom Checklist, and supplemental interview questions from University of Michigan Institute for Survey Research were also used.[33]

Predictor variables include the following:

I. Alumni and Birth Family Characteristics, History and Functioning: e.g., child victimization and traumas; birth family characteristics such as structure, parental employment, substance abuse, and mental health disorders; childhood living arrangements; child protective factors and supports such as the nature of the community ecology, parental relationships, and resources and enrichment;

II. Experience with Foster Care and Other Systems of Care: e.g., foster family characteristics and functioning; placement history including age at entry and number of placements; services received such as mental health treatment, groupwork, independent living training, and employment experience; perceptions of foster care services and experience;

III. Recent Stressful Experiences: e.g., marital stress, work stress, family and social relationship stress, physical health problems, other life events; and

IV. Potential Trauma and Stress-Modifying Variables, including Protective Factors: e.g., social networks and supports, including self disclosure and emotional reliance on others; relationship characteristics; childhood mentor; religiosity and volunteer activities; self-esteem.

Outcome variables:

Although we were not able to assess the current cognitive functioning of alumni, other outcome variables that were measured are listed below:

- Alcohol and drug use;
- Child-bearing and child-rearing, including number, ages, and living arrangement of children;
- Criminal history and involvement;
- Educational achievement (including educational levels);
- Employment status and other indices of self-sufficiency such as job history with wages, timing, stability and type; Public Assistance use and perception of income adequacy; and spouse occupation, education and income;
- Housing arrangements and homelessness;
- Neighborhood and community characteristics;
- Physical health;

[32] Robins, et al. (1989); and World Health Organization (1991,1996). See the alumni study website for a variables summary and instruments: http://www.casey.org.

[33] Gelles & Straus (1988); Briere & Runtz (1989). For additional research questions and methods content, see the http://www.casey.org alumni studies website.

- Psychiatric diagnoses – current, including depression, anxiety, and other areas using the Composite International Diagnostic Interview (CIDI);
- Psychiatric facilities and mental health services usage;
- Relationships, including marital status and history;
- Risky behavior;
- Role characteristics such as parenting, conflict with spouse/partner, and placement of children in foster care;
- Self-esteem; and
- Special achievements and personal strengths.

Methods and Data Analysis Summary

Accurate long-term outcome data are rare in this field, and many assumptions are made about the relative value of foster care in terms of how alumni fare after emancipating from foster care. Without random assignment studies or more prospective studies that follow children from birth onward, it is difficult to separate out the effects of genetic disposition, early developmental influences, socioeconomic status, and other factors.[34] However, this study does include data about child maltreatment, birth-family functioning, foster care services, current mental health functioning, and a wide range of adult outcomes. In the next section of this report we focus on descriptive data regarding alumni characteristics and outcomes; and differences between the Casey alumni and the general population. In the last section, the results of a set of regression analyses are presented regarding variables that might predict alumni completion of high school and success as adults.

[34] Widom (1989); McDonald et al. (1996).

Type of Child Maltreatment Experienced

According to case records, over 90% of the alumni experienced some form of maltreatment as children. As shown in Exhibit 3.1, the most common types of child maltreatment that were alleged or confirmed for the alumni were (a) Sexual abuse and another form of maltreatment (physical abuse or neglect) combined (40.8%); (b) Physical abuse and neglect combined (16.6%); and (c) Physical neglect with or without emotional maltreatment (14.6%).

Many children were victims of child maltreatment at an early age, and some experienced a range of other family difficulties, which contributed to their placement into out-of-home care. About one in 11 alumni (9.0%) experienced their first maltreatment before they turned one year old; and 34.9% were maltreated before the age of six. While about 55% of the sample was placed in out-of-home care primarily due to child maltreatment, we believe this is an undercount of the actual number given the large proportion of youth who were maltreated. (See Exhibit 3.1.)

Twenty-one percent of the alumni had experienced some form of maltreatment from a member of their foster family. These incidents of foster family child maltreatment could have occurred prior, during, or after Casey services.

Exhibit 3.1 Type of Child Maltreatment Experienced by Casey Alumni

PERCENTAGE OF ALUMNI EXPERIENCING A PARTICULAR FORM OF MALTREATMENT	PERCENT (N=1,067)
No Child Maltreatment	9.1%
Sex Abuse	5.5%
Sex Abuse & Other	40.8%
Physical Abuse	8.8%
Physical Abuse and Neglect	14.6%
Physical Neglect & Physical Abuse	16.6%
Emotional Maltreatment	4.6%

The "Expanded Hierarchical Type of Child Maltreatment" approach was used to categorize these forms of maltreatment (Dubowitz, et al., 2002; English, Graham, Litrownik, Everson, & Bangdiwala, 2002). This approach excludes educational neglect, but does include emotional maltreatment.

Throughout this report we will be including stories brought to us by the University of Michigan Survey Research Center interviewers. These interviewers were blinded to the study hypotheses and were hired because of their objectivity and professionalism in conducting the interviews. Unlike the qualitative analysis of the interview data that was conducted by an external consultant, these case stories were chosen purposively to illustrate major points in the report.

An Idaho alumnus reported a very sad story of sexual abuse in his birth family. He was then placed in a foster home with boys who had been sexual offenders, then adopted by parents who were abusive, and then put back into foster care.

He credited his social worker with some security and dependability, but added, "The foster care program could have prepared me a lot better, made sure I had what I needed: bed, clothes, dishes. Made sure I knew how to handle my finances, made sure I had the right skills to get a job, and given me a better chance to continue my education."

Medical and Psychological Conditions While in Foster Care

Over one in ten case files (11.0%) indicated the presence of a diagnosis for a physical or medical illness or chronic condition of some kind. Over half of the alumni (50.6%) had been professionally diagnosed with a psychological disorder at some point in their childhood. (See Exhibit 3.2.)

Exhibit 3.2 Percent of Casey Alumni with Medical and Psychological History (Disabilities Diagnosed by a Qualified Professional)

DIAGNOSIS	PERCENT (N=1,067)
Any physical disability/disorder	11.0%
Premature birth/low birth weight	3.2%
Drug exposed at birth	1.4%
Fetal Alcohol Exposure/Syndrome (FAE/FAS)	1.8%
Visually impaired	3.4%
Hearing impaired	1.4%
Physically disabled	1.2%
Any psychological disorder	50.6%
ADD/ADHD	9.7% (N =1,068)[a]
Other DSM emotional disorder	37.2% (N = 1,068)[a]
Learning disability	19.0%
Mental retardation	1.1%
Other medical or psychological diagnosis	10.1%

[a] Data from an additional youth was available for these questions.

Services Received While in Care

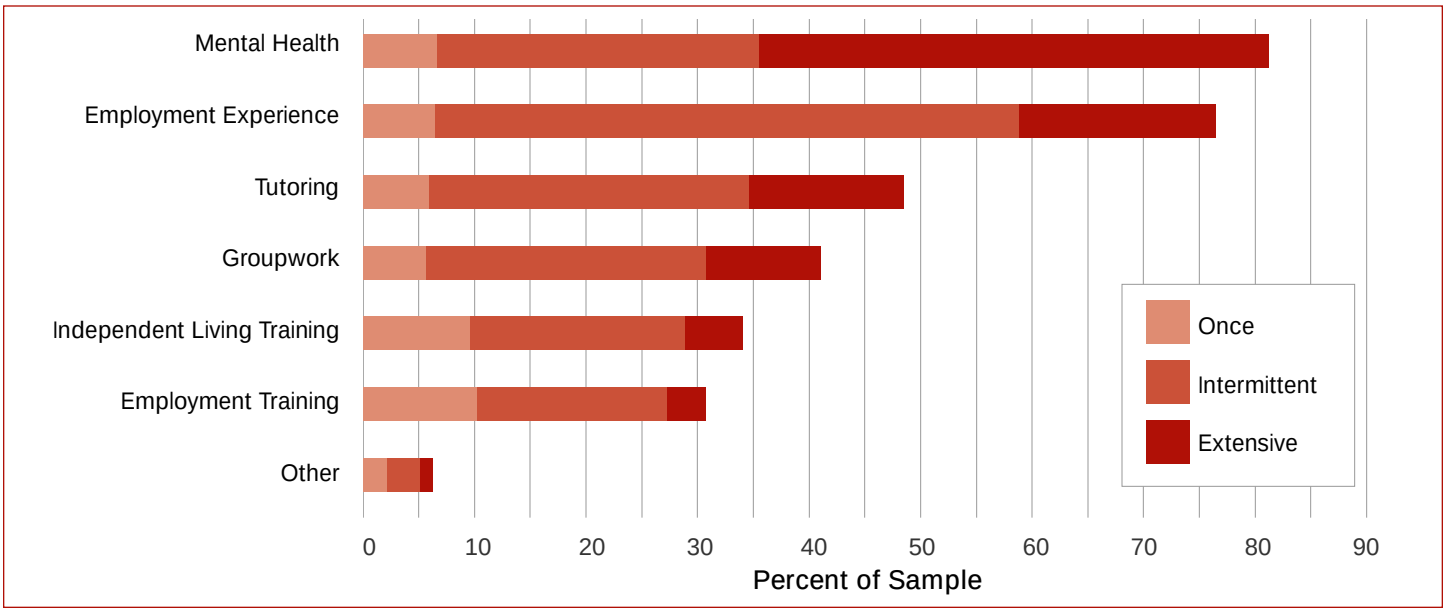
Although placement into foster care is often the core form of intervention for seriously maltreated children, youth often need additional services to address the implications of their family problems and maltreatment. Understanding the outcomes of placement in out-of-home care requires some assessment of the level and type of other services provided. Yet child welfare case records are often incomplete sources of services received because not all services are paid for or provided by the child welfare agency. Therefore supplementing information from the case record with information from the alumni interview data can provide a more accurate account of services received. As shown in Exhibit 3.3, mental health and employment services were the most commonly provided services to Casey youth.

For most of the Casey study findings, data from other foster care alumni studies will be presented to provide a point of comparison.[35] Caution must be exercised in interpreting these comparisons as program services, ages of the children served, length of stay and length of follow-up period vary. Nevertheless, the data may provide some useful benchmarking information. For example, in a study conducted in Wisconsin with alumni who had been discharged from foster care 12-18 months earlier, 47% of the respondents reported receiving some form of mental health services. Approximately three-quarters of the sample had received some training in an aspect of independent living. At the post-discharge interview, however, very few Wisconsin foster care alumni (11 to 18%) reported receiving concrete assistance in various life skills, and thus many had experienced difficulty in independent living.[36] Seventy-five percent of the Casey alumni also expressed concerns about a lack of preparation in this area and had many suggestions.

Involvement in Activities

Almost all (85.5%) of the Casey alumni are or were involved in some kind of activity while in care. The most common activities, in order, were sports, the arts (including music, dance and drama), and church.

Exhibit 3.3: Services Received While in Casey Foster Care (N=1,067)



Note: The scale anchors of “intermittent” and “extensive” were not more specifically defined.

[35] See the alumni study website for abstracts of these benchmarking studies.
[36] Courtney, Pilliavin, Grogan-Kaylor, & Nesmith (2001).

Length of Stay and Number of Placements While in Foster Care

For nearly a century, child welfare service providers have endeavored to minimize the length of stay in out-of-home care, and minimize the number of placement moves to enable children to feel at home with a single family.[37] Until late 2003, Casey provided a special niche in the field by focusing on older children who were not likely to return home or be adopted. The goal was to provide them with a stable home with relative or non-relative foster parents, while being alert to the possibility of changing circumstances that would allow reunification, adoption or placement with relatives with legal guardianship. Consequently the length of stay of the Casey alumni was longer than most other foster care programs:

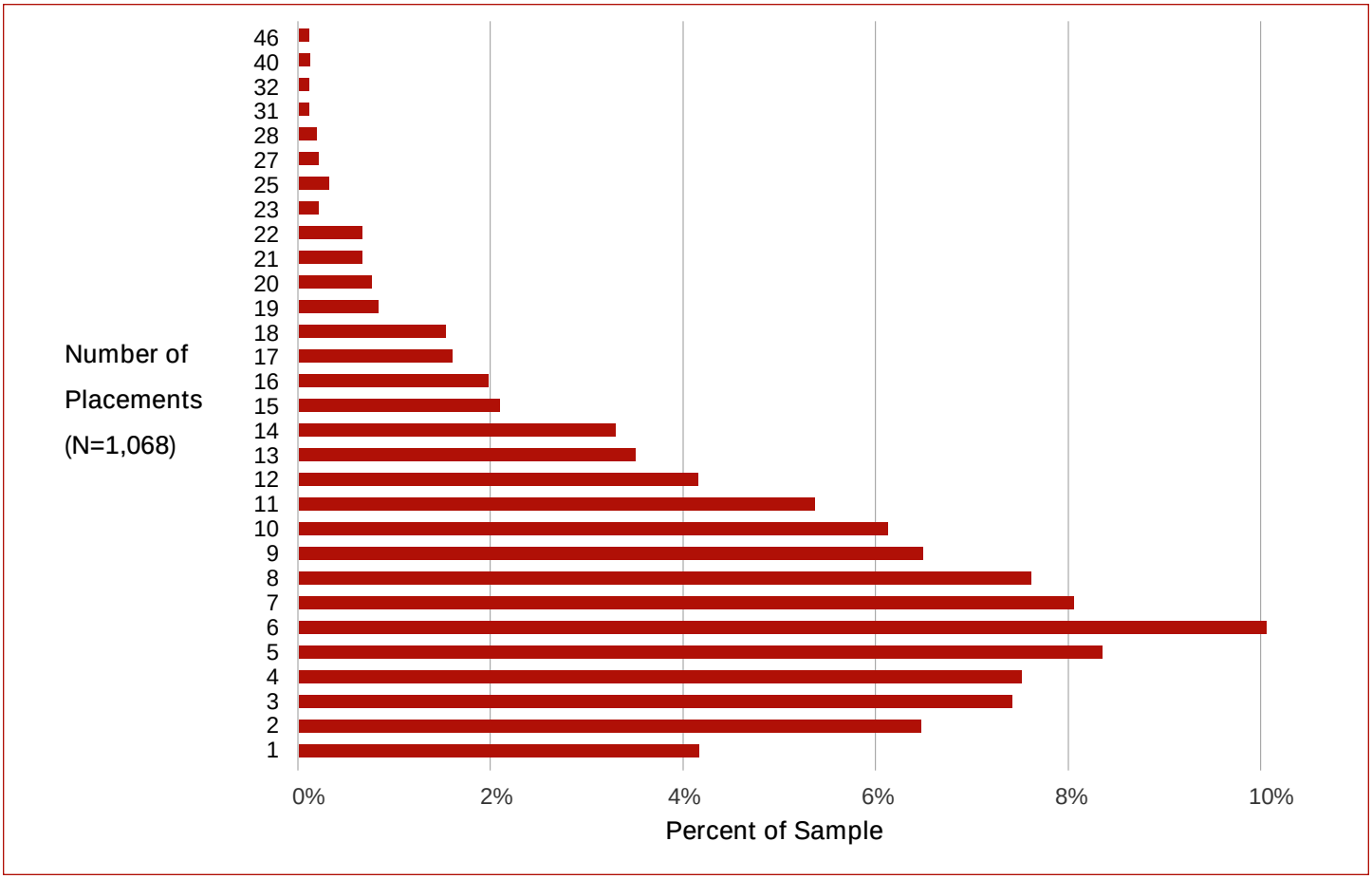
- The average age of entry into Casey: 13.2 years (SD= 3.0); Median= 13.8 years.
- Average length of time in foster care, adjusting for periods of time spent at home: 7.2 years (SD: 4.3), Median: 6.2 years
- Average length of time in foster care, without adjusting for periods of time spent at home or in non-placement living situations: 10.5 years (SD: 5.1), Median: 9.8 years
- Average age at time of exit from last foster care placement: 19.4 years (SD: 2.8), Median: 19.1 years

Placement changes continue to be a controversial issue in child welfare today, as agencies want to minimize this form of disruption in a child's life. While 18% of the alumni had three or fewer placements during their entire history of foster care; slightly over half of the sample (56%) had seven or more placements while in public, Casey, and/or other agency foster care. About 3% of the alumni had 20 or more placements. (See Exhibit 3.4.)

Placement changes drop substantially after youth were placed with Casey foster families. Specifically, nine hundred thirty-one youth were compared on placement changes per year before entering Casey and during care with Casey. The average number of placements per year before Casey was 2.6 (SD = 18.1). During care with Casey this rate dropped significantly to 1.0 per year (SD = 1.1) [Results from a related samples measure t-test: $t(930) = 2.77$, $p < .05$.] This result is similar to what Casey Family Services found in their long term follow-up study where the pre-Casey Family Services average number of placements was 2.9, and then it later dropped to 2.2 total placements while the youth was with that agency for an average of 37.8 months – a rate of about .73 placements per year.[38] Note that in our study, the last placement for 2.9 percent of the sample was to return home for a trial placement with birth-family. Those were counted as placements.

[37] Wolins & Piliavin (1964).
[38] Casey Family Services (1999), p. 6.

Exhibit 3.4 Total Number of Youth Placements, Including Birth-Family Reunifications



Another alumnus had been removed from his birth mother's home at age 1 due to neglect and was immediately adopted. After he experienced years of cruelty in the adoptive home, and the state child protective services put him in state foster care at age 12. There he went through 24 placements until he was 16 and was placed with a Casey family. He said he had gotten so accustomed to displacement, cruelty, and disdain that it took him another two years to realize what this last foster family had committed to him. This family remains as his active family; his "real Mom and Dad." He reflected that it was years before he realized that his last foster parents were not going to hit him or hurt him.

One interviewer located and interviewed a 25-year-old alumna who had been placed for adoption at birth. She was, however, never adopted. She was placed in several different foster homes and never really felt that she had the love and support of anyone in her life.

She was appreciative of the assistance provided by the Casey Family Programs social worker she was assigned at that time. The social worker was there for her when she needed her and provided educational support for her. The alumna is now a single mom caring for her two daughters and working full-time as a licensed practical nurse.

Overview

This section reports findings related to teen birth rates and living situations after discharge such as homelessness. Although more appropriate comparison groups would be children from chaotic, poor and socially disorganized families who were not placed in foster care, data from the general population are included because of its greater availability.

Teenage Birth Rates

We cannot directly compute the birth rate, due to missing data. We do know, however, that the case records for 6.1% of the young women who became pregnant had no mention of a live birth, while 17.2% of the female alumni had at least one live birth while in care. Thus, we estimate that the birth rate for teen mothers in this sample is at least 17.2%. In contrast, the percentage of unmarried teenage women across the U.S. in 1998 (by which time sample members had to be 18 years old) who had ever had a baby was 8.2%.[39] Preventing teenage pregnancy is a crucial issue that child welfare staff members often do not have the time or skills to address. Yet many researchers have documented the negative consequences of fathering or having a baby as a child or older adolescent.[40]

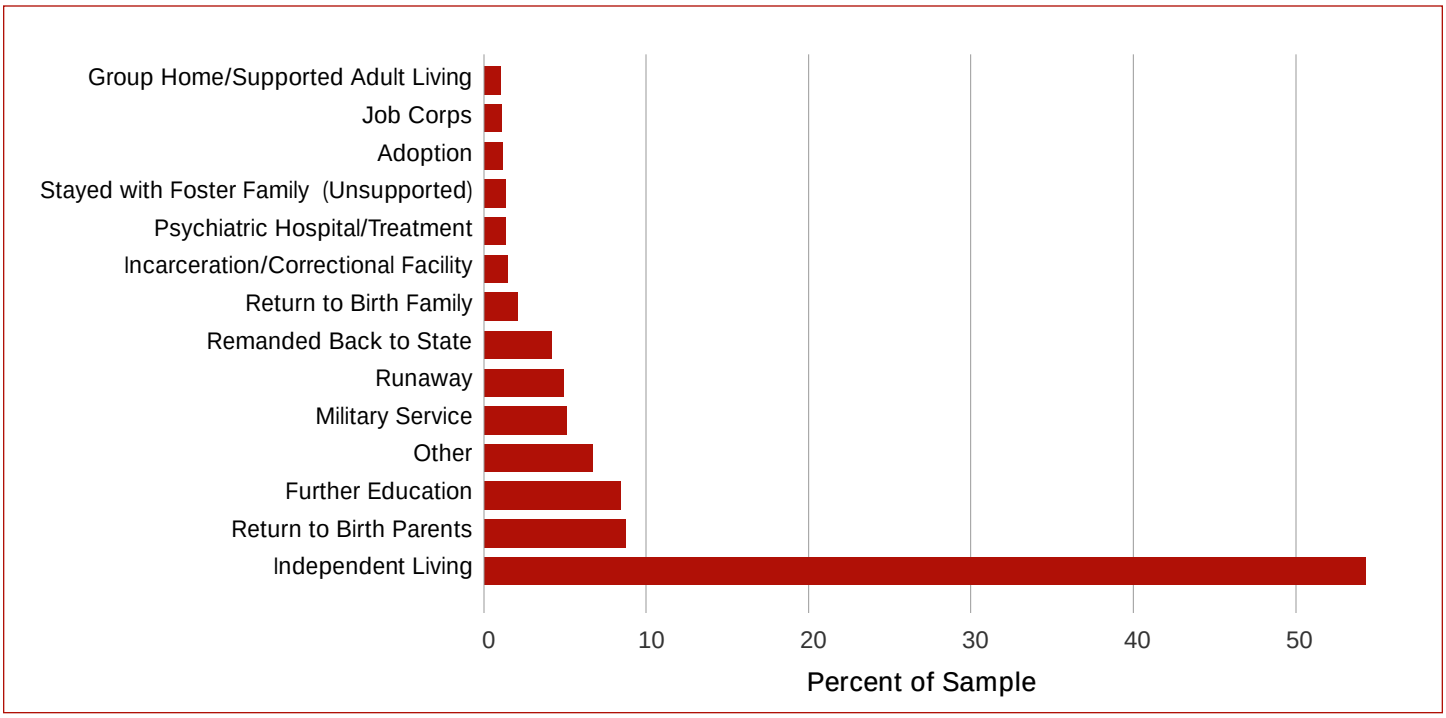
Living Situation Immediately After Discharge

Because Casey often serves older youth through age 18 and beyond, over half of the youth in the study had emancipated to independent living.[41] About 10% were reunified with their birth families. (See Exhibit 4.1.)

At the time of the study, many of the alumni were in stable and positive living situations.

[39] Bachu & O'Connell (2000), p. 6.
[40] Henshaw (1998).
[41] By independent living, we refer to living successfully on one's own or as a contributing member of a community or tribe. We use the term interchangeably with "interdependent living" and acknowledge the important cultural connotations of these terms.

Exhibit 4.1 Exiting Care: Where Alumni Went After Discharge



Homelessness

At the time of the study, many of the alumni were in stable and positive living situations, but they had experienced some challenges to achieve this current level of quality of life. Twenty-two percent of alumni were homeless for one or more nights at any time within a year after being officially discharged from foster care. Almost 1 out of 5 (19.4%) were homeless for the first time ever, for a week or more after leaving foster care. (See Exhibit 4.2.)

Exhibit 4.2 Percent of Casey Alumni Experiencing Homelessness

TYPE OF HOMELESSNESS	CASEY NATIONAL ALUMNI STUDY (n=1,087)
One or more nights homeless ever	42.2%
Homeless for one or more nights within a year after leaving foster care	22.1% (n=1,084)
For the first time	13.0%
First homeless at age 18 or older	23.6% (n=1,087)
For one week or more	19.4%
How many times were you homeless?	
Mean:	3.8 (n=33)
Median:	2.0
How old were you when you were homeless the first time?	
Mean:	17.8 years old (n=448)
Median:	18.0 years old

The homelessness rate of the Casey alumni is almost certainly higher than the rate for the general American populace, although precise comparisons are difficult to make. According to estimates developed from the 1996 National Survey of Homeless Assistance Providers and Clients, nearly 1% of the U.S. population is likely to experience a spell of homelessness at least once during a year (about 2.3 million adults and children). Nearly two-thirds of these (62%) are estimated to be adults.[42] Yet these figures are the rate of homelessness among all Americans—regardless of age or income status. Certainly homelessness, as defined above, would be higher for adolescents and young adults who are from comparable circumstances to the youth who have left foster care.

Twenty-one percent of the clients in the federal homelessness study reported that their first period of homelessness occurred prior to their 18th birthday. This national study revealed that 27 percent were placed in foster care, a group home, or other institutional setting before their 18th birthday.[43] The Casey results are also higher than those a Wisconsin study found with youth who had only been out of care for 12-18 months. Of these youth, 12% had been homeless at least once within 12 to 18 months after discharge.[44]

Home Ownership

Alumni were asked to specify whether or not they owned a home (27.0%) or rented their house or apartment (63.2%), versus some other kind of arrangement (9.8%) such as living with friends or family or housing paid for by work or job. The percentage of those who owned a home (27%) is much lower than the 67% of Americans who owned their own home in 2000, according to the U.S. Census Bureau.[45]

[42] Forty-nine percent of the general population homeless clients were in their first episode of homelessness, and 17% were in their second. Thirty-four percent had been homeless three or more times. For 28% of these homeless clients, their current episode at the time of the study had lasted three months or less, 26% between four and 12 months, 16% between 13 to 24 months, and for 30% it had lasted more than two years.

[43] Burt, Aron, Douglas, Valente, Lee & Iwen (1999), p. 13.

[44] Courtney Piliavin, Grogan-Kaylor & Nesmith (2001), p. 710.

[45] U.S. Census Bureau (2003c), http://www.census.gov/hhes/www/housing/hvs/q203tab5.html

Educational Challenges Faced by Children Placed in Foster Care

Children who are neglected or abused and children who are in foster care are at high risk for school failure.[46] Among the risk factors facing youth in foster care, low educational achievement may have the most adverse effect on long-term adjustment.[47] Youth who are at risk for school failure are also at high risk for drug abuse, delinquency, and violence.[48] Educational achievement is a powerful determinant of future life success for all youth. High school dropouts are seriously at-risk of being unemployed[49] and on public assistance.[50]

Previous Studies of High School Completion Rates among Foster Care Alumni

One of the few national studies found 54% of foster care alumni had completed high school.[51] In a Wisconsin study, only 63% of the alumni had completed high school 12 to 18 months after discharge.[52] Another study found a 65.2% high school graduation rate for youth in care in New York City, compared with 70.8% for 18 to 24 year olds in the city general population in 1980.[53] The rate among emancipated youth in West Virginia was 63% (compared with 73% of youth aged 18-24 in West Virginia noted in the 1980 Census).[54]

Each year in Washington state, more than 300 youth emancipate from foster care at age 18. A recent study found that of youth leaving foster care at age 18 or older from January to June 2000:

- 34% had a high school diploma or GED;
- 38% were currently enrolled in educational or vocational programs; and
- 28% had no educational involvement (i.e., had dropped out of school).

In that same study, youth in foster care scored, on average, 15 to 20 percentile points below non-foster youth in statewide achievement tests. At both the elementary and secondary levels, twice as many foster youth had repeated a grade, changed schools during the year, or enrolled in special education programs, when compared with non-foster youth.[55]

School Experience of Casey Alumni

A look at the alumni study data underscores and confirms the concerns of many prior studies in terms of the proportion of Casey alumni who:

- Were in special education classes for youth needing extra help: (37.9%)
- Repeated a grade in school: (36.2%)
- Attended three or more different elementary schools: (67.6%).

[46] Altshuler (1997); Ayasse (1995); Cohen (1991); Jackson (1994); and Stein (1994)
[47] Jackson (1994).
[48] Dryfoos (1990); Hawkins, Catalano, & Miller (1992); Institute of Medicine (1994); and Maguin & Loeber, (1996).
[49] National Center for Educational Statistics (1996); Rumberger (1987); and Stern, Paik, Caterall, & Nakata (1989).
[50] Educational Testing Service (1995); and National Center for Educational Statistics (1996).
[51] Cook et al. (1991, p. 3-2).
[52] Courtney et al. (2001).
[53] See Festinger (1983), p. 151; U.S. Census Bureau (1980), Table 119.
[54] Jones & Moses (1984, p. 65).
[55] Avery (2001); and Burley & Halpern (2001).

One-third (33.1%) of the Casey alumni had attended five or more elementary schools, indicating serious disruptions in the continuity of their education. Given the deleterious pre- and post-natal environments that many foster children experience, their educational attainment is at substantial risk. With so many placement moves, their likelihood of educational failure is greater still.[56]

High School Completion among Casey Alumni

For many years, staff and foster parents have worked to help youth placed with Casey to overcome educational skills gaps and other challenges. Targeted educational advocacy, integrated social work and education case management, and continuous monitoring of education outcomes have been hallmarks of Casey practice. During the period covered by the study, supportive relationships were formed, educational assessments were diligently administered, and tutoring or other supports were generally made available, when needed (as budgets allowed).

Have the Casey strategies produced positive results?[57] A substantial proportion (72.5%) of the Casey alumni had received a high school diploma or GED by the time their case closed.[58] The high school completion rate at any age during or after care was even higher: 86% (including those who obtained a GED). If we just include Casey alumni ages 25 and older, the rate increases to 87.8%. A higher proportion (18.6%) of Casey alumni, however, completed high school via a GED certificate than the general population.[59] Caution must be exercised as the comparison studies summarized earlier all used varying lengths of follow-up time periods, and we know that high school completion rates do increase slightly after age 22.

In the present study, the most conservative approach would be to estimate the high school completion rates for the alumni who were not interviewed. We were unable to interview 32% of the sample, some of whom could have finished high school before being jailed, institutionalized or passing away. Using case record data we know that 47.3% of those not interviewed completed their high school degree before leaving care. This results in a minimum high school completion rate for the entire sample of 73.5%. The actual rate is likely higher because some of those not interviewed completed their degrees after foster care.

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[56] Cadoret & Riggins-Caspers (2002); De Bellis (2001); and Lansford, Dodge, Petit, Bates, Crozier, & Kaplow (2002).

[57] Future analyses will attempt to test the specific contribution of these factors, within limitations in the data set.

[58] Calculated among those who left care at age 17 years, 3 months, or older.

[59] Current rates of GED completion for Casey foster care youth are about 8% but do not track high school dropouts who complete later (Emerson, Hightower & Montoya, 2003), p. 2. It is difficult to locate recent general population statistics on GED completion as a proportion of high school completers as most federal reports bundle it with the high school completion rate and do not specify GED rates. See National Center for Education Statistics (2002b), Chapter 2, p. 2. http://nces.ed.gov/pubs2001/2001034b.pdf

[60] For some variables comparative data from the general population are provided. A more appropriate comparison group would be children who were from chaotic, poor and socially disorganized families but who were not placed in foster care. As these kind of comparative data are located, we will incorporate that information.

[61] See NCES (2002b); http://nces.ed.gov/pubs2002/droppub_2001/Figs.asp, Table 4. Note that National Center for Educational Statistics and the U.S. Census Bureau have found that high school completion rates are significantly lower for many groups of color.

[62] See NCES (2003b); http://nces.ed.gov/pubs2002/droppub_2001/Figs.asp, Table 4.

[63] Completion rates are for 18- to through 24- year- olds who are not enrolled in high school. (National Center for Education Statistics, 2002b, p. 2.) http://nces.ed.gov/pubs2002/droppub_2001

Overall, the 86.1% Casey alumni high school completion percent rate for the interviewed sample appears similar to the high school completion rates for the general population:[60]

- 84.0% by age 19[61]
- 86.4% by age 21[62]
- 86.5% by age 24[63]
- 80.4% for all adults ages 25 and older[64]

Exhibit 5.1 Educational Achievement

OUTCOME	CASEY NATIONAL STUDY (N=1,087)	GENERAL POPULATION	COMPARISON STUDIES
High School Completion: a. At any age b. Of adults (of adults ages 25 and older)	 86.1% 87.8%	 80.4%[65]	- Courtney et al. 2001 Wisconsin study of HS completion 12 to 18 months after discharge: 63%. - Casey Family Services long-term extended FC with a long-term follow-up: 90%. - Casey Family Services non-extended FC with a long-term follow-up: 44%.[66] - Westat National Study: 54% (Cook et al., 1991, p. 3-17). - Blome National Study (1997): 77% (p. 46).
High School Diploma GED	69.7% 18.2%		
Some College or More (of adults ages 25 and older)	43.7%	51.7%[67]	- Alexander & Huberty (1993): 27% had some college or vocational training (p. 22). - Casey Family Services (1999) long-term extended foster care: 73% some college or trade school (p. 1). - Frost & Jurich (1983): 12.6% some college (p. 10). - Jones & Moses (1984): 7% had some college (p. 62). - Zimmerman (1982): 11.5% had some college (p. 65).
BA Degree or More (of adults ages 25 and older)	10.8%	24.4%[68]	- Festinger (1983): 5.4% graduated (p. 151). - Frost & Jurich (1983): 2.1% graduated (p. 10). - Jones & Moses (1984): 1% graduated (p. 62). - Zimmerman (1982): 1.6% graduated (p. 65).
Currently in School	16.1%		

[64] U.S. Census Bureau (2003b), p.1. Education achievement statistics are based on the Census 2000 long form data. http://quickfacts.census.gov/qfd/states/00000.html. Current Population Survey data report a rate of 84.1% for 2000 (U.S. Census, 2000a). http://www.census.gov/population/socdemo/education/p20-536/tab01a.pdf

[65] U.S. Census Bureau. (2003b), p.1. Education achievement statistics are based on the Census 2000 long form data. http://quickfacts.census.gov/qfd/states/00000.html. The completion rate for 18 through 24 year olds not enrolled in high school was 86.5 percent. National Center for Education Statistics (2003), p. 2. http://nces.ed.gov/pubs2002/droppub_2001/; NCES (2002a).

[66] Casey Family Services is the services arm of the Annie E. Casey Foundation. See Casey Family Services (1999), pp.13, 26. The "non-extended foster youth" are those who left Casey foster care before age 19. They more closely resembled standard foster care experience and had much lower high school completion rates.

[67] U.S. Census Bureau. (2000c). (Census 2000 survey data: Table DP-2), p.1. http://factfinder.census.gov/bf/_lang=en_vt_name+DEC_2000_SF3_U_DP2_geo_id=01000US.html.

[68] U.S. Census Bureau. (2000c). (Census 2000 survey data: Table DP-2), p.1. http://factfinder.census.gov/bf/_lang=en_vt_name=DEC_2000_SF3_U_DP2_geo_id=01000US.html

Note, however, that other estimates of general population high school completion rates vary between 70-80%. Current reality may actually be closer to 75% because the completion statistics are sometimes overstated because they underestimate dropouts, and because they exclude military personnel, prisoners and institutionalized populations.[69]

Unlike many short-term alumni studies, the children in this study have been graduating from high schools, or not, for more than 25 years and are not a nationally representative group. Although we must consider these comparison difficulties, the Casey alumni high school completion rates appear similar to general population rates, and contradict some of the statistics often cited about the poor educational achievement of foster care alumni. (See Section VII for the results of a multivariate analysis predicting high school completion.)

One alumna and 4 of her siblings were born while her mom was on the run because she escaped from prison (she was in prison for murder and is still in today). When she was 5, her mom turned herself in and the alumna went to a state run foster home in Montana for 10 years. There she was molested from 12 to 16 years old. Then she was placed in a Casey home.

She had some problems but still graduated from high school. She was interviewed by phone from a storage unit with her 11 month old baby (one of her three kids). She doesn't have a place of her own but stays with her sister. I guess she wanted a quiet place to do the phone interview. Currently, she is in school and has one year left until she gets her electrical engineering degree. Her kids are 4, 2 and 11 months. Her optimism made her sound like she was smiling the entire interview.

Selected Previous Studies of College Enrollment and Completion Rates among Foster Care Alumni

Data in this area are sparse with a 7–48% college enrollment rate, and 1–5% graduation rate. (See Exhibit 5.2.) While the follow-up time periods vary, previous studies do provide a beginning context for examining the results for the Casey alumni.

Casey alumni high school completion rates are similar to those for the general population.

[69] The U.S. Census Bureau reported a completion rate of 80.4% for adults 25 or older in 2000 (U.S. Census Bureau of Census, 2003a) p. 1. The Manhattan Institute believes that high school completion rates are overstated. They estimate they were actually only 71% in 1998, and in 2001 it was 70% (Greene, 2003), p. 5; (Greene & Forster, 2003), p. 2.

Exhibit 5.2 Selected Comparison Studies for Educational Achievement

COMPARISON STUDY	FINDINGS	AGE RANGE OR AVERAGE AGE AT TIME OF FOLLOW-UP
Alexander & Huberty (1993)	• Sample of 86 former residents of The Villages in Indiana age 18 or older, with a 64% response rate (p. 21). • 27% had some college or vocational training (p. 22).	22 years old
Blome (1997)	• Longitudinal study of 334 young adults in the U.S. with a sub-sample of 167 foster youth. • 77% of foster youth completed high school versus 93% for the general population matched comparison group.	Young adults About 22 years old
Casey Family Services (1999)	• 53 extended long-term foster care alumni at about 5.3 years (on average) after their last placement. A 55% response rate was obtained for the overall study. • 48% of the total group of alumni had education beyond high school (pp. 1, 13, 25); 73% of the long-term extended foster care alumni had at least some college or trade school (p. 1).	23.4 years old
Westat National Study (Cook et al., 1991)	• Sample of 810 young adults interviewed discharged 2-4 years ago, with a 50% interview rate. • 30% had some college (p. 4-13).	18-24 years old (median: 21 years old)
Festinger (1983)	• Sample size was 277 with a 70.3% response rate for a study conducted in New York City. Youth had to have been continuously in foster care for 5 years or more, and were 18-21 years of age at time of discharge (pp. 13-14). • 39% had attended college and 5.4% had graduated from college (p. 151).	"Early to mid-twenties"
Frost & Jurich (1983)	• Sample of 95 of 176 former residents who had been in care for six months, with a 54% response rate. • 12.6% had some college and 2.1% had earned degrees (p. 10).	N/A
Jones & Moses (1984)	• Sample of 328 youth ages 19-28 years from West Virginia with a 54% response rate (p. 7). • 7% of alumni had some college; less than 1% graduated with degrees (p. 62).	20 years old
Zimmerman (1982)	• Sample of 61 of 170 alumni from New Orleans, with a 35.8% participation rate (p. 21). • 11.5% had some college, with 1.6% graduating with degrees (p. 65).	19-29 years old

College Enrollment and Completion of a BA Degree or Higher Among Casey Alumni

Whereas high school completion rates are reasonably good, the college completion rates seem low. Almost half of the Casey alumni (49.3%) had at least some college or more compared with 51.7% for the general population.[70]

Agencies, however, need to track not only college enrollment but completions to truly ascertain the success of agency transition services efforts. The latest National Center on Education Statistics report "Condition of Education 2003" shows that 63% of students beginning a four year college complete it there or elsewhere within 6 years using 1995-1996 entry cohort data.[71]

Considering the child maltreatment and chaotic life circumstances of these alumni, their achievements are notable. But the Casey Alumni college completion rates of 9% (at any age) and 10.8% for adults 25 years of age and older are still much lower than the college completion rate of the same age general population group (24.4%). Clearly, more work needs to be undertaken to help more youth graduate, pursue, and achieve vocational education and college degrees.

In a later section of this summary, we report the factors associated with high school completion, positive mental health, household income, and other success indicators. This will help agencies identify what strategies must be implemented to improve these outcomes.

Differences in Education Achievement by Gender

As shown in Exhibit 5.3, while there are no differences in overall high school completion rates by gender, significantly more female Casey alumni obtained their high school diploma, were attending college, and were in school at the time of the interview. The greater proportion of high school diplomas is important because obtaining a diploma is associated with greater adult success then obtaining a GED.[72]

[70] U.S. Census Bureau. (2000c). (Census 2000 survey data: Table DP-2), p.1. http://factfinder.census.gov/bf/_lang=en_vt_name=DEC_2000_SF3_U_DP2_geo_id=01000US.html The American College Testing Program (2001) reported that 69.2% of Americans had at least some college. Another study confirmed this relatively high college enrollment rate. Sixty-nine percent of the 1988 youth cohort in the National Education Longitudinal Study enrolled in post-secondary institution in the year following HS graduation. College attendance rates by race were: Hispanics: 67%, Blacks: 61%, Whites: 82% and Asians: 91% (U.S. Department of Education, 2000).

[71] National Center on Education Statistics (2003) p. 12. Caution should be exercised because this national percentage includes only the graduating high school seniors in the statistic.

[72] Greene & Forster (2003).

Exhibit 5.3 Percent of Alumni with Specific Educational Achievements by Gender

OUTCOME	CASEY NATIONAL STUDY: FEMALE (n=469)	CASEY NATIONAL STUDY: MALE (n=411)	GENERAL POPULATION: FEMALE[a]	GENERAL POPULATION: MALE[a]
High School Completion: (of adults ages 25 and older)	87.2%	88.6%	84.0%	84.2%
High School Diploma	73.1%	65.7%		
GED*	14.1%	22.9%		
At Least Some College (of adults ages 25 and older)*	47.3%	39.5% (n=415)		
BA Degree or Higher (of adults ages 25 and older)	12.0% (n=468)	9.4% (n=415)	23.6%	27.8%
Currently in School* (of adults ages 25 and older)	18.4% (n=592)	13.4% (n=494)		

*Indicates a significant difference between Casey females and Casey males, $p < .05$.

[a] U.S. Census Bureau. (2000a).(March 2001 Current Population Survey: Table 1a.) Washington, D.C.: Author. http://www.census.gov/population/socdemo/education/p20-536/tab01a.pdf

Differences in Education Achievement by Ethnicity

Nationally, high school completion rates for African-American, Hispanic/Latino and Native American youth are generally lower than for Caucasian youth.[73] Because 35% of Casey alumni were people of color, we examined completion rates by ethnic sub-group, as well as for the general population. There are areas of positive educational achievement among many of the minority groups served by Casey. (See Exhibit 5.4.)

Nationally, according to the U.S. Census Bureau for adults 25 years and older, high school completion rates vary by ethnic group: Caucasian: 88%, African-American: 79%, Hispanic: 57%.[74] Many of the reports state that the rates for Native Americans cannot be calculated because of sample size limitations; although a conservatively estimated national high school completion rate that counted only diplomas and not GEDs for Native Americans in 2001 was 54%.[75]

A relatively high completion rate was found across the major ethnic minority groups at Casey where we had a large enough sample size to examine group differences. A much higher percentage of Casey African American alumni completed high school than for African Americans in the general population (91% vs. 79%). The Casey alumni completion rate for a B.A. degree, however, was 6% less: 10% vs. 16%.[76]

There is a small within-Casey ethnic group difference related to achievement of a BA or higher degree (African-American: 10.0% vs. Caucasian: 12.5%). The Casey African-American alumni, however, are still attending school at a rate nearly double that of Caucasian Casey alumni (26.3% vs. 13.7%). The Native American educational achievement rates were low, especially for college completion. Although, here too, a substantial number of alumni were still in school (17.2%). In contrast, another positive finding was that the Casey Hispanic/Latino high school completion was almost one-third higher than the general population rate (88% vs. 57%), and higher than the overall national average for all ethnic groups of 80%.[77]

A relatively high completion rate for High School was found across the major ethnic minority groups at Casey.

[73] U.S. Census Bureau (2000a).

[74] U.S. Census Bureau. (2000a).(March 2001 Current Population Survey: Table 1a.) Washington, D.C.: Author. http://www.census.gov/population/socdemo/education/p20-536/tab01a.pdf

[75] Greene & Forster (2003), p.17.

[76] The sub-group sample size is modest but sufficient for these analyses, and we detected only moderate differences in the interview completion rates across ethnic groups, with some over-representation of Hispanic/Latino alumni and some under-sampling of African-American alumni.

[77] Many Hispanic children in the U.S. live in cities other than those served by Casey at the time of the study, such as Miami, New York City, and Los Angeles. The educational achievement rates of Hispanic children are also much lower for families who have recently immigrated to the U.S. (National Center for Education Statistics, 2002b) Table 3.

Exhibit 5.4 Percent of Alumni with Specific Educational Achievements by Ethnic Group[a]

OUTCOME	CASEY AFRICAN AMERICAN, NON-HISPANIC	CASEY CAUCASIAN, NON-HISPANIC	CASEY HISPANIC	CASEY NATIVE AMERICAN/ ALASKAN NATIVE	GENERAL POPULATION AFRICAN AMERICAN, NON-HISPANIC	GENERAL POPULATION CAUCASION NON-HISPANIC	GENERAL POPULATION HISPANIC	GENERAL POPULATION NATIVE AMERICAN/ ALASKAN NATIVE
High School Completion: (of adults ages 25 and older)	91.0% (n=89)	87.6% (n=581)	87.8% (n=82)	80.9% (n=68)	78.9%[b]	88.4%[b]	57.0%[b]	71%[f]
High School Diploma[c]	75.3%	70.2%	73.2%	51.5%	51%[d]	72%[d]	52%[d]	54%[d]
GED[c]	15.7% (n=89)	17.4% (n=581)	14.6% (n=82)	29.4% (n=68)				
Some College (of adults ages 25 and older)	51.1% (n=90)	41.9% (n=582)	41.0% (n=83)	35.3% (n=68)				
BA Degree or Higher (of adults ages 25 and older)	10.0% (n=90)	12.5% (n=582)	8.4% (n=83)	4.4% (n=68)	16.6%	28.1	10.6	11.5%[f]
Currently in School[e]	26.3% (n=118)	13.7% (n=685)	19.8% (n=116)	17.2% (n=93)				

[a] Note that the sample size for the other ethnic groups served by Casey was too small for these analyses. General population statistics for Native American/Alaskan Native people are scarce.

[b] Unless noted otherwise, all college enrollment and completion rates for the general population in this table are taken from the U.S. Census Bureau (2000a) March 2000 Current Population Survey statistics (Table 1a). ahttp://www.census.gov/population/socdemo/education/p20-536/tab01a.pdf

[c] For the percentage of type of high school degree (Diploma or GED), a significant bivariate difference was found between Casey Native American/Alaska Natives and each of the other three Casey ethnic groups, $p < .05$; no significant bivariate difference was found between each of the other three Casey ethnic groups.

[d] General population diploma statistics are conservative estimates for public schools from the Manhattan Institute (Greene and Forster, 2003) p. 9.

[e] For the percentage of alumni currently in school, the only significant bivariate difference found was between Casey African American, Non-Hispanic and Casey Caucasian, Non-Hispanic, $p < .05$.

[f] Native American statistics are from the 2000 Census survey, cited in a paper by Babco (2003), pp. 1-2. http://www.cpst.org/NativeIII.pdf

Alumni Employment and Income

Eighty-eight percent of the alumni ages 25 to 34 who were eligible for work were working at the time of the interview. This employment rate is slightly lower than the national average. Low personal and household incomes reflected the difficulties that many alumni were experiencing in earning a living wage. Almost one-quarter of the alumni were receiving public assistance at the time of the interview.[78] (See Exhibit 6.1.) This rate is very similar to what Casey Family Services found in their long-term follow-up study: 26%.[79]

Exhibit 6.1 Alumni Employment Rates and Income

OUTCOME	CASEY NATIONAL ALUMNI STUDY (N=1,087)	GENERAL POPULATION
Percent Employed for Those Alumni in the Workforce (ages 25–34)[a]	88.1% (n=521)	Approximately 96.3%[b] Unemployment rate: 3.7%[b] Total population 16 years of age and older: 64.5%[c]
Median Household Income (All households)	$27,500 (n=1,008)	Median U.S. for 2000: $42,148[d]
Median Individual Income	$16,500 (n=1,024)	Median U.S. "per capita" income for 2002: $22,199[d]
Median Individual Income – Various Ages	Ages 15–24: $10,500 (n=191) Ages 25-34: $17,500 (n=561) Ages 35-44: $22,500 (n=253)	Median U.S. for 2000:[e] Ages 25-34: $25,558 Ages 35-44: $30,149
Percent of Alumni Receiving any Kind of Public Assistance at the Time of the Interview[f]	12.2%	3.4%[g]

[78] Income should be examined in relation to the age of the alumni and the cost of living in the communities where alumni are residing. Those breakdowns have not been completed. All U.S. income benchmark statistics are from the year 2000 U.S. Census, which is when most of the interviews were completed.

[79] Casey Family Services (1999), p. 13.

Exhibit 6.1 Footnotes:

[a] Those not in the workforce were alumni attending school, homemakers, and those who were not working due to severe disability.

[b] Unemployment rate is seasonally adjusted and is from the 2000 Current Population Survey via the Department of Labor website: http://data.bls.gov/servlet/SurveyOutputServlet?jrunsessionid=1064745221803214659

[c] Proportion of population 16 years of age and older working divided by the total non-institutionalized population in 2000. (U.S. Census Bureau, 2003c), Table No. 567. http://www.census.gov/prod/2002pubs/01statab/labor.pdf

[d] Year 2000 income figures for the general population are from the U.S. Census Bureau (2001b), (March 2001 Current Population Survey: Table A.) http://www.census.gov/prod/2001pubs/p60-213.pdf

[e] U.S. Census Bureau (2001a), (March 2001 Current Population Survey: Table 8.) http://www.census.gov/population/socdemo/education/ppl-157/tab08.pdf

[f] "Public assistance" was coded to include Temporary Aid to Needy Families (TANF), food stamps, Supplemental Social Security (SSI), and Medicaid.

[g] Percent of households with reported public assistance income in 1999. U.S. Census Bureau (2000b). (March 2001 Current Population Survey: Table DP-3) http://factfinder.census.gov/bf/_lang=en_vt_name=DEC_2000_SF3_U_DP3_geo_id=01000US.html

The Casey employment rate for females was higher than the national average.

Differences in Employment and Income by Gender

As presented in Exhibit 6.2, the Casey employment rate for females was higher than the national average but it was lower for males in the general population. Casey male alumni earned significantly more individual income than Casey female alumni.

Exhibit 6.2 Alumni Employment Rates and Income by Gender

OUTCOME	CASEY NATIONAL ALUMNI STUDY: FEMALE	CASEY NATIONAL ALUMNI STUDY: MALE	GENERAL POPULATION: FEMALE	GENERAL POPULATION: MALE
Percent of Employed for those Alumni in the Workforce (ages 25-34)	87.8 (n=279)	88.4 (n=242)	For 2000: 76.3%[a]	For 2000: 93.4%[a]
Median Household Income[b]	$27,500 (n=546)	$32,500 (n=462)		
Median Individual Income*	$13,500 (n=553)	$22,500 (n=471)	$27,335[b]	$37,339[b]

* Indicates a significant difference between Casey females and Casey males, $p < .05$. Note: the median age of the Casey alumni was 30 years old.

[a] Proportion of population working divided by total non-institutionalized population. (U.S. Census Bureau, 2003c). Table No. 568. Statistical abstract of the United States. Section 12 Labor force employment and earnings. Table No. 568. http://www.census.gov/prod/2002pubs/01statab/labor.pdf

[b] Median U.S. income data for 2000 for full-time year-round workers are from the U.S. Census Bureau (2001b), (March 2001 Current Population Survey: Table A.) http://www.census.gov/prod/2001pubs/p60-213.pdf

Differences in Employment and Income by Ethnicity

As shown in Exhibit 6.3, employment rates differed among the various alumni ethnic groups. In addition, a significant bivariate difference in median individual income was found between Casey Native American/ Alaska Natives and each of the other three Casey ethnic groups. No other income differences were found.

Employment rates and income vary across ethnic groups.

Exhibit 6.3 Alumni Employment Rates and Income by Ethnicity

OUTCOME	CASEY AFRICAN AMERICAN, NON-HISPANIC	CASEY CAUCASIAN, NON-HISPANIC	CASEY HISPANIC	CASEY NATIVE AMERICAN/ ALASKAN NATIVE	GENERAL POPULATION AFRICAN AMERICAN, NON-HISPANIC	GENERAL POPULATION CAUCASIAN NON-HISPANIC	GENERAL POPULATION HISPANIC
Percentage of Alumni Ages 25–34 who were Employed (for those in the workforce)[a]	85.5% (n=69)	91.7%[1] (n=325)	80.8%[2] (n=52)	75.0%[2] (n=36)	93.3%[a] (age 16 and older)	96.8%[a] (age 16 and older)	95.2%[a] (age 16 and older)
Median Household Income[b]	$22,500[1] (n=104)	$32,500[2] (n=646)	$32,500[2] (n=108)	$18,500[1] (n=82)	$30,439[b]	$45,904[b]	$33,447[b]
Median Individual Income	$16,500[1] (n=107)	$17,500[1] (n=656)	$14,500[1] (n=112)	$10,500[2] (n=85)	$15,197[b]	$25,278[b]	$12,306[b]

Note: For each of the three variables above, numerical footnotes indicate potential bivariate differences between Casey ethnic groups. Specifically, Casey ethnic groups with the same numerical footnote do not differ, while Casey ethnic groups with different numerical footnotes differ significantly on that particular variable. No numerical footnote indicates the Casey ethnic group did not differ significantly from the other Casey ethnic groups.

For example, for median individual income, a significant bivariate difference was found between Casey Native American/Alaska Natives and each of the other three Casey ethnic groups (they have different numerical footnotes), but no significant bivariate difference was found between each of the other three Casey ethnic groups (they have the same numerical footnote).

[a] Labor force statistics were calculated using unemployment rates that were not seasonally adjusted from the U. S. Census Bureau, Current Population Survey. These were obtained through the U.S. Department of Labor website: http://data.bls.gov/labjava/outside.jsp?survey=ln

[b] Year 2000 median income figures for the general population are from the U.S. Census Bureau (2001b), (March 2001 Current Population Survey: Table A.) http://www.census.gov/prod/2001pubs/p60-213.pdf

Health Insurance

The study found that 29.2% of alumni do not have health insurance. In contrast, 18% of Americans ages 18-44 lack coverage; and during 1999, 15% of the overall US population lacked coverage. Young adults (ages 19-34) are those most likely to be uninsured.[80] Being uninsured has serious consequences—a recent Institute of Medicine study noted that about 18,000 Americans die prematurely each year from illness that could have been treated via better access to health care through insurance coverage.[81]

Nearly thirty percent of alumni lack health insurance.

[80] Institute of Medicine (2001), p. 2.
[81] Institute of Medicine (2003), p.2. Also see Institute of Medicine (2002).

VII. NATIONAL CASEY ALUMNI STUDY PREDICTION ANALYSES: WHAT PREDICTS ALUMNI SUCCESS?

Purpose and Overview of Statistical Analyses

This section presents the results of a series of procedures that allowed us to examine the interrelationships among a number of potential predictors and actual alumni success as defined by a number of variables.[82] Based on practice knowledge and previous research, Casey staff identified 55 characteristics, service factors, indicators, and milestones as potential predictors of being "successful" in society in terms of having positive relationships, good physical and mental health, high educational achievement, and sufficient income. These potential predictors included alumni demographics, birth family characteristics, mental and physical health issues during care, various aspects of the foster care experience, auxiliary services provided, and social support and relationship variables.

In this exploratory analysis the 55 variables were put into a stepwise multiple regression to predict a "success index" (which resulted in a summary success score for each alumnus). This procedure allowed us to examine the interrelationships among the potential predictors and the success index to find a model of variables that in combination best predicted success as an adult.[83] The success score was a composite index for alumni who had data on at least three of the following five outcome variables:

- Years of education
- Household income
- Physical health based on the SF-12 Scale[84]
- Mental health based on the SF-12 Scale
- Relationship satisfaction (for those alumni who were married or in a domestic partnership or marriage-like relationship)

Results of the Initial Success Regression Analyses

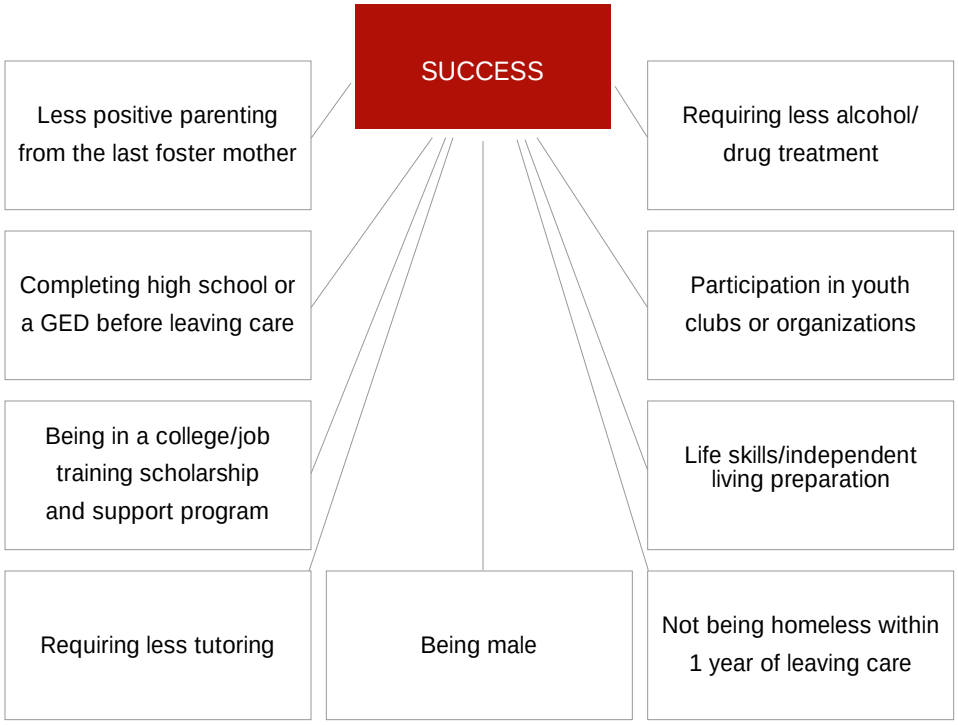
The results of this multivariate analysis indicated that a small set of variables together predicted the likelihood of "success" at the time of the interview. This initial prediction model is shown in Exhibit 7.1, with the life skills variables combined as a single composite scale. (See Appendix B for statistical details for the model.)

[82] Statistical details are available on the Casey alumni web site.
[83] Future analyses will further explore these and other outcomes with other control and grouping variables.
[84] Ware, Kosinksi & Keller (1998).

Note that being male was a modest predictor, and yet many female alumni had high “success index” scores. There were, however, three counter-intuitive results: First, less positive parenting from the last foster mother was associated with later success. This variable is a combination of three interview questions: (a) providing time and attention; (b) expecting you to do your best; and (c) being consistent about the household rules. It could be that the foster mother’s lack of support helped motivate the youth to prepare more vigorously for their emancipation, because vital areas of support were not present and were not likely to continue.

Second, youth who had more educational tutoring were less likely to be successful. In this analysis tutoring may have served as an indicator of academic struggles that negatively affected the likelihood of future success. Similarly, alumni who required alcohol or other substance abuse treatment while in care were also less likely to be in the highly successful group, with more use of services indicating more of a problem.

Exhibit 7.1 Variables Predicting Success in Adulthood for Former Foster Youth



R^2=.210, adjusted R^2=.196; p=.000

A composite life skill preparation variable, consisting of retrospective ratings of life skills readiness overall and 16 specific life skills areas, entered the model. These components are listed in Exhibit 7.2. Highly successful alumni (the top 20% on the success index) rated themselves as being significantly more prepared in each area than the least successful alumni (lowest 20%).

Exhibit 7.2 Life Skills Areas Where the More Successful Alumni Rated Themselves As Being Significantly More Prepared

- Educational planning***
- Food purchasing/preparation***
- Health information***
- Obtaining housing***
- Housecleaning and maintenance***
- Independent living preparedness overall***
- Job preparation***
- Job maintenance***
- Job seeking skills***
- Knowledge of community resources***
- Legal skills***
- Money management***
- Decision making and problem solving***
- Personal appearance/ hygiene***
- Safety skills**
- Obtaining transportation***
- Parenting skills[NS]

* $p < .05$ ** $p < .01$ *** $p < .001$ [NS] not significant

What Predicts High School Completion While in Foster Care?

Completing high school and going on to some kind of further education, which for youth in foster care often requires some form of financial assistance, can be seen as a major stepping stone toward successful adulthood. So what predicts high school completion and participation in Casey's special college or vocational training scholarship program (CEJT)? One requirement for enrollment in CEJT is high school completion itself. An exploratory analysis to determine which variables predicted high school completion before leaving Casey was conducted. Logistic regression analyses were used to determine which variables together predicted high school completion. These variables are listed in Exhibit 7.3.

Exhibit 7.3 Variables Used for High School Prediction Analyses

- Gender
- Ethnicity
- Chronological variables, such as age at entry and time between first child welfare placement and entering Casey
- Birth family background
- Medical and psychological history
- Adoption and termination of parental rights
- Reasons for placement in out-of-home care
- Maltreatment characteristics
- Services provided
- Became pregnant or impregnated a partner
- Criminal activity in care
- Kinship care provided
- Relationship with Casey staff
- Relationship with last (or longest) foster family
- Number of placement disruptions

The analysis produced a robust model incorporating fourteen variables that together best predicted high school completion through a diploma or a GED (Chi Square x^2 (18) = 181.385, p<.001). The model is summarized in Exhibit 7.4. Note that while all the predictors were statistically significant, some of the odds ratios are relatively small. For example, delaying entering foster care as first placement by five years is associated with a youth being 1.5 times more likely to complete high school before leaving Casey than another child. (The odds ratio is an expression of the likelihood that an event or outcome will happen. In this case the odds ratio is 1.5.)

In contrast, consider the model for employment experience: youth with extensive employment experience are over four times more likely to graduate than youth with no experience.[85] Similarly, having a positive relationship with the last (or longest) foster family means they are over two times more likely to complete high school. (Note that this foster family variable refers to the overall relationship with them, versus a particular parent or sibling. However, this finding does differ from the result that a less supportive foster mother was associated with success in the first set of prediction equations.)

Casey placement stability has one of the largest positive effects. Youth who have an average of one fewer placement per year while in Casey are nearly twice as likely to complete high school before leaving Casey. If youth do not move between homes they are more likely to develop networks of support and coaching that can help them further develop their life skills; and they have more chance to benefit from independent living training.

If we can establish a consistent and stable environment, allowing the youth to develop relationships with the foster family, stay in the same school, work at the same job, and not have to cope with the anxiety, anger, and adjustment of changing homes and changing caseworkers, that youth has a much better probability of completing high school, and from there going on to further success. A youth in such a stable situation may be less likely to need tutoring to catch up with his or her new classmates. And overcoming a learning disability or attention-deficit diagnosis may be easier if a child is in a more stable living situation. These youth may also be less likely to act out and commit crimes.

Having a positive relationship with the last (or longest) foster family is linked with completing high school.

[85] It should be noted that, as with some of these "predictors," employment may come both before and after high school success. And working 20 or more hours per week is associated with less positive academic performance, so there must be a healthy balance regarding schoolwork, employment and free time [Jekielek, Cochran, & Hair (2002) as cited in Levin-Epstein & Greenberg (2003), p. 70].

Exhibit 7.4 Summary of the Prediction Model for Completing High School
(All variables were significant predictors)

VARIABLE	ODDS RATIO FOR COMPLETING HIGH SCHOOL WHILE IN FOSTER CARE
Age at first placement (years)	Placed one year later: 1.2 times more likely to complete high school Placed five years later: 1.4 times more likely
Total time in family foster care (years)	One more year in care: 1.1 times more likely Five more years in care: 1.6 times more likely
Total time in group care (years)	One more year in care: 1.3 times more likely Five more years in care: 3.4 times more likely
Time between first placement and entering Casey (years)	One year later: 1.1 times more likely Five years later: 1.5 times more likely
Placement disruption in Casey (placements per year)	One fewer placement change per year: 1.8 times more likely Two fewer placement changes per year: 3.1 times more likely One more placement per year: .57 times less likely Two more placements per year: .33 times less likely
Tutoring (extensive vs. none)	If not needed: 1.9 times more likely If needed: .53 times less likely
Independent living training (once vs. none)	1.9 times more likely to complete high school if they received this level of IL training
Independent living training (intermittent vs. none)	1.8 times more likely
Independent living training (extensive vs. none)	2.8 times more likely
Employment experience (intermittent vs. none)	2.1 times more likely
Employment experience (extensive vs. none)	4.3 times more likely
Positive relationship with last foster family	2.2 times more likely
Weighted criminal activity score[a]	Crime score 1 lower in severity x incidence: 1.02 times more likely to complete school Crime score 6 lower in severity x incidence: 1.2 times more likely to complete school Crime score 1 higher in severity x incidence: .98 times less likely Crime score 6 higher in severity x incidence: .86 times less likely
School-related diagnoses (LD, ADHD, MR)	Yes: .60 times less likely No: 1.7 times more likely

[a] This composite scale assigns a weight of 1 to 6 to each crime, and the weight is then multiplied by the number of times that the crime was committed. This scoring approach is based on the FBI's Uniform Crime Reporting system, and sums across all recorded crimes.

Summary of Major Findings

Even with the multiple challenges that these alumni of foster care faced, the high school graduation rates and employment rates were positive for many of them. This occurred despite many placement changes (the rate of which was slowed significantly while receiving Casey services). Homelessness, college non-completion, child maltreatment while in foster care, higher unemployment rates, and a lack of health insurance were among the areas of greatest concern in terms of adult functioning or achievements.

Although many of the general outcomes were positive, these outcomes did depend on other characteristics of the children and services. The following characteristics strongly predicted that an alumnus would be considered "successful" at the time they were interviewed for the study (a composite of educational attainment, income, mental and physical health, and relationship satisfaction):

- Life skills preparation;
- Completing a high school diploma or GED before leaving care;
- Scholarships for college or job training;
- Male gender;
- Participation in clubs and organizations for youth while in foster care;
- Less positive type of parenting by their last foster mother;
- Not being homeless within a year of leaving care;
- Minimized academic problems (as indicated by use of tutoring services throughout their time in care); and
- Minimized use of alcohol or drugs (as indicated by use of treatment services near the end of their time in foster care).

Additional analyses about what is associated with whether a youth will complete high school confirmed the value of delaying a child's first placement in the child welfare system (i.e., primary prevention and family support),[86] reducing placement disruptions, providing group care as a stabilizing measure, helping youth gain employment experience while in care, training in independent living training, having a positive relationship with the foster parents, and minimizing criminal behavior. Other predictors included more time between first placement and entering Casey, not needing extensive tutoring, and not having school-related psychological diagnoses.

[86] These analyses should be considered exploratory because we do not want to assume a causal relationship between entrance into foster care and educational attainment without the application of further control variables—that is if we only delayed entrance into foster care it would increase educational attainment. This relationship could be spurious. The children who enter foster care at a younger age generally come from much more deteriorated families—the children placed later may have already achieved some of their educational milestones and enter care for other reasons (e.g., sexual abuse or physical abuse). We will develop additional analyses to further explore these factors because we are unable to control for the child's IQ and educational attainment at entrance, which would help test for these kinds of relationships.

Implications for Education[87]

Maltreated children have elevated risks of ending up homeless, experiencing substance abuse problems, having health and mental health disorders, becoming involved with corrections, and having their children placed into foster care.[88] Yet, these untoward outcomes are not inevitable. The most promising mechanism to mitigate such risks is likely to be a good education. Research shows that education is a leading indicator to a successful youth development and adult self-sufficiency.[89] Educational outcomes, such as high school graduation, literacy/basic reading skills, taking high school courses necessary for college admission, and post-secondary education or job training, are some of the best indicators of future well-being and successful transition to adulthood for foster youth as well.

For foster care youth, poor educational outcomes are often due to lack of school stability caused by frequent home placement disruptions, frequent school absences, inadequate educational advocacy, inadequate supports, and lack of awareness by educators.[90] Youth in foster care, perhaps more than other students, need a solid education to help ensure a successful future.

Almost one-third (31%) of America's youth who exited foster care in Federal Fiscal Year 2001 had been in care for two years or more, and 44% of those who were still in care in 2001 had been there for two years or more.[91] Many youth had been moved from foster family to foster family three times or more. For a school-age youth, this can mean changing elementary and/or high schools, which supports the study's finding that almost one-third of Casey alumni had attended five or more elementary schools. Research shows that changing schools during high school diminishes academic progress and decreases the chances for graduation.[92]

Nationally, about 71-80% of adults in the general population have a high school diploma or GED. Decisive national data on high school graduation rates for children in foster care, however, are not currently available. But state and local studies intimate that the graduation rate for youth in foster care is likely to be below 70% and they encounter a number of challenges. Youth in foster care:

- Are more than twice as likely as non-foster youth (37% vs. 16%) to have dropped out of high school.
- Are less likely to be enrolled in college preparatory classes (15% vs. 32%), even when they have similar test scores and grades as non-foster youth.
- Are significantly under-represented in post-secondary programs.
- Are often at least one grade level behind their peers in basic academic achievement.
- Are much more likely to be in special education classes than their peers.[93]

[87] See Pecora & Emerson (2003), pp. 3–5.

[88] Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, et al. (1998); Widom, Weiler, & Cottler (1999); Roman & Wolfe (1997).

[89] See Redd, Brooks, & McGarvey (2002): http://www.childtrends.org/PDF/K4Brief.pdf; U.S. Census Bureau (2003b) http://ferret.bls.census.gov/macro/032000/perinc/new03_001.htm).

[90] Altshuler (1997); Seyfried, Pecora, Downs, Levine & Emerson (2000).

[91] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (2003), pp. 2-3.

[92] Noble (1997)

[93] See for example: Ayasse (1995); Blome (1996); Cook (1992); Edmund S. Muskie School of Public Service (1999); Juliennelle (2002); Newberber & Curry (2000); and Noble (1997).

These are outcomes no system should be satisfied with. Every foster child needs a stable, passionate, educational advocate who will guide and champion their school success. Close collaboration between educators and child welfare professionals is essential to coordinate service delivery and transition planning.

As discussed earlier, research shows that education is a crucial component for successful youth development and adult self-sufficiency.[94] Helping youth complete high school seems to be an especially important factor. For instance, it is important to orient teachers and school administrators to the issues that youth in care deal with, such as child maltreatment trauma, separation from siblings and family, and frequent moves. Youth educational supports, in terms of focused tutoring, educational skills remediation, and coaching for class selection and college or vocational planning, are also essential.

Post-foster care supports in terms of employment, housing, and post-secondary education or job training should also be emphasized. Providing youth and their caregivers with information on post-secondary education and training opportunities, including financial aid and support services, is urgently needed. High school counselors, college financial aid programs, and support service staffs need to increase their awareness and outreach to students coming from foster care.

There could be several dimensions to this work: (1) The school's role in having services available for children who need compensatory education and education that is designed to reduce the achievement gap for poor and minority children; (2) the school's role in addressing the particular needs of particular children through specialized programs; (3) the school's role in responding to children who are mobile—whether military families or foster children; (4) the child welfare agency's role in developing working relationships with schools so that there is coordination regarding Individual Education Plans and other business; (5) the child welfare services communication and support of foster parents or foster care agencies to be involved with the education of children; and (6) the responsibility to provide adequate independent living services (Personal Communication, Richard P. Barth, September 24, 2003).

Implications of the Early Findings for Transition Services

Each year, more than 20,000 children across the U.S. turn 18 and must leave foster care. While resilient and strong in their own ways, too often these youth face life-changing decisions without the resources and support to make good choices. There are social and economic implications of not providing effective transition services to youth in foster care. For example, there is growing national data that shows that children who leave foster care—especially those who leave early, perhaps—are at risk of subsequent homelessness. This does not mean that foster care causes homelessness, because these children may have been likely to be at risk of homelessness by virtue of their exposure to the family disorganization that resulted in their need for foster care.[95]

[94] See Redd, Brooks, & McGarvey (2002); U.S. Census Bureau (2003b): http://ferret.bls.census.gov/macro/032000/perinc/new03_001.htm).

[95] Caution is needed in interpreting these data. First, many times, a child is apprehended following running away and is then placed in a group home or runaway/homeless shelter or mental health facility. So, unless one had case level data that is date stamped it is difficult to know which caused which. Second, although foster care placement may increase the risk of later homelessness, the alumni might have been homeless if they had not been in foster care. We could argue that children who go into foster care are the kind who will run away or get pushed out or otherwise be institutionalized. In these cases, foster care is not a risk factor for homelessness. Instead, family disorganization is a risk factor for foster care and homelessness. Third, if these youth were homeless prior to leaving foster care then they may not have obtained as much of the benefits of foster care as other children (Personal Communication, Richard P. Barth, September 23, 2003).

In addition, substantial numbers of foster care alumni begin but do not complete college and suffer from disproportionate rates of some mental health problems such as major depression, drug dependence, panic disorder, bulimia (an eating disorder), and Post Traumatic Stress Disorder (PTSD).[96] In other words, a small but significant number of foster care alumni have mental health problems as adults that could be alleviated through services that would help them make a successful transition.

Research shows that even when children grow up in high-risk environments, they are more likely to have positive outcomes when they experience caring relationships with adults.[97] A sense of belonging (in a family and/or in a church), reasonable but high foster parent expectations, employment experiences, and group activities were also seen as helpful for alumni success.[98] These are not necessarily high-cost supports, but they do require adequate program funding to ensure reasonable caseloads, careful worker preparation to establish good relationships with youth and parents, and a small but critical array of service supports for children while in care and while making the transition from foster care.[99]

What Casey Family Programs is Doing to Help Make a Difference

Casey Family Programs is committed to helping youth transition successfully from foster care to adulthood. This work was accelerated, beginning in 1995. Foster youth in transition have told us they need positive relationships with family, friends, and community to succeed as adults. In practice and through collaborations, Casey and other agencies are promoting an integrated approach with growth in seven areas to serve youth in transition:

- Cultural and personal identity formation
- Supportive relationships and community connections
- Physical and mental health
- Life skills
- Education
- Employment
- Housing

Casey has been especially focused on assessment, curricula development, life skills case planning, training and data management tools for life skills.[100] In addition, the Jim Casey Youth Opportunities Initiative (JCYOI) and other related transition service initiatives seek to ensure that youth who are aging out of foster care will have increased opportunities needed for successful transition to self-sufficiency: educational, employment, health care, housing, and chances to establish productive personal relationships and networks.[101]

[96] See Pecora, Kessler, Williams, et al. (in preparation).
[97] Moore & Zaff (2002).
[98] Fanshel et al. (1990); Hinsen, McWilliams & Pecora (2003); and Wedeven et al. (1997).
[99] Hinsen et al. (2003).
[100] See Goodman et al. (2001) and related resources at www.Caseylifeskills.org, and the National Resource Center for Youth Services at http://www.nrcys.ou.edu/.
[101] See: http://www.jimcaseyyouth.org/

For example, the JCYOI initiative posits that there are four critical levers which, when activated, will work to support the creation and/or expansion of these opportunities:

- Youth who are actively engaged in developing and advocating for opportunities;
- Systems partners, both public and private (including faith-based organizations and community-based organizations), who are actively involved in creating those opportunities;
- Research and communications efforts that are directed at documenting results and identifying and disseminating best practices (e.g., practices that are reliably identified with positive youth development outcomes); and
- Public will and policy that are galvanized and better focused on the most crucial needed reforms.

One of Casey's key public policy objectives is to promote the full utilization of Chafee Act resources and to promote foster care alumni involvement. The Chafee Foster Care Independence Act requires all 50 states to implement independent living programs. Chafee provides states with flexible funding that can be used for programs that assist youth in obtaining an education and high school diploma; and most recently, it targets additional new dollars for states to offer post-secondary education and training vouchers through the Federal Safe and Stable Families Act program. Child welfare, K–12, and higher education systems need to work together to coordinate and deliver these supports. Casey encourages programs that are fully integrated, and have foster care youth and alumni involvement in the planning and decision making process.

Many states are aggressively using their Chaffee funds to refine transition services. Casey supports strategies that address the disproportionate number of youth of color who remain in foster care and whose outcomes are poor.[102]

Recommendations

A number of overarching trends are becoming apparent; and there are a number of recommendations that can be derived from the Casey study and similar alumni studies:

1. Reinforce societal responsibility to provide more prevention services. Our ultimate goal should be to prevent the need for foster care by providing families with opportunities to earn an adequate income, receive health care, and have affordable housing. Based on what we know are the factors underlying many child placements, communities also need to provide parenting skills, mental health services, and substance abuse treatment to prevent child maltreatment that stem from those needs. To help reunify families, society must support quality child welfare services for those children placed in foster care, as well as their birth and other care-giving families.

2. Foster care can be a key resource for protecting youth from further child maltreatment, meeting medical needs, and helping youth develop in healthy ways. While the in-care child maltreatment rates remain too high, many alumni praised their foster parents and the agency staff members for safe and supportive services. A surprising number of alumni said that the placement and/or the staff "saved my life."[103]

[102] Hill (2001).

[103] We do have a beginning knowledge of "what works" to help maximize child development for youth placed out of home. It would be useful, however, to complete a true random assignment comparison of the new Casey permanency practice model with a conventional public agency model in one or more major cities where Casey has Field Offices.

3. Practitioners, policymakers, foster parents, and the general public can help improve the odds for youth by ensuring that there is permanence and stability in their care, to the greatest extent possible. We need to focus on providing youth with educational supports to finish high school and receive post-high school training or education, while also reducing placement changes.

4. Every year 20,000 children emancipate from foster care—preparation for that needs to begin long before age 18. Casey and other human service organizations must continue to focus on improving life skills preparation, and not let the current emphasis on independent living become one more forgotten approach in a long list of intervention "fads" that were not thoroughly implemented, researched and refined to be effective. For each placement, life skills development should be one of the major casework goals. Casey offers tools for this strategy for youth ages 8 and older (see www.caseylifeskills.org).

5. Youth and alumni involvement should be integral to administering foster care programs. Youth in foster care and alumni are powerful resources. Historically these youth have had minimal control over their personal circumstances. A number of child welfare agencies are now supporting the National Alumni Network and the advocacy they do on behalf of all youth in transition.[104]

6. Based on the difficulties many alumni had in making the transition to living on their own, it may be useful to develop more effective worker "tool kits for practice." More staff members need to:

- Apply an overall practice framework (e.g., "Its My Life"),
- Use practical assessment tools (e.g., the Ansell Casey Life Skills Assessment or ACLSA),
- Use low-cost life skills curricula (e.g., caseylifeskills.org), and
- Know how to help youth access practical skill-building experiences such as volunteer and employment internships.

Next Steps

This study has begun to document the strengths and many achievements of young adults who have overcome child maltreatment, family instability, school disruptions, and other challenges to become contributing members of their communities across the United States. Future reports will delve deeper to identify which youth are most at risk for poor adult outcomes, and the particular groups for whom certain kinds of services are most effective.

Life skills development should be one of the major casework goals.

[104] See http://fostercarealumni.casey.org/index2.asp.

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Appendix A: The Northwest Alumni Study Team

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Appendix B: Success Prediction Model

In order of entry:

$F(9,507) = 15.014$, $P < .001$; $R^2 = .210$, Adjusted $R^2 = .196$

Predictor	beta
Independent living (IL) preparedness composite	.208
In CEJT or similar scholarship /job training program	.139
Tutoring	-.146
High school diploma or GED before leaving care	.133
Use of drug and alcohol treatment services in last foster home	-.105
Gender [being male]	.111
Participation in youth clubs/organizations	.102
Foster mother parenting	-.098
Homeless within year of exit	-.088