

Texas Youth Permanency Study: Literature Review



Tina Adkins, PhD
Monica Faulkner, PhD, LMSW
Alfred Pérez, PhD

Introduction and Study

Youth who age out of foster care are at a high risk for negative outcomes, but we do not currently have data



that compares youth who have aged out of care with youth who have been adopted or reunified.

Youth who are adopted or reunified are at high risk of negative outcomes due to their trauma histories, but their outcomes remain largely unknown.

To date, no study has tracked current or former foster youth who achieved permanency during adolescence. Only youth aging out of the system have been tracked in this way. While this information is important, more data is needed in order to understand how other permanency outcomes impact former foster youth as they transition into adulthood. Youth who have been in foster care have been shown to be at high risk for negative outcomes, including the potential outcome of their own children entering foster care, so it is important to understand how to direct resources to achieve the most cost-efficient and beneficial outcomes for this vulnerable population.

The Texas Youth Permanency Study (TYPS) will examine post-permanency experiences and long-term child well-being outcomes of older youth in foster care. Permanency is a multi-dimensional concept describing who has legal responsibility for a child, who

is the primary long-term caregiver for the child, where the child considers his or her home, and who provides a sense of felt security for that child (relational permanency). Permanency outcomes are often defined as discrete outcomes that include adoption, reunification and conservatorship. Currently, there are things we do not know about what happens when older youth are adopted from foster care, what happens when older youth return home, and how the long-term outcomes of adopted and reunified youth compare to youth who age out of foster care.

This project seeks to answer the following questions: (1) How do foster care experiences shape outcomes in emerging adulthood? (2) To what extent do older youth who are (a) adopted from foster care; (b) returned to their family of origin; or (c) remain in permanent managing conservatorship maintain stable and nurturing connections in emerging adulthood? (3) How do stable and nurturing connections or relationships impact developmental outcomes during emerging adulthood?

Youth Aging Out of Care

Each year, over 25,000 youth age out from foster care in the U.S. (U.S. DHHS 2015), and unfortunately outcomes are often poor for this group as they face challenges entering young adulthood (Courtney, 2009). There have been several long-term studies that have thoroughly examined the outcomes of youth after they age out and leave foster care: the Midwest Evaluation of the Adult Functioning of Former Foster

Youth (Courtney et al., 2005) and the Northwest Alumni Foster Care Alumni Study (Pecora et al., 2005). These well-designed and frequently cited studies outline many ways in which outcomes are bleak for this population. These and other studies suggest youth who age out of the system struggle with education, with about half not obtaining their high school diploma and only 10% completing a college degree (Brandford & English, 2004; Stott & Gustavsson, 2010). Unemployment rates for these youth range between 25-50%. Approximately 33% need government assistance and up to 40% experience housing instability or homelessness (Barth, 1990; Courtney, 2009; Hughes et al, 2008). These youth often get in trouble with the law after leaving foster care, with anywhere from 30-50% ending up being arrested and/or jailed (Barth, 1990; Hughes et al., 2008; Stott & Gustavsson, 2010). These issues are perhaps not surprising given significant numbers of youth who age out of care with mental health issues (depression, suicidality) and substance abuse issues (Hughes et al., 2008; Pecora et al., 2005).

Foster youth in general are at an increased risk for negative outcomes given their history of maltreatment and trauma. Foster youth have demonstrated mental health and behavioral disorders at significantly increased rates compared to the general population (Lawrence, Carleson & Egeland, 2006; Samuels & Pryce, 2008). Children who are in care also display a variety of social and developmental problems that often require intervention (Clausen et al, 1998). Unfortunately, children placed in foster care often experience further trauma in the system, including frequent placement changes and removal from their communities and schools (Taussig, 2002). All of this trauma is cumulative and leaves foster children more vulnerable as they age.

In Texas, about 16,000 children were in foster care in 2015, and 26% (4,210) were 14 years or older (TXDFPS, 2015). Older youth comprise a significant portion of foster children, which means a large number of youth are vulnerable to poor outcomes as they enter young adulthood. In 2015, around 1,200

youth aged out of foster care. This number is most likely larger in reality as it does not include youth in kinship care, independent living programs, or those who have run away. Aging out of care means that youth never achieved legal permanency.

Older Foster Youth in Texas: The LifeWorks Study

Unfortunately, there is very little data on what happens to youth as they age out of foster care in Texas, or even what happens to older foster youth in Texas, including those that achieve legal permanency. LifeWorks, a non-profit in Travis County (Austin and surrounding areas), recently conducted their own study of youth ages 16 to 24 who used their services in 2015 (Schoenfeld & McDowell, 2016). LifeWorks provides housing, counseling, education and workforce development to adolescents in Texas. They frequently interact with at-risk youth, such as youth who are homeless and youth struggling with mental health or substance use issues. In this study, of the 1,023 youth they served last year, about 44% (488) were identified as foster youth. Almost 25% had either aged out of care or left care for various reasons. Interestingly, fewer than 4% were legally adopted. Although we do not know how many of these youth were no longer with their adoptive parents, given that a large portion of these foster youth were enrolled in their "Street Outreach" program, we can assume a fair number of those 20 or so youth were no longer in their adoptive home.

The LifeWorks study compared at-risk youth to foster youth on outcomes such as education, employment, housing, and mental health (Schoenfeld & McDowell, 2016). Results suggest that compared with other at-risk youth in Central Texas, foster youth fared worse educationally, with more school-aged foster youth failing to complete high school (11.36% versus 1.39%) and fewer enrolled in school (40.91% versus 68.49%). The same trend held true for employment, with only about 27% of foster youth reporting to have a job versus about 45% of other at-risk youth. Additionally,

foster youth reported much greater instability in housing, with a greater number living in shelters or temporarily with friends. Lastly, compared with at-risk youth, foster youth struggled more with drug abuse (25.32% versus 16.16%) and mental health issues such as depression and suicide, with twice as many foster youth reporting mental health hospitalizations and three times as many foster youth having attempted suicide.

Permanency

For decades now, legal permanency has been seen as a panacea for foster youth, to prevent the negative effects of foster care and to prevent older youth from aging out of care. In 1980, permanency became a clear priority within child welfare with the passage of the Adoption Assistance and Child Welfare Act (P.L. 96-272). One of the goals of this law was to increase permanent placements in the form of reunifications or adoptions (Taussig, Clyman & Landsverk, 2001). This law emphasized reunification of children with their biological parents based on the belief that children are at risk for worse developmental outcomes the less interaction they have with their families of origin (Gelles, 1993; Lau, A., Litrownik, A., Newton, R., et al., 2003). Reunification was also seen as a way to prevent children from experiencing all the negative effects of growing up in foster care (Newton, Litrownik, & Landsverk, 2000). Due to high rates of re-entry into care after reunifications, the law was amended to the Adoption and Safe Families Act of 1997 (P.L. 105-89). The focus of this new law was to redirect the priority to the well-being of the child (as opposed to the family) when considering permanency. In practice, this meant a pressure to move children towards permanency as quickly as possible (Taussig et al., 2001).

Child welfare policy and practice has emphasized reunification when possible, based on the assumption that this is the best outcome for children placed in foster care, despite the fact that has been little to no research to support this claim (Berliner, 1993; Gelles,

1993; Taussig et al., 2001). In fact, very little research has explored whether children who have been reunified have better outcomes than those who are not reunified (Taussig et al., 2001). There are a few studies that have actually discovered that children who were not reunified had better IQ scores, higher well-being indicators and less criminal involvement than those foster children reunified with their families (Fanshel & Shinn, 1978; Lahti, 1982; Jonson-Reid & Barth, 2000). In 2001, Taussig and her team conducted the first known prospective study to compare outcomes of children in foster care who were reunified with their family, with those who were not reunified. Surprisingly, their findings went against conventional beliefs about reunification and found that six years after taking baseline measures, reunified youth had more behavioral and emotional problems than those children who remained in foster care (Taussig et al., 2001).

Adoption is another permanency option that is often thought of as the best possible outcome for foster children if they cannot be reunified with their family of origin. Adoption is seen as a way to give children a new set of committed, lifelong parents and is presumed to be a healthier and more stable option than foster care. This makes intuitive sense, but much of the research on adoption focuses on comparing children adopted during infancy with children never involved with the child welfare system. This research supports the notion that adopted children fare just as well as non-adopted children. However, very little research has compared adopted children from child welfare with children who have remained in foster care, and adoption as an intervention for maltreated children is quite understudied as well (Vinnerljung & Hjern, 2011). The few studies that have compared adoption with long-term foster care, have found positive outcomes from adoption versus foster care, but have focused only on adopted children who were adopted as infants (Barth & Lloyd, 2010; Vinnerljung & Hjern, 2011). The research done in this area has shown that adoption at an early age appears to have positive long-term developmental impact on children that come from adversity; however, children who are

adopted at an older age tend to have poorer long-term outcomes (Vinnerljung & Hjern, 2011). Furthermore, it is unclear how older adopted children fare compared to children who remain in long-term foster care.

Although children who remain in foster care tend to have many poor long-term outcomes as they age, there is some research to indicate that high quality foster care can produce significantly better long-term outcomes for such children (Kessler, et al., 2008). In fact, some experts believe that sensitive long-term fostering can produce better outcomes by providing an opportunity for children to recover from trauma (Schofield, Beek and Sargent, 2000). Given the gaps in research and conflicting evidence, there needs to be more research to compare outcomes between different types of permanency, especially for older children who are at the most risk of having poor outcomes.

This becomes even more crucial when considering the risks for youth aging out of foster care. Could high quality, sensitive foster care produce better outcomes than adoption for this age group? The assumption is that adoption is the best outcome for youth, even adolescents, despite the lack of research evidence. In fact, research indicates older children (ages 10 years and older) who are adopted have higher rates of adoption disruption with anywhere from 30-50% experiencing discontinuity within three to five years (Triseliotis, 2002). Research suggests that permanency for older foster youth needs to be thought of and researched differently. These youth are at high risk and current permanency policies often do not yield positive results as they move into young adulthood.

Relational Permanence

In recent years, a new type of permanency for older youth is gaining recognition in the child welfare community: relational permanence. It is based on the developmental needs of adolescents who need

supportive and permanent parent-like connections as they enter young adulthood (Brown, Leveille & Gough, 2006). Relational permanence is defined as a sense of belonging and security with an adult who can provide life-long guidance when needed. Relational permanence with an adult is often experienced by the youth as a feeling of connectedness, having a safety net, and having someone who understands who they are on a deep level (Jones & LaLiberte, 2013). It is based on research that demonstrates the variety of benefits to having such a connection, such as positive long-term impacts on social skills, mental health, self-esteem and educational achievements (Jones & LaLiberte, 2013). Additionally, such social support has been connected to greater overall resilience in adolescents (Shpiegel, 2016). It has already been demonstrated that foster youth without such connections have higher rates of mental health and behavioral issues (Barth, 1990).

Typically, legal permanence in child welfare happens through reunification, adoption or guardianship. However, it may be that a change in legal status alone cannot provide children with the needed attachment or belonging that they crave (Bamba & Haight, 2007). For youth who age out, although they have not found legal permanence, they can achieve relational permanence through finding adults that provide this sense of belonging and support as they exit care. Although it is thought that adoption fills this need, the research suggests mixed results for older youth. Furthermore, many older youth who leave care seek out their biological families for support, despite the history of abuse or neglect in their family of origin (Samuels & Pryce, 2008). In one study, many of these youth reported they still had relational needs that were not met by reconnecting with their family (Samuels, 2009). The reality is that many youth will seek out family members when aging out of care, so it could be quite beneficial to help such youth find family members, or other adults with whom they can build relational permanence. It is also important to pay attention to whether adolescents truly want to be adopted and whether this is in their best interest. Research has also provided much evidence that

creating secure parent-child attachment relationships promotes healthy developmental outcomes in every area of child well-being (Samuels, 2009). Many child welfare scholars are starting to emphasize that it is supportive and attached relationships that are the key to permanence, regardless of who these adults are or what type of legal permanence has been chosen for the child.

Conclusion

It is clear that older youth in the child welfare system are at an increased risk of having poor outcomes, especially as they age out of care. Permanency has been regarded as a way to mitigate some of this risk, but there is little data to support this claim for older youth. Furthermore, the way we define permanency might not be sufficient, as the concept of relational permanency has recently been shown to be perhaps even more beneficial to youth than other types of permanency. Given the lack of studies that examine child well-being outcomes for older youth in care, particularly studies that follow them as they obtain different types of permanency, it is imperative we explore these outcomes for this vulnerable population.

The Texas Youth Permanency Study should provide valuable data and information that will help those that work with older foster youth design services to enhance relational and physical permanency for youth, while honoring youth voice and choice related to legal permanency. This study should also help DFPS, policy makers, and advocates design policies to support the types of permanency that truly work for youth and use evidence to guide funding.

REFERENCES

- Bamba, S., & Haight, W. (2007). Helping maltreated children to find their Ibasho: Japanese perspectives on supporting the well-being of children in state care. *Children and Youth Services Review, 29*(4), 405-427.
- Barth, R. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work, 7*(5), 419-440.
- Barth, R. P., & Lloyd, C. (2010). Five-year developmental outcomes for young children remaining in foster care, returned home, or adopted. *How Does Foster Care Work?: International Evidence on Outcomes, 47*.
- Berliner, L. (1993). Is family preservation in the best interest of children? *Journal of interpersonal violence*.
- Brandford, C. & English, D. (2004). *Foster youth transition to independence study: Final report*. Seattle, WA.
- Brown, I., Leveille, S., & Gough, P. (2006). Is permanence necessary for resilience? Advice for policy makers. *Promoting resilience in child welfare, 94-115*.
- Clausen, J., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. *Journal of Child and Family Studies, 7*(3), 283-296.
- Courtney, M., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.
- Courtney, M. E. (2009). The Difficult Transition to Adulthood for Foster Youth in the US: Implications for the State as Corporate Parent. Social Policy Report. Volume XXIII, Number I. *Society for Research in Child Development*.
- Fanshel, D., Shinn, E., & Eugene, B. (1978). *Children in foster care: A longitudinal investigation* (No. 316.6 (73)). Columbia University Press.
- Gelles, R. (1993). Through a sociological lens: Social structure and family violence.
- Hughes, D., Condron, B., Jackson, N., Pitchal, E., Garton, N. & Elliott, S. (2008). *Preparing our kids for education, work and life: A report of the task force on youth aging out of DSS care*: The Boston Foundation.
- Jones, A., & LaLiberte, T. (2013). Measuring youth connections: A component of relational permanence for foster youth. *Children and Youth Services Review, 35*(3), 509-517.
- Jonson-Reid, M. & Barth, R (2000). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Child Youth Services Review, 22*, 493-496.
- Kessler, R., Pecora, P., Williams, J., Hiripi, E., O'Brien, K., English, D., et al. (2008). Effects of enhanced foster care on the long-term physical and mental health of foster care alumni. *Archives of General Psychiatry, 65*(6), 625-633.
- Lahti, J. (1982). A follow-up study of foster children in permanent placements. *The Social Service Review, 556-571*.
- Lau, A., Litrownik, A., Newton, R., & Landsverk, J. (2003). Going home: The complex effects of reunification on internalizing problems among children in foster care. *Journal of abnormal child psychology, 31*(4), 345-358.
- Lawrence, C., Carlson, E., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology, 18*, 57-76.
- Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A., English, D., White, J. et al. (2005). *Improving family foster care: Findings from the Northwest foster care alumni study*. Seattle, WA: Casey Family Programs.
- Samuels, G. (2009). Ambiguous loss of home: The experience of familial (im)permanence among young adults with foster care backgrounds. *Children and Youth Services Review, 31*(12), 1229-1239.

- Samuels, G., & Pryce, J. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review*, 30(10), 1198-1210.
- Schofield, G., Beek, M., & Sargent, K. (2000). with Thoburn. *J Growing Up in Foster Care*.
- Schoenfeld, E. & McDowell, S. (2016). Vulnerabilities and opportunities: Profiles of foster and non-foster youth served by LifeWorks: Austin, TX: Youth and Family Alliance dba LifeWorks.
- Shpiegel, S. (2016). Resilience Among Older Adolescents in Foster Care: the Impact of Risk and Protective Factors. *International Journal of Mental Health and Addiction*, 14(1), 6-22.
- Stott, T., & Gustavsson, N. (2010). Balancing permanency and stability for youth in foster care. *Children and Youth Services Review*, 32, 619-625.
- Taussig, H. N. (2002). Risk behaviors in maltreated youth placed in foster care: A longitudinal study of protective and vulnerability factors. *Child Abuse & Neglect*, 26(11), 1179-1199.
- Taussig, H., Clyman, R., & Landsverk, J. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics*, 108(1), e10-e10.
- Texas Department of Family and Protective Services (2016). 2015 Annual report and data book. Retrieved from: https://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2015/.
- Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. *Child & Family Social Work*, 7(1), 23-33.
- United States Department of Health and Human Services (2015). *The AFCARS report preliminary FY 2014 Estimates as of July 2015 (22)*. Available at: <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>.
- Vinnerljung, B., & Hjern, A. (2011). Cognitive, educational and self-support outcomes of long-term foster care versus adoption. A Swedish national cohort study. *Children and Youth Services Review*, 33(10), 1902-1910.