Policy Brief # 3

Foster Care: A National Problem

Dr. Paul Toro, Dr. Heather Janisse and Patrick Fowler Fellows: Institute for Social Policy and Understanding

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43151 Dalcoma Road, Suite 6 Clinton Township, Michigan, 48038 Tel: (586) 416-1150 www.ispu.us

Lach year in our nation, approximately 20,000 youth "age out" of the foster care system and are faced with the challenges of independent living.1 Current federal child welfare funding provides very limited support to youth over 18 years of age, resulting in these young adults being discharged at a relatively early stage in the transition to adulthood. Foster youth are considered a high-risk population because they are not only likely to have grown up in poor communities with little resources, but they have often suffered from the consequences of abuse or neglect that led to their removal from their homes in the first place. These risk factors make foster youth particularly vulnerable to various negative economic and social outcomes as they enter adulthood.

It is clear that despite increasing interest by practitioners and policymakers, there is much that needs to be done to ensure the well-being of youth who are agingout of the foster care system. Concrete assistance and scientifically-evaluated interventions aimed at improving the outcomes for these young adults are critically necessary. The following policy brief outlines some of the issues concerning aging out foster youth, explains the inadequacies of current policy, and proposes improvements needed to be made to better serve this population.

Mental Health Needs of Foster Youth

Current literature has clearly shown that 18-year old foster youth are ill prepared for the transition to independence for many reasons. Mental health problems are especially prevalent among this group. The mental health risk factors these youth possess speak to the need for intensive, targeted prolonged intervention and treatment that continues post-discharge. The

Paul A. Toro, Ph.D. is a Fellow at the Institute for Social Policy and Understanding. He is also Director of the Research Group on Homelessness and Poverty at Wayne State University. Dr. Toro is the current President of the Society for Community Research and Action, the major international organization of community psychologists

Heather Janisse, Ph.D. is a Fellow at the Institute for Social Policy and Understanding. She is also Project Director with the Research Group on Homelessness and Poverty

Patrick Fowler, is Graduate Research Assistant with the Research Group on Homelessness and Poverty

For further details on the Research Group on Homelessness and Poverty, please visit http://sun.science.wayne.edu/~ptoro/ problems include:

- Many foster youth have come from homes in which they experienced abuse and/or neglect.
- Foster youth suffer from more mental health problems than the general population.
- They are at elevated risk for Post-Traumatic Stress Disorder (PTSD) and substance abuse disorders.

Educational Needs of Foster Youth

The educational experiences of foster youth illuminate another problem area affecting their transition to independence. Compared to a normative sample, a recent multi-state study found that foster youth are at higher risk for a number of poor school outcomes.² The school risk factors associated with foster youth suggests a greater probability of poor education and employment outcomes during young adulthood. These include:

- Foster youth have higher rates of grade retention.
- They are more than twice as likely to be suspended.
- They are nearly four times as likely to be expelled from school.
- Foster youth are more likely to experience frequent school changes.

 They are also more likely to be placed in special education programs.

Social Support Needs of Foster Youth

Foster youth also have a high rate of social problems that may lead to a poor transition to independence. The likelihood of involvement in violent activities is high among the foster youth population.³

- Foster youth exceed national norms on a number of delinquent behaviors, including theft, serious fighting, and running away.
- They are more likely to have a history of arrest and crime conviction.
- They are also more likely to report that they have been victimized themselves.

In addition to the numerous personal risk factors associated with the aging-out of foster care population, these adolescents are forced into independence with few resources available in hand. Many will not have a family support network to rely on, they are likely to have very little money saved for the transition, and the training for independence provided by the system appears insufficient for many if not most of the youth. Many aging-out youth reported that they had not received any preparatory services prior to their discharge. For instance, nearly 50% of these youth report receiving no training in accessing housing

services. Furthermore, regardless of any training programs in place for independent living, only a minority of these young adults report receiving any concrete assistance to develop and prepare for a variety of life skills prior to discharge. It appears that the training provided to these youth does not necessarily include the real life activities that will be required of them once they turn 18.

Negative Outcomes for Youth Who Have Aged Out

Although very little research has been done to document the outcomes of foster youth who have made the transition to independent living, it is clear that these young adults experience a great deal of difficulty. One study that followed foster youth in Wisconsin 12-18 months post-discharge found a number of adverse outcomes for these young adults.⁴

- 37% of the sample had not received a high school diploma or GED.
- 39% were unemployed.
- 18% reported being arrested.
- Nearly 14% reported having spent some time being homeless.

It is clear that many of these youth do not experience a successful transition to independence and these results only represent a relatively short one-year follow-up period. Over a longer period, it seems likely that even more might experience some negative outcomes (e.g., homelessness, unemployment).

The current situation for aging-out foster youth makes it clear that there is a need for intervention and services for these young people. There is a particular need for concrete assistance, rather than merely information on things like locating housing and employment. There is an urgent need for comprehensive intervention which provides a continuum of supportive educational, psychosocial, medical, and practical supports to these atrisk youth as they make the transition into adulthood.

What is Currently Being Done?

Recently, both the public as well as policymakers have focused some attention on the well-being of youth transitioning from foster care. In 1999, Congress passed the Foster Care Independence Act (FCIA), which gave states more funding and greater flexibility in providing support for youth aging out of foster care. Specifically, the FCIA doubled funding for federal independent living services and allowed states to determine how this money should be spent to best serve youth aging out of state-funded foster care. Although the funding level is still inadequate to meet the demand for services, passage of the FCIA offered validation to the extensive needs clearly present for these at-risk youth.

Despite good intentions, passage of the FCIA has yet to protect children on a large scale. Youth aging out of foster care continue to falter in their It is clear that despite increasing interest by practitioners and policymakers, there is much that needs to be done to ensure the well-being of youth who are aging out of the foster care system. A recent study found that between one-third and one-half of the foster youth approaching discharge failed to receive services aimed at fostering independent living. transition into adulthood. A major impediment to effective implementation of this legislation is a lack of knowledge, and resources, and public funding needed to assist aging-out foster youth.

Lack of Effective and Comprehensive Programs

Currently, few resources exist to help adolescents aging out of foster care. A recent study of 732 17-year-olds in foster care across three states. found that between one-third and one-half of the foster vouth approaching discharge failed to receive services aimed at fostering independent living.5 The services measured included educational support, employment support, budget management, housing employment services, support, health education services and youth development services. For example, less than 10% percent of the youth received GED preparation, and only 25% percent received help with job placement or help finding an apartment.

The majority of transitional support that youth currently receive comes from informal sources, such as foster parents. The same study found that, of the youth who received any support, less than one-third of transitional assistance came form formal independent living training programs. Therefore, only about 20 percent or less of the youth received any formal transitional assistance.

There are a number of problems with relying on a sparse, informal system

for transitional assistance including:

1. Services may be precarious. Support may be able to assist youth sporadically, but be unable to provide a continuum of care. This is especially true when youth transition out of the foster care system. For example, foster parents may help a youth find an apartment, but then offer no other assistance once the adolescent moves out of the foster home. The adolescent, now a young adult, may soon experience some difficulty. But no support may then be available from the foster parent or any other source.

2. Assistance is not comprehensive. Foster youth have many barriers to a successful transition into adulthood. These barriers include problems with mental health, substance abuse, interpersonal violence, poverty, homelessness, early pregnancy, and criminal involvement and more. Thus, these young adults need a variety of supports and services. The mere existence Of sporadic resources results in the inability to sufficiently connect youth with the services they need. As the youth leave the foster care system, connection to services becomes

even harder. For example, the 2001 study by Courtney et al. found that the number of youth who received some kind of mental health services reduced by half after leaving the foster care system. This is not likely due to the lack of continued need in this area, but rather to the inability to access care.

3. Services are not regulated.

The quality of assistance youth

receive from services depends on what is the source available. Some sources may be very good at preparing youth for independence, while others may be inadequate. There is no standard set for what services are provided to these youth.

4. No evaluation done.

No evaluation of the effectiveness or cost-effectiveness of services in preparing children for independent living occurs. The absence of evaluation makes it impossible to determine what services and techniques effectively protect youth as they transition into adulthood. and (5) be evaluated to determine their effectiveness in preventing these problems.

Preventive Interventions are Necessary

Although foster youth have many risk factors prior to discharge from the system, there is one problem they face that is clearly brought on by their premature independence. These young adults, who have made this transition, are at a high-risk for becoming homeless. As previously mentioned, nearly 14% of this

Policymakers and the public have shown some concern about the well-being of such youth, but programs do not exist to effectively address their issues on a large scale.

With no clear criteria on what defines the best practices for assisting these young adults, they are sure to continue to suffer from insufficient services.

It is clear that large gaps exist in the services assisting youth out of foster care. These deficiencies must be addressed. Specifically, services must (1) address problems youth exhibit prior to aging out (2) connect youth to services to ameliorate these problems, (3) provide a continuum of support before and after they leave the foster care system, (4) work to prevent the negative outcomes common to aging out foster youth, population experience may homelessness in their first year on their own. This is a very high extremely percentage and İS concerning from a personal and societal standpoint. Studies Of homeless adults also find disturbingly high rates of prior foster and other out-of-home care experiences, with rates ranging from 17% to 48%.⁵ Intervening in the lives of these young adults at this very crucial point in time could lead to the prevention of homelessness and many other negative outcomes among this population. Clearly, this has social and policy implications on many levels. Interventions for foster

The dramatic decrease in mental health services following discharge (50%) is indicative of a real problem that must be addressed. youth must address not only issues of ameliorating previously existing problems, but work to prevent new problems and tragedies from entering their lives.

Next Steps

The current situation for aging-out foster youth clearly demonstrates a need for concrete assistance during their transition phase. There are many ways in which the future of these youth could be improved.

1. Increased Educational Support

Increased educational support should be provided. Efforts need to be made to ensure that youth agingout of the foster system receive a high school diploma or GED. The current school outcomes for these adolescents ensure a difficult social and economic path as they enter adulthood.

2. Concrete Housing Assistance

Concrete assistance with housing placement after discharge needs to be given. These youth need more than information on how to find housing. They need real assistance obtaining housing following in discharge from the system. This could include help with placements in transitional housing, apartments, or with family. Efforts have to be made to decrease homelessness among this population. Merely providing information on how to find housing has not been sufficient.

3. Continued Mental Health Service Youth aging out of the foster care system are in need of continued mental health services after discharge. This is a population with elevated mental health problems (including substance abuse problems). For their transition to adulthood to have a chance of being successful, there must be continued support. The dramatic decrease in mental health services following discharge (50%) is indicative of a real problem that must be addressed.

4. Continued Financial Support

Aging-out foster youth may also need continued financial and social support following discharge. Many of these youth have very little money saved for their transition to independence. Public assistance may be necessary until jobs and housing can be secured. Social support groups and case management may be necessary post-discharge.

5. Comprehensive Intervention Comprehensive interventions that provide a continuum of supportive educational, psychosocial, medical and practical supports to assist foster youth as they make their transition into adulthood must be established and evaluated. The lack of scientifically evaluated interventions with these youth adds to the difficulty in addressing their many needs. Policy makers and those practitioners working with foster youth need to know what is the most beneficial ways to support and assist these young adults particularly as they transition to independence.

Conclusion

Currently, youth in foster care have trouble transitioning out of the system. They are a very high-risk extensive group with needs. Policymakers and the public have shown some concern about the wellbeina of such vouth. but comprehensive programs do not exist to effectively address their issues on a large scale. Real life assistance has to become available to address the special needs of

aging-out youth. Furthermore, scientific study is needed to address the lack of services. Comprehensive interventions aimed at ameliorating current challenges and preventing future ones must be developed and evaluated. A continuum of supportive educational, psychosocial, medical and practical supports is clearly necessary to give these youth a chance at a successful transition into adulthood.

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¹ United States General Accounting Office (November, 1999). *Foster Care: Effectiveness of Independent Living Services.*

² Courtney, M. E., Terao, S., and Bost, N. (February, 2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care.* Report from Chapin Hill Center for Children, University of Chicago.

³ ibid et al.

⁴ Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., and Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare 80*(6), 685-717.

⁵ Koegel, P., Melamid, E., & Burnam, M.A. (1995). Childhood risk factors for homelessness among homeless adults. *American Journal of Public Health, 85*, 1642-1649. Susser, E.S., Struening, E.L., & Conover, S. (1987). Childhood experiences of homeless men. *American Journal of Psychiatry, 144*, 1599-1602. Toro, P.A., Wolfe, S.M., Bellavia, C.W., Thomas, D.M., Rowland, L.L., Daeschler, C.V., McCaskill, P.A. (1999). Obtaining representative samples of homeless persons: A two-city study. *Journal of Community Psychology, 27(2)*, 157-177.

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Institute for Social Policy and Understanding 43151 Dalcoma Road, Suite 6 Clinton Township, Michigan 48038

