

The Casey Family Services Longitudinal Study of Foster Youth Development



Interim Progress Report #2:

*Benchmarking Casey Family Services Outcomes at Age 19
against Public Child Welfare and the General Population*

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Casey Family Services, the direct service agency of the Annie E. Casey Foundation, has a longstanding commitment to monitoring and improving the outcomes of youth served by the agency. This report benchmarks outcomes for 19-year-olds who experienced foster care with the agency by comparing the group to two relevant samples – one, a group of young adults who experienced public child welfare; the other, a nationally representative sample.

This report also compares Casey Family Services youth based on their permanency status at age 19 to examine associations between legal permanence and outcomes. Finally, the report explores the potential impact of extending services to youth transitioning to adulthood by comparing youth who remained in care at age 19 with those who exited care at a younger age.

Outcomes in this report are measured among young adults as they transition to adulthood in the Casey Family Services Longitudinal Study of Foster Youth Development (Casey Study). This study started in 2004, just as Casey fundamentally transformed its program model. The new model aims to provide legally permanent homes for all children and youth in foster care, whereas the previous model emphasized long-term foster care for children for whom state child welfare systems had difficulty finding placements. Thus, this study includes youth who were served primarily in the agency’s long-term foster care model, as well as youth who received services that emphasized finding permanent homes.

While benchmarking provides important context, it is no substitute for strong comparative design. Unlike randomized assignment, benchmarking relies on data about preexisting groups and does not remove important preexisting differences among groups that might affect outcomes. Most important, the Midwest Evaluation of Adult Functioning of Former Foster Youth (Midwest Evaluation) and the National Longitudinal Study of Adolescent Health (Add Health) examine the general population of youth involved in foster care, whereas the population reflects the agency’s priority on promoting permanence for youth whose needs pose significant challenges to the system.

Method

Benchmarking studies draw on previously collected data. Outcomes from public agency foster care were drawn from the Midwest Evaluation (Courtney et al., 2005). This study included youth from public child welfare agencies in Illinois, Iowa, and Wisconsin. Youth were eligible for the study if a) they were in the care of the public child welfare agency; b) the primary reason for their placement was abuse and/or neglect; c) they were 17 years old at the start of the study; and d) they had entered care before turning age 16. Outcomes from the general population were drawn from Add Health, as reported in the Midwest Evaluation. Add Health is a federally funded project that examines various influences on health-related behaviors of adolescents. In 1994, youth were sampled in grades 7-12, with follow-up occurring in 1996 and again between ages 18 and 26 in 2001-2002. A sample of 19-year-olds drawn from the third wave of data collection was compared with youth who participated in the Midwest Evaluation. Outcomes from private foster care at Casey Family Services were drawn from the Casey Study. Youth were eligible to participate in the Casey Study if they a) were placed in a Casey foster home on or after January 1st, 1994; b) remained an open case with the agency for at least one year; and c) were age 19 during the study period. Youth placed with Casey Family Services are referred from seven states according to general criteria that include a variety of characteristics that challenge public agencies – special behavioral, health, and educational needs; prior instability in care; and complex traumatic histories.

Comparisons

Casey Family Services has a strong reputation as a specialized foster care provider and frequently admits youth whose needs are greater than those of typical foster youth. In addition, Casey historically has been a well-resourced agency, able to provide foster care and ancillary services that may compensate for the severity of youth's needs. The first comparisons examine how the outcomes of young adults who experienced foster care with Casey correspond with those served in the public

child welfare system and a nationally representative sample of the general population of youth as they transitioned to adulthood. The second group of comparisons examines how youth who achieved permanence through the agency fared in relation to those who left care early or remained in care after age 18. The third set of comparisons asks a question that was raised in the Midwest Evaluation: Do youth who come into care as teenagers and remain in care as young adults achieve better outcomes than those who exit care early?

Modifications to the Casey Family Services Sample

Several exclusionary criteria were imposed on the Casey Family Services sample to enhance its similarity to the Midwest Evaluation sample. The vast majority of youth in the Midwest Evaluation were 19 years of age; an additional 4.6 percent had turned 20 by the time of interview, and one youth was still 18 when interviewed. A random sample of seven Casey youths who had turned 20 at the time of their interview in the Casey Study was chosen and included for participation. In addition, two youths who had been interviewed the day before they turned 19 were allowed into the sample. Because the Midwest Evaluation included only those youth whose primary reason for placement was child abuse or neglect, youth placed with Casey Family Services for other reasons were excluded from these analyses. The Midwest Evaluation did not interview young adults who were incarcerated at the time of their first interview. In the Casey Study, young adults who were interviewed while incarcerated were excluded from analyses of mental health, criminal activity, and delinquent behavior.

An additional modification was made to the sample to allow comparisons between youth who came into care as teenagers and either remained in care as young adults or exited care early. Eligibility for the Midwest Evaluation included the stipulation that youth were in care on their 16th birthday; therefore, youth who exited care prior to their 16th birthday were excluded for this group of analyses.

Results

The purpose of this report was to benchmark outcomes among young adults transitioning to adulthood who had received private foster care services with outcomes achieved among youth who had received services from public child welfare and among the general population. Results indicate that both groups of young adults who experienced foster care are at risk for poor developmental outcomes in comparison to the general population. Although youth in the Casey Study had outcomes similar to those reported by the Add Health sample in the areas of school enrollment, early pregnancy, and parenting, they did not fare as well in the areas of high school graduation, current employment, physical health, receipt of government benefits, or arrests.

Results also indicated that young adults who experienced foster care with Casey Family Services had better outcomes than those in the Midwest Evaluation in the following areas: educational enrollment or completion of high school or a GED, employment and earnings, living without government benefits, teen or early pregnancy, early parenting, and arrests. Young adults in the Midwest Evaluation were less likely to report poor physical health and to be diagnosed with a psychiatric disorder than those served by the agency, although differences in measurement of psychiatric diagnoses may play a role. Young adults in the Midwest Evaluation more frequently reported arrests, but there was no significant difference in convictions between the groups.

Of the young adults served, those who achieved legal permanence generally did not show better outcomes than those who remained in care after age 18 without legal permanence. This result may reflect the quality of long-term foster care services and/or the significant challenges among Casey Family Services youth for whom permanence is extended. This finding suggests that, although legal permanence is an important goal, permanence alone does not address the service needs and challenges of youth who experience foster care.

Among both groups of young adults who had experienced foster care, those still in care at age 19 generally fared better than those who had exited earlier. Casey Family Services young adults who had experienced foster care and were still receiving services were more likely to be high school graduates, enrolled in school, earning an income, not receiving public benefits, and covered by health insurance. This difference may reflect the impact of services and supports. Given the methods of this project, this finding also may reflect preexisting differences in the youth who exited care early versus those who stayed in care. For example, some may have exited early because they needed more intensive services and supports than foster homes can provide.

Demographic Characteristics

Demographic characteristics of youth in the Casey Study, Midwest Evaluation, and Add Health reflect similar age and gender distributions. A larger percentage of African American youth were included in the Midwest Evaluation (54.1 percent) when compared with the Casey Study (15.5 percent) or Add Health (25.7 percent). Typically, African Americans are overrepresented in child welfare systems; however, Casey Family Services operates in several rural geographic areas that have a lower concentration of African American youth.

Educational Attainment

- Former foster youth in the Midwest Evaluation (57.8 percent) and the Casey Study (64.4 percent) were significantly less likely to receive a high school diploma when compared to the Add Health youth (86.6 percent).
- Casey youth who remained in care after age 18 (70.3 percent) and those who exited early with permanence (60.6 percent) were more likely to graduate high school than those who exited early without permanence (48 percent).
- Casey youth who were still in care at age 19 (74.2 percent) were more likely to have obtained a high school diploma than those who had exited care (53.1 percent). They also were more likely to have

	Casey (N=149)		Midwest (N=503)		Add Health (N=540)		CFS: PERM (N=33)		CFS: EARLY (N=25)		CFS: LFC (N=91)	
	#	%	#	%	#	%	#	%	#	%	#	%
Age												
18	2	1.3	1	.2			1	3.0	0		1	1.1
19	140	94.0	575	95.4	540	100	30	90.9	23	92.0	87	95.6
20	7	4.7	27	4.6			2	6.1	2	8.0	3	3.3
Gender												
Male	73	49.0	277	45.9	230	42.6	13	39.4	15	60.0	45	49.5
Female	76	51.0	326	54.1	310	57.4	20	60.6	10	40.0	46	50.6
Race												
Caucasian	94	63.5	186	31.0	368	68.1	20	60.6	14	58.3	60	65.9
African American	23	15.5	339	54.1	139	25.7	8	24.2	1	4.2	14	15.4
Asian or Pacific Islander	3	2.0	3	.5	22	4.1	0		2	8.3	1	1.1
Native American	0		8	1.3	32	5.9	0		0		0	
Multiracial	17	11.5	62	10.3	-		4	12.1	3	12.5	11	12.1
Hispanic	10	6.8	50	8.3	59	10.9	1	3.0	4	16.7	5	5.5

Table 1: Demographic characteristics of participants in the Casey Study, Midwest Evaluation (Wave 2), Add Health and Casey Family Services Permanency Groups

obtained a high school diploma than youth in the Midwest Evaluation (57.9 percent). The difference among youth who remained in care and those who exited early was more pronounced in the Casey Study than in the Midwest Evaluation.

Educational Enrollment

- School enrollment among youth in Add Health (59 percent) was greater than among those in the Midwest Evaluation (39.1 percent), but not statistically significant compared to those in the Casey Study (53.7 percent).
- In comparison to young adults in the Midwest Evaluation, a higher percentage of Casey youth were enrolled in a high school or GED program (26.2 percent vs. 15.2 percent) or a four-year college program (16.1 percent vs. 7 percent).

However, the Midwest Evaluation showed a higher percentage of youth enrolled in a two-year college compared to Casey youth (16.7 percent vs. 11.4 percent).

- Among Casey youth, 61.5 percent of those who remained in care after age 18 reported current enrollment in educational programs compared to those who exited early with permanence (39.4 percent) and those who exited early without permanence (44 percent).
- In both the Casey Study and Midwest Evaluation, current school enrollment was significantly more likely among those who remained in care at age 19. Seventy-one percent of Casey Family Services youth and 66.4 percent of youth in the Midwest Evaluation who remained in care also were enrolled

in school, compared to 53.1 percent of agency youth and only 31.3 percent of Midwest youth who had been discharged from care.

- Among Casey Family Services youth, 27.4 percent who were still in care at the time of their interview were enrolled in a four-year college, and 16.1 percent were enrolled in a two-year college. Among those who had exited care, only 4.1 percent were enrolled in a four-year college, and only 8.2 percent were enrolled in a two-year college. The Midwest Evaluation showed a higher percentage of youth in two-year colleges (26.6 percent vs. 16.1 percent) and a lower percentage of youth in four-year colleges (10.6 percent vs. 26.6 percent) than the Casey Study.

Current Employment Status and Work History

- More than 90 percent of youth in all three samples reported some work history.
- Youth who received services from Casey were more likely than youth in the Midwest Evaluation to report having worked in the past year (87.9 percent vs. 67 percent).
- Youth in Add Health (58.2 percent) were somewhat more likely than Casey youth (49.7 percent) and significantly more likely than Midwest Evaluation youth (40.5 percent) to report current employment.
- Youth who received services from Casey Family Services and exited care early without permanence (28 percent) were approximately half as likely to report current employment than those who exited early with permanence (57.6 percent) or those who stayed in care (52.8 percent). In the Midwest Evaluation, young adults in care were less likely than those out of care to be employed at the time of their interview (33 percent vs. 47 percent) and to have worked in the past year (61 percent vs. 72.3 percent). An opposite trend was evident among young adults, with youth still in care slightly more likely to have worked in the past year (93.6 percent vs. 87.8 percent) and to be employed at the time of their interview (54.8 percent vs. 51 percent) than those discharged.
- Young adults in the Casey Study averaged 25 hours worked per week, fewer hours than those in the Midwest Evaluation (33 hours) or the Add Health sample (31 hours). This finding may be because of the relatively higher high school enrollment of Casey youth. Agency young adults and Midwest young adults who had exited care by the time they were interviewed at age 19 spent relatively more time per week working than Casey Family Services young adults and Midwest young adults who had not exited care (28.5 hours and 35.2 hours, respectively, vs. 22.8 hours and 28.4 hours). Midwest youth worked relatively more hours than Casey youth worked.
- Hourly wages reported by youth in the Casey Study tended to be higher (\$8.81/hour) than those reported by youth in the Midwest Evaluation (\$7.54/hour) and Add Health (\$7.64/hour). This may reflect differences in pay practices in different parts of the country and/or over time.
- Youth in Add Health (89.9 percent) were more likely to report income from employment than either the Casey Family Services youth (81.9 percent) or Midwest youth who had experienced public child welfare (77.2 percent). The percentages of youth who earned less than \$10,000 in the Casey Study and Add Health were quite similar (82.3 percent and 79 percent respectively).
- Youth in the Casey Study who exited care prior to age 18 (68 percent) were less likely to report income from employment than either those who exited care after age 18 (87.9 percent) or those who exited before age 18 with legal permanence (75.8 percent).
- Casey young adults who had experienced private foster care and were still in care when they were interviewed (91.1 percent) were more likely to have received income from employment in the past year than those who had exited earlier (74.7 percent). In contrast, young adults who had experienced public child welfare and exited care (84.7 percent) were more likely than those who had stayed in care (69.2 percent) to have received income from employment in the past year.

Receipt of Government Benefits

- Foster youth in both the Casey Study and Midwest Evaluation reported similar levels of receipt of government benefits, with one exception: The percentage of young women in the Midwest Evaluation who reported receipt of WIC benefits was more than double the percentage in the Casey Study (64.6 percent vs. 29.6 percent).
- Young adults who had experienced foster care were more likely to receive food stamps – 16.8 percent of Midwest Evaluation youth and 14.1 percent of Casey youth – than youth in Add Health (2.6 percent); 10.7 percent of Midwest youth and 9.6 percent of Casey Family Services youth received Temporary Assistance for Needy Families (TANF), compared to 3.3 percent of youth in Add Health.
- Given the small number of young adults who reported receipt of benefits in the Casey Study, results of within-group comparisons should be considered preliminary. Casey youth who remained in care at the time of their interview were significantly less likely to report receiving non-employment related benefits in the past year in comparison to those who had exited care (13.2 percent versus 20 percent).

Health, Mental Health, and Substance Abuse

- The majority of young adults who had experienced foster care described their general health favorably; a combined 82.4 percent and 87.7 percent rated their health good, very good, or excellent in the Casey and Midwest studies, respectively.
- Former foster youth in the Casey Study (17.6 percent) and the Midwest Evaluation (12.3 percent) were more likely to describe their health as fair or poor than those in Add Health (5 percent).
- Mental health diagnoses were assessed quite differently in the Casey Study and Midwest Evaluation, and results showed a significant difference between groups. Nearly 45 percent of young adults in the Casey Study reported symptoms at a level indicating a likely psychiatric diagnosis, compared to 33 percent of young adults in the Midwest Evaluation.

Health Care Utilization

- Foster youth in both the Casey (72.9 percent) and Midwest (71.3 percent) studies reported having health insurance at the time of the interview, compared to 77.5 percent of youth in Add Health. Casey youth who exited care with permanence before age 18 (64.5 percent) were somewhat less likely to have health insurance than those who exited care after age 18 (76.4 percent) or those who were still in care (70.8 percent).
- Youth in the Casey Study reported receiving counseling more frequently than youth in the Midwest Evaluation (45.3 percent versus 20.6 percent), possibly due in part to the more frequent report of mental health problems among Casey youth. Youth who exited early with permanence (33.3 percent) were somewhat less likely to report having received mental health services in the past year than those who exited early (48 percent) or who remained in care (48.9 percent), in spite of the fact that all three groups reported mental health problems with a similar frequency.

Relationships and Pregnancy

- In all three samples, only a small percentage of young adults were married or cohabitating, although this was more frequently reported among females than males. Young adults in Add Health were more likely to report marriage and cohabitation (15.6 percent) compared to the Casey Study and the Midwest Evaluation (10.1 percent and 10 percent respectively).
- More than one-third of young women (37 percent) in the Midwest Evaluation initially reported having been pregnant in the two years since their first interview at age 17, although a more recent report showed that 48 percent of women in this study had been pregnant at age 19 or younger (Bilaver & Courtney, 2006). The Casey Study results indicated that 25 percent of females had been pregnant at age 19 or younger. Less than one-fourth of pregnancies among agency youth were planned.
- Pregnancies were significantly more frequent among foster youth who had exited care than for those who were still in care. In the Casey Study, the percentage

of young women who had become pregnant after exiting care (34.2 percent) was nearly three times the percentage for those still in care (12.5 percent). In the Midwest Evaluation, 44.2 percent of young women out of care had become pregnant compared to 31.1 percent still in care.

- In the Midwest Evaluation, 23.4 percent of young adults and 31.6 percent of females reported that they had one or more children (Table 24), compared to 9.4 percent of young adults and 13.7 percent of females in the Casey Study. Casey percentages were similar to those reported in Add Health, where 9.8 percent of young adults and 12.2 percent of females reported that they had one or more children.

Delinquent and Violent Behavior

Items about self-reported delinquent and violent behavior were later additions to the Casey Study interviews, and interpretation of these comparisons is made with caution due to the reduced sample size. Preliminary data indicate many delinquent behaviors were reported with similar frequency among all three groups.

- Casey Family Services and Midwest youth (approximately 22 percent for both groups) were more likely to report having deliberately damaged someone's property than youth in Add Health (13 percent).
- Young adults in the Midwest Evaluation (23.9 percent) more frequently reported that they had taken part in a fight between two groups than either Casey or Add Health youth (just under 12 percent for both groups).
- Young adults in the Midwest Evaluation (10.1 percent) also were more likely to report that they had used a weapon in a fight than Casey (2.9 percent) or Add Health youth (3.9 percent).
- Casey youth (2.9 percent) were five times less likely than either Midwest (17.1 percent) or Add Health youth (16.5 percent) to report having belonged to a named gang.

Victimization

- Casey young adults self-reported being victimized less frequently than youth in the Midwest Evaluation, with the exception of non-robbery-related assaults. Approximately 8 percent of young adults in both groups reported being victimized this way. The Casey youth sample is lower for this analysis; therefore, results should be interpreted with caution.

Arrests and Convictions

- Both Casey and Midwest youth self-reported considerable involvement with the criminal justice system. Among youth in the Midwest Evaluation, 28.1 percent indicated that they had been arrested at least once between their first and second interviews (a roughly two-year period). Among Casey Family Services youth, 18.9 percent reported that they had been arrested since having turned age 18.
- The difference in rates of convictions between Casey and Midwest youth was not statistically significant (16.1 percent versus 12.3 percent).
- A higher percentage of males reported arrests and convictions when compared to females in both groups of foster youth. In the Casey Study, 20.8 percent of males had been arrested and convicted compared to females (9.7 percent arrested and 8.3 percent convicted). The arrest rate for males in the Midwest Evaluation (38 percent) was nearly double that of Casey males. The arrest rate for females in the Midwest Evaluation was also double that of Casey females (20.1 percent vs. 9.7 percent).

Limitations

As with most benchmarking efforts, the results here underscore the substantial limitations of using available data to inform questions that the sources of the comparison data were not designed to address. What do better educational outcomes for Casey Family Services youth indicate when compared to youth in public child welfare systems in Illinois, Wisconsin, and Idaho? We might speculate that differences in service delivery account for differences in outcomes. Casey has considerable resources when compared to public child welfare agencies, and it

would be reasonable to conclude that using those funds – whether for case management, tutoring or educational advocacy, or other services – results in better outcomes. Unfortunately, we cannot definitively conclude this based on the data available.

Population characteristics and jurisdictional policy factors also could contribute to observed group differences. For example, many studies have documented less positive outcomes for African American youth, and the Casey Study includes a smaller proportion compared to the Midwest Evaluation. It would be equally reasonable to speculate that Caucasian youth raised in New England attended schools that were better equipped to meet their needs, or that they did not bear the burden of racial discrimination or the impact of family- or neighborhood-level poverty that influences the educational outcomes of minority youth. Similarly, can we attribute differences in teen pregnancy and early child rearing to better services addressing this important aspect of teen development or to differences in cultural norms?

The lack of information on characteristics of youth and their experiences prior to entering care also makes it difficult to draw conclusions regarding outcomes across studies. Casey Family Services youth showed a higher frequency of mental health problems, which is likely due in part to measurement differences. These differences may reflect the significant needs

among youth that the agency has historically served, rather than a deficit in meeting their needs while they are in care. Without data on the mental health status of foster youth as they enter they system, it is not possible to draw conclusions with confidence.

There are two additional limitations to the available data. Although Add Health provides a resource for comparing young adults who have experienced foster care with a nationally representative sample of youth, it is important to recognize that 2001–2002 data reflect adolescent outcomes almost 10 years ago. Wave 3 data comparable to the Midwest Evaluation used an unweighted sample, which may have compromised its representativeness to some extent.

Conclusions and Future Directions

In spite of the limitations of benchmarking, it is encouraging to learn that youth who have significant service needs and are referred to private foster care can achieve outcomes that surpass those of a general population of publicly served foster youth and even show similarities to those reported in a nationally representative sample. Additional research is needed to better understand how these outcomes have been achieved. Results here indicate that early permanence does not intrinsically buffer young adults from the enormous challenges they face, and that youth who receive services and supports through the transition to early adulthood have greater success than those who exit foster care early.



The next phase of this study will focus on developing a greater understanding of how risks brought on by exposure to early maltreatment and removal from the home can be remedied. The study will examine how the role of experiences prior to removal from the home, during foster care, and following legal permanence contribute to outcomes during the transition to adulthood.

This longitudinal study also allows us to conduct prospective analyses to examine the developmental course of transitioning to adulthood for youth who have experienced foster care. Among the questions to be addressed: What challenges derail youths' positive transition to adulthood? What opportunities make it possible for youth to overcome those challenges and make a positive transition? The results of this study may help service providers and policymakers direct resources to areas that are likely to have the greatest impact on young adults.

As we identify measured variables that help us understand young people's transition from foster care, the voices of young adults too often are overlooked. Qualitative analyses are underway to examine how these young adults understand the challenges they faced and supports they received related to education and employment; their relationships with birth, foster, and adoptive families; and their overall well-being as they were growing up and during the transition to adulthood.

Acknowledgements

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