



Strengthening Families & Communities

**THE ROAD TO INDEPENDENCE:
TRANSITIONING YOUTH IN FOSTER CARE TO
INDEPENDENCE**

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Date:

October 2001

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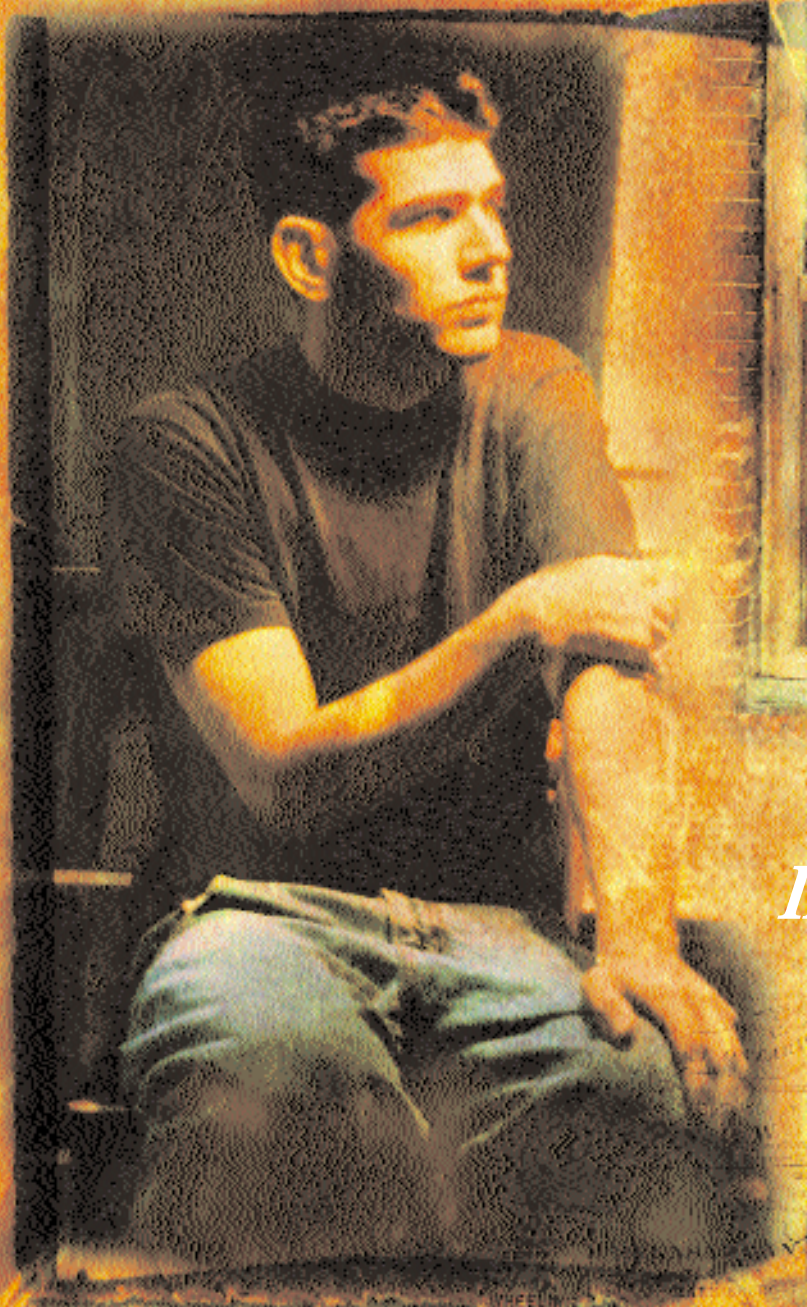
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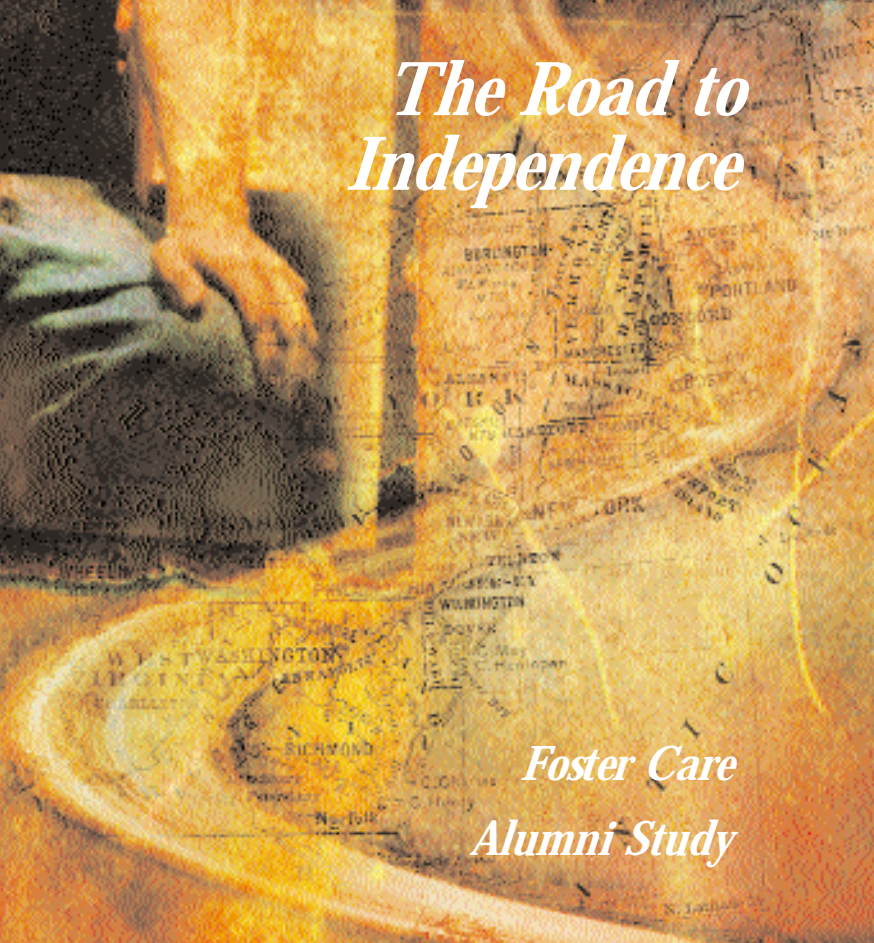
*I hoped when I turned 18 things
would start changing for the better
— Peter*



The Road to Independence

Transitioning
Youth in
Foster Care to
Independence

*Foster Care
Alumni Study*



For more than 20 years, Casey Family Services has assisted vulnerable children and families. Today, Casey operates in Connecticut, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island and Vermont. Programs include long-term foster care, transition services, treatment foster care, post-adoption services and other programs. Casey Family Services seeks to improve the lives of at-risk children and to strengthen families and communities by providing high-quality, cost-effective services that advance both positive practice and sound public policy.

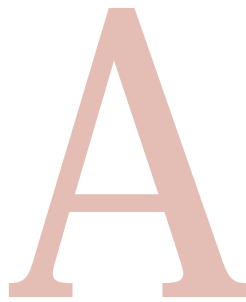
Acknowledgements

This report is a part of an ongoing collaborative effort involving staff and foster youth from the Bridgeport, Connecticut, Hartford, Connecticut, Vermont and Maine divisions of Casey Family Services. We greatly appreciate their aid, openness and insight, without which this project would not have been possible.

Ben Kerman, Ann Murphy and Tannis Blair of the Research and Evaluation unit of Casey Family Services conducted this study with the assistance of Judith Wildfire and Richard Barth of the University of North Carolina School of Social Work.

Casey Family Services expresses gratitude to the energetic and insightful team of field research consultants who tirelessly reviewed records, contacted alumni, and conducted interviews. This team included Rosemary Booth, Polly Champ, Naomi Clemmons, Danielle Didiano, Anita Gilliam, Gerald Meyer and Erin Oldham.

Foster Care Alumni Study



An abiding interest in the long-term well-being of youth and the improvement of existing services prompted Casey Family Services to seek the assistance of the University of North Carolina in undertaking a follow-up study of former Casey foster children. This investigation focused on the adaptation of former foster youth during their young adulthood. The project also examined the relationships between children's backgrounds and special needs (e.g., birth family history, behavioral problems), their experience in Casey care (e.g., continuity of family care, the perceptions of Casey services), and the intermediate and long-term outcomes (e.g., conditions at exit, adult development).

In addition to providing a detailed description of these alumni and their course to and through Casey, this study begins to address several additional key questions:

- Is greater permanency, in terms of adoption or establishing continuity with Casey, associated with better outcomes?
- Do youth who avail themselves of opportunities for extended support do better than those who leave care early?
- What historical child and family characteristics are associated with better outcomes?

PROCESS

To assess the importance of service features in relation to achieving good adult outcomes, Casey reached out to alumni of long-term foster care programs in its programs in Bridgeport and Hartford, Connecticut, Vermont and Maine. In addition to reviewing case records, 115 interviews with adults age 18 and over (mean=22.8) were conducted, assembling quantitative and qualitative data on child and family characteristics, perceptions of services, conditions at exit from Casey, and adult development. The solid long-term follow-up response rate of 55% and additional attrition analyses suggest that the sample is generally representative of Casey Long-Term Foster Care alumni.

FINDINGS

The survey found that these former foster children were doing well in terms of current levels of self-sufficiency, well-being and other areas of adult functioning, particularly in light of their vulnerability and relative to available comparisons. Children who were either adopted or remained in care into young adulthood tended to be doing better than youth who exited from Casey at age 18 or before. Surprisingly, adoption outcomes to date were no better than those of youth who remained with Casey for extended long-term foster care. Permanency seems to be an important factor, but further work is needed to identify the children most likely to succeed along the different paths out of care, as well as to clarify the services provided to the youth.

Foster Care Alumni Study

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Results

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he ultimate gauge for success in Casey care is the successful adjustment of Casey adults. This can be assessed by looking at results in four broad areas: child and family characteristics, service characteristics, conditions at closing and adult developmental outcomes. In these areas, Casey youth appear to be doing relatively well when compared to weighted averages of some key outcomes from other follow-up studies. In terms of educational achievement and employment, the Casey youth appear more self-sufficient than the average alumni. In terms of well-being, they appear to be no more psychologically distressed than the general population.

CHILD AND FAMILY CHARACTERISTICS

Individual child and family risk factors include both past experiences (e.g., abuse and neglect) and emerging special needs (e.g., psychiatric conditions or problem behaviors) that increase vulnerability. Case histories confirm varied and significant challenges to healthy development in the children's earliest environments. Concerns documented during placement and reports of formal psychiatric diagnoses reflect the intensity of special needs among many of Casey youth.

During interviews, alumni were asked to consider the helpfulness of their foster families, Casey staff, therapeutic services and their preparation for independence. Self-reports, while colored by the individual's life prior to Casey, as well as their experiences and growth over the intervening years, provide a sense of how Casey's services are perceived. In general, alumni had positive feelings about their foster families and social workers, especially those with whom they had contact over long periods of time. Most considered the services they received — therapeutic, skills development and preparation for independence — to be very helpful.

Highlights

Self-Sufficiency

- 73% of alumni have graduated from high school or earned a GED
- 48% have received education beyond high school
- 68% are currently employed

Citizenship

- 80% describe formal or informal involvement with their neighbors
- 15% volunteer at least monthly
- 88% expressed interest in becoming more involved with Casey as a volunteer

Social Relationships

- 61% are in regular contact with their foster or adoptive parents
- 38% have contact with birth parents; 58% are in contact with birth siblings
- 14% are currently married

Personal Well-being

- 93% rated their own health as good or better
- 60% reported satisfaction with the way they feel
- 62% reported general satisfaction with life

In elementary and high school, I was in survival mode. During college, I was determined to fix myself. My childhood and background has a hold on me. I worked hard to push through while at college. I succeeded.

Overall Results

More than 65% of the records indicated a family history of alcohol or drug abuse. Birth family histories frequently included criminal behavior (42%) or mental illness (43%).

Neglect and abuse were most common (86%) among the antecedent risk factors examined. This mistreatment often began early and continued for lengthy periods of time.

Virtually all (90%) of the youth had been in placement prior to coming to Casey. The average age at the time of first formal system placement was 75 months. Youth typically moved around different family foster care and/or shelter settings. Several were in intensive treatment settings.

More than one-half of the youth met special education criteria, and nearly one-half of all Casey youth (41%) performed in the lowest 25% of the normative sample on standardized intelligence testing around the time of Casey intake.

Emotional and behavioral concerns were common prior to and during Casey placements (e.g., depressed mood, defiance, peer problems). About two-thirds (63%) of the records documented one or more psychiatric diagnoses for the children.

Record reviews and alumni interviews confirm that we have a diverse sample of former foster youth familiar with Casey who felt able to give the agency feedback. About 80% of the informants described recalling their Casey time “very well.” As shown below, half of the respondents were minorities; and the full sample was roughly split between males and females.

Placement	Total	Adoption	Extended LTFC	Non-Extended LTFC
	(N = 115)	(N = 28)	(N = 53)	(N = 34)
Average Age at First Casey Placement	10.7 yrs*	8.3 yrs ^a	12.4 yrs ^b	10.2 yrs ^c
Percent Male	46%*	46%	36% ^a	62% ^b
Percent Minority	50%*	54%	34%	74%
Average Time Casey Case Open	6.9 yrs*	5.5 yrs ^a	8.2 yrs ^b	5.8 yrs ^a

Notes

1. In all tables of results, the sample size varies on some items due to skipped or invalid responses to individual questions.
2. Overall significant differences are indicated by an ‘*’ while pairwise differences are superscripted.

Birth family risk factors and medical histories confirm varied and significant *challenges to healthy development* in the children's earliest environments. More than half (65%) of the records indicated a family history of alcohol or drug abuse.

Challenges to Healthy Development	Total
One or more neonatal risk factors (e.g., drug exposure, delivery problem)	24%
One or more medical risk factors (e.g., injury, chronic disease)	50%
Birth Family Risk Factors:	
History of Criminal Conviction	42%
History of Mental Illness	43%
History of Chemical Abuse	65%

Abuse and neglect posed the most pervasive risks to healthy development. Fully 86% of the interviewees' records described histories of maltreatment, often at a very early age, enduring over many years. While neglect was most commonly documented, half of all youth had been physically abused.

Abuse and Neglect	Total
Percent of youth maltreated	86%
Neglect cited	68%
Physical abuse cited	50%
Sexual abuse cited	37%
Children age 5 or younger at onset	78%
Maltreated continuously, over years	84%

Early involvement with the Child Welfare system and extensive placements are of concern because frequent transitions undermine nurturing and stability. Each placement refers to a period of at least 14 days spent in a setting outside of the birth family home. The number of pre-Casey placements reflects system exit and re-entry, foster home instability and *extended placement* in institutional care (e.g., hospitalization, residential treatment or shelter care).

Prior Placement History	Total
Children removed prior to age 5	41%
Children with prior placement history	91%
Average number of prior placements	2.9
Average length of each prior placement in a family setting placement	

It's important to have parents who love you, who are proud of you and who don't think of you as a foster kid. That makes you feel like you can succeed.

You always feel like it's going to break down. You expect the bomb to drop.

18.7 mo.

Nearly half (46%) of the alumni performed below the average range on *cognitive testing* around the time of Casey intake, while more than half (61%) of the youth met criteria for special education services. Behavioral concerns and formal psychiatric diagnoses were common, often indicating significant and enduring difficulties with coping.

Cognitive Testing	Total
Low-Average or Below-Average IQ (i.e., score in lowest 25% of test norm sample)	41%
Developmental Delay Identified	14%
Special Education Criteria Met	61%
Behavior Problems—Average number	
Documented during prior placements	3.7
Documented during Casey placements	
4.9	
Most Common Problems During Casey Time	
Depressed mood	46%
School performance problems	42%
Defiance at home	40%
School behavior problems	37%
Peer relationship problems	28%
Documented Psychiatric Conditions	
Percent with one or more diagnoses in record	63%
Attention Deficit/Hyperactivity	18%
Affective Disorder	18%
Disruptive Behavior Disorder	17%
Adjustment Disorders	15%

Post Traumatic Stress Disorder

10%

SERVICE CHARACTERISTICS

Casey workers seek to provide for services that both match children's strengths and address deficits to help youth develop to their fullest potential. Casey recruits, trains and supports long-term and specialized foster families, aiming to provide a single, stable, nurturing family for each child. When youth require more intensive treatment, Casey typically remains involved during outplacement (e.g., group homes, hospitalization) to increase continuity of relationship. Other ancillary services include counseling, special education supplements and recreational lessons, as well as a host of formal and informal experiences oriented toward helping youth develop independent living skills.

Overall Results

- Many of the children moved at least one time during their work with Casey, as 38% of the children required one or more outplacements. To support continuity of relationships, Casey Family Services typically remains involved, often returning the child to an already known foster family.
- Casey appeared to provide stability for many youth in family settings. Half of all children have only one foster family during their entire stay with Casey (which averaged nearly seven years). The majority (59%) of youth had only one or two social workers during their work with Casey. A small group of highly mobile children raised the mean number of family placements to 2.2: 5% of the children had four or more different foster families.
- Alumni overwhelmingly endorsed positive statements about their longest lasting foster families and social workers. On the whole, about 75% of the respondents rated in the clearly positive direction, feeling secure, nurtured and challenged constructively.
- The majority of the alumni who received transitional services found them helpful. The most common experience was part-time work, which was reported by 84%. However, the most highly rated experiences were help with paperwork

Casey helped me get to college with counseling and help with applications. They even helped pay for my senior prom.

Casey helped my family stick through it and endure me.

They should build a better program for transition from high school to college. Some kids need a break in between. They just aren't ready emotionally

(e.g., applying for admission to training programs), volunteer work and vocational counseling.

Length and type of *placements*, separate periods of residence outside of the birth family lasting 14 or more days, provide useful gauges for understanding placement patterns. While direct comparison of these markers with prior placement history is complicated by age and service differences, Casey appears to provide stability for many youth in family settings.

Casey Foster Family Placement	Total
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Average number of foster family placements	2.2
Average length of family setting placements	37.8 mo.

Even when more intensive treatment oriented outplacement is necessary, Casey typically remains involved. This may be due to a growth enhancing sense of continuity fostered by maintaining contacts with Casey workers and by replacing children who move in previous foster families when that is indicated.

Casey Foster Family Placement	Total
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Outplacement and Continuity Children w/ 1+ intensive treatment placements (e.g., Hospital, GH, RTC)	38%
Average number of different settings (all types of placements)	3.1
Children with only one Casey family	50%
Cases closed while out-placed	16%
Casey Worker Continuity	
Number of different primary social workers	2.5
Length of service per primary social worker	3.6

Youth were asked about their impressions of the *foster family* that provided their longest placement. The families were generally perceived as warm and nurturing. About three-fourth's of all the alumni described feeling secure, accepted and treated like one of

the family. Only a minority of youth noted feeling that expectations were too high. Indeed, most youth had at least one foster family to whom they attached and with whom they ‘fit’ well.

Alumni Perceptions of the Foster Family	Total
Foster Family Nurturing	
I felt secure about staying	74%
I was accepted for who I am	75%
My family was warm and nurturing	70%
I was treated like one of the family	74%
Child’s Own Readiness for Foster Care	
I did NOT need to be in a foster home	14%
I was NOT ready to be a part of a foster family	20%
Child’s Preparation for Independence in Foster Family	
My family’s expectations were TOO HIGH	28%
My family gave me responsibility where I had to show a result	92%
My family prepared me for independence	73%
Responses suggest that:	
Child attached to foster family *	53%
Child felt foster family was NOT a good ‘fit’	23%

* Children were considered ‘attached’ if they reported trusting their family, enjoying spending time with family and talking with family about important things.

Casework by *Casey staff* provides the linkage between placements and ancillary services, as well as stability and a sense of continuity despite unstable residence and family roots. The alumni overwhelmingly endorsed positive statements about their experiences with staff. Reflecting the challenges to collaboration, about one-third of the alumni expressed ambivalence or disagreement with the statement that they, the worker and the foster family worked well together, in contrast to the 78% who felt that they and the worker collaborated well.

Alumni Perceptions of Case Worker	Total
Social worker cared about me	87%
Social worker available to give support	88%
I could NOT trust my social worker	6%

Workers and parents need to remember what this age is like. We need support, money, freedom, but parents have to insist on responsibility. This should start early, not when you turn 18, but foster care doesn’t work that way.

Social worker did NOT understand my needs	21%
My social worker and I worked well together	78%
Social worker, foster parents and I worked well together	65%

Youth reported receiving a range of *therapeutic services*. Individual and group treatments were most common, though foster families and birth families were sometimes involved during the course of counseling. With the exception of birth family counseling, services were considered helpful by the majority of youth who received them.

Therapeutic Services	Total of alumni who received service	Percent who rated experience as somewhat or very helpful
One-on-one counseling with Casey staff	79%	80%
One-on-one counseling with other provider	77%	57%
Group counseling by Casey or other provider	51%	59%
Family counseling with birth family	13%	40%
Family counseling with foster family	40%	64%
Overall Casey Effort		92%

Note: The sample size varies on some items due to skipped or invalid responses to individual questions.

Workers were there when you were in trouble or when it was time to leave.

Educational support and *skill development* is addressed in many ways. Youth with special education needs may receive services in school, and/or private tutoring. Similarly, many youth received enrichment lessons and/or attended summer camps. With few exceptions, these services were considered helpful by the alumni who received each service.

Skill Development	Total of alumni who participated or received service	Percent who rated experience as somewhat or very helpful
School-based special education services	67%	84%
Casey-provided tutor	52%	83%
Lessons (e.g. music, art, horseback riding)	63%	96%
Summer camp program	82%	90%

All youth receive a range of informal experiences and services to help *prepare for independence*. While case records

seldom note a formalized program, it is clear that the foster family and the caseworker provide a range of helpful supports and opportunities. In addition, 35% of the alumni reported receiving Casey financial assistance for educational expenses.

Prepare for Independence	Total of alumni who participated or received service	Percent who rated experience as somewhat or very helpful
Working part-time job	84%	84%
Doing volunteer work	63%	92%
Vocational counseling	64%	92%
Help with paperwork, job applications	79%	96%
Consumer skills	61%	91%
Money management, budgeting	68%	80%
Understanding legal situation	55%	87%
Help finding a place to live	51%	90%
Casey Preparation for Adulthood		89%

Casey was like a security blanket but more responsibility needs to go to the families.

CONDITIONS AT CLOSING

While adult developmental outcomes exhibit the ultimate success of efforts to help foster children, exit conditions reveal important intermediate outcomes because they reflect Casey's efforts to promote a positive launch toward self-sufficiency and long-term success. Conditions at closing were generally favorable.

Overall results

- Reasons for closing tended to be benign: 47% closed because they completed their goals or emancipated, while only 38% were no longer appropriate and returned to state care, often for more intensive placement. A small number (15%) closed after declining further services.
- About one-half of all youth leaving Casey care appeared to meet all major age-appropriate expectations in areas of home/family, school/work and community functioning.
- Reopening cases at Casey is less a sign of recidivism and failure of previous discharge plans than a reflection of youth seeking additional support for independent living programs. While 20% of the cases reopened at some point, over one-half

I had no discipline. I was lazy and a dreamer. I moved out on my own, lived in a car for a couple of weeks until I found another full-time job.

returned for financial support/capitalization with casework services to pursue additional educational/vocational preparation, housing or launch of a business. Post-adoption counseling was also a reason for reopening.

While cases close for many reasons, youth often work with Casey. Casey workers strive for normative case *closings*, seeking to avoid sudden or unplanned endings. Although all youth who are willing to set goals and accept services are eligible to continue, not all youth do. Further, the younger average age at closing among adopted youth reflects the tendency for these cases to close after the adoption is finalized.

Closings	Total	Adoption	Extended LTFC	Non-Extended LTFC
Age at closing of last placement	15.9 yr* (12.7 yrs) ^a	18.1 yrs ^b	15.1 yrs. ^c	
Age at closing of Casey case	18.2 yr*	15.5 yrs ^a	21.0 yrs ^b	16.1 yrs. ^a
Reason for closing				
Goals completed or self-supporting	47%	60% ^a	64% ^a	21% ^b
Casey no longer appropriate to needs	38%	36%	18% ^a	21% ^b
Services refused	15% ^{NS}	4%	18%	59%
Rating of circumstances of closing (Positive, with at most minor turbulence)	67%	92% ^a	75%	39% ^b

Notes

1. Overall significant differences are indicated by an “*” while pairwise differences are superscripted.
2. These tables may oversimplify some of the patterns noted. Further analyses will explore other factors that explain the apparent differences between and within the permanency groups.

Mode of exit summarizes the status of permanency planning at closing. More than half of the youth were closed with children either having achieved independence or stable residence with an adoptive family. Fewer cases closed precipitously, either after a non-endorsed reunification (8%), a runaway (6%) or a return to state care for more restrictive placement (11%). These adverse closings appear significantly less frequently among the adoption and extended groups.

Mode of Exit	Total	Adoption	Extended LTFC	Non-Extended LTFC
Reunified with birth family	8%*	4% ^a	0 ^a	24% ^b
Permanency achieved with adoption	20%*	75% ^a	0 ^b	0 ^a

Emancipation to independence at close	35%*	7% ^a	59% ^b	21% ^a
Return to state for more restrictive service	11%*	4% ^a	0 ^a	38% ^b
Runaway	6% ⁸	0 ^a	2% ^a	18% ^b
(still open)	(21%)*	(11%) ^a	(40%) ^b	(0) ^a

Casey reopened about one-fifth of all cases, though more than half of these were reopened primarily for financial aid (e.g., college tuition assistance, vocational training costs). Less often, reopening suggested recidivism and children received additional placement services. Adoptees appeared more likely to return for support, often receiving counseling through Casey's Post-Adoption Services program.

I left Casey Family Services at 16 because I didn't want my foster family to mold me. I was doing what I had to do to get by and I wasn't interested in what they wanted me to do.

Cases Formally Reopened	Total	Adoption	Extended LTFC	Non-Extended LTFC
Cases formally reopened	20%*	57% ^a	9 ^b	6% ^b
Reopened cases receiving intensive social work services and/or additional placement (vs. primarily financial aid)	44% ^{NS}	44%	20%	100%

To gauge the overall *functioning* of youth, the records were scrutinized for indicators of functioning at home, in school/work and in the community. A score of 5 or more on a 7-point scale of functioning reflected fulfillment of typical expectations of young adult roles. At closing, about one-half of all youth appeared to be meeting major age-appropriate expectations.

Ratings of Youth Functioning at Closing	Total	Adoption	Extended LTFC	Non-Extended LTFC
Home/family functioning rating >4	52%*	70% ^a	69% ^a	18% ^b
School/work functioning rating >4	52%*	74% ^a	64% ^a	21% ^b
Community functioning rating >4	48%*	74% ^a	57% ^a	15% ^b

Notes

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ADULT DEVELOPMENTAL OUTCOMES

Stable foster care and successful launching of children into the adult world represent worthy goals and intermediate outcomes to evaluate agency performance. Yet, the ultimate gauge

Because you have many relationships, many parents, and many influences as a foster child, you become a salad of all different people.

Trust? How can I? My birth parents gave me away. My sister and foster mother abused me.

lies in the successful adjustment of Casey adults. While success may take many forms, self-sufficiency, behavioral adjustment, well-being, and family and social support comprise four critical indicators.

OVERALL FINDINGS

- About three-fourths of the alumni were found to be essentially self-sufficient in terms of income, housing and employment. A similar percentage had completed high school, and about half attained advanced training beyond high school.
- About one-third of the alumni reported an arrest since turning age 18. Alumni self-reports suggest few substance abuse problems, although 18% used drugs at least one time in the last month, 15% used alcohol heavily more than one time, and 11% said they used alcohol or drugs to help forget about their problems.
- On the whole, alumni described good physical health, yet one-third of them are uninsured.
- More than half (60%) were satisfied with life in general.
- While 14% of the alumni are currently married, 35% of the alumni are parents. Only two bore children prior to age 18. Of the parents, 15% (6) have had a child placed in formal foster care.
- Representing potential sources of support after care, most (61%) of the alumni were in contact with their adoptive or former Casey foster parents and 58% were in contact with at least one birth sibling.
- Only 36% were satisfied with their birth family relationships; but 71% felt satisfied with their other important relationships; 65% were satisfied with the amount of support they received from others.

Self-sufficiency

Long-term outcomes: We spoke with 115 adults who left their last Casey foster family an average of 6.9 years ago. Thus,

their comments reflect a considerable period of living on their own. This includes 24 transitional services youth that continue to work with Casey, having left their last foster home an average of 2.1 years ago. Most are in the extended care group.

Long-Term Outcomes	Total	Adoption	Extended LTFC	Non-Extended LTFC
Average age at time of interview	22.8 yrs ^{NS}	22.8 yrs	23.4 yrs	22.0 yrs
Average time since end of last placement	6.9 yrs*	10.0 yrs ^a	5.3 ^b yrs	6.9 ^b yrs
Average time since closing	5.7 yrs*	7.8 yrs ^a	3.9 ^b yrs	5.9 ^a yrs

Economic Self-sufficiency: Self-sufficiency broadly refers to independent economic functioning, including employment, vocational adjustment and residential stability.

Educational Attainment	Total	Adoption	Extended LTFC	Non-Extended LTFC
High School graduate or GED	73%*	77% ^a	90% ^a	44% ^b
Some advanced training (e.g., trade school, college)	48%*	38% ^a	73% ^b	18% ^a
Currently in school full or part-time	35% ^{NS}	37%	28%	44%
Employment				
Currently employed full or part-time	68%*	85% ^a	73% ^a	45% ^b
Unemployed and looking for job	13% ^{NS}	12%	10%	19%
Economic well-being				
Receiving Public Assistance	24% ^{NS}	21%	26%	24%
Annual income above \$19,999	21% ^{NS}	22%	23%	15%
Housing				
Living alone, with friends or own family	77%*	84% ^a	86% ^a	59% ^b
Never 'homeless' after Casey	72% ^{NS}	77%	73%	68%

Notes

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3. The sample size varies on some items due to skipped or invalid response to individual questions.

Behavioral Adjustment

Individual Behavioral Adjustment: Indicators of successful behavioral adjustment include avoiding hazards (i.e., legal problems, chemical abuse) and navigating toward positive engage-

I graduated college and have wonderful relationships with my foster parents. I've learned not to be so independent. I need love, support and pampering.

Having a job and a bank account makes you feel important. It gives you pride. Responsibility is important.

ment in community activities. Few of the adoption and extended care youth were incarcerated at the time of the interview, while one-third of the youth who left early were currently in jail.

Individual Behavioral Adjustment	Total	Adoption	Extended LTFC	Non-Extended LTFC
Criminal behavior				
Reported arrest since turned 18	29%*	25%	232%	44%
Currently incarcerated	11%*	4% ^a	2% ^a	32% ^b
Chemical dependency				
Use drugs or alcohol	11%*	14% ^a	6% ^a	25% ^b
5+ drinks in one day/last month > 1x	15% ^{NS}	14%	18%	13%
Used illegal drugs 1+ times/last month	18% ^{NS}	23%	14%	21%

While some of the alumni considered 'just staying out of trouble' to be their way of making a successful contribution to society, alumni are doing more than that. Overall, 80% of the alumni reported some ongoing *community involvement* at least monthly. Formal volunteering in the community was less frequent, but 88% of the alumni expressed an interest in volunteering on behalf of the children presently working with Casey.

Community Involvement	Total	Adoption	Extended LTFC	Non-Extended LTFC
Citizen involvement: monthly or more...				
Formal/informal neighboring activities	80%*	61% ^a	90% ^b	79% ^b
Formal volunteering	15% ^{NS}	16%	18%	10%
Involvement with Casey as adult				
Had contact with Casey since closing	56%*	56%	71% ^a	39% ^b
Willing to be involved/contribute their time and skills	88% ^{NS}	89%	90%	85%

Notes

- Overall significant differences are indicated by an '*' while pairwise differences are superscripted.

2. These tables may oversimplify some of the patterns noted. Further analyses will explore other factors that explain the apparent differences between and within the permanency groups.
3. The sample size varies on some items due to skipped or invalid responses to individual questions.

Health and Well-being

More than 90% of the adults described their physical health as good, though 25% indicated the presence of some significant medical condition. Perhaps the largest health threat is the lack of health insurance: more than one-third of all alumni indicated that they were not presently covered.

Health and Well-being	Total	Adoption	Extended LTFC	Non-Extended LTFC
Physical health				
No major health problems	75% ^{NS}	79%	79%	68%
Self-rated good or better health	93% ^{NS}	96%	91%	94%
Does not have health insurance	37%*	32%	25% ^a	58% ^b

Mental Health: Each interviewee completed a standardized, norm-based symptom self-report inventory. Fewer than 20% of the sample indicate a possible service need. In fact, compared to the normative sample, the alumni on the whole reported no more symptoms. While lacking comparison figures, more than half of the alumni reported feeling satisfied with the way they feel and with life in general.

Mental Health	Total	Adoption	Extended LTFC	Non-Extended LTFC
Mental health				
Symptoms do not indicate service need	82%*	85%	90%*	68% ^b
Satisfied w/way they feel in general	60% ^{NS}	73%	53%	62%
Sense of well-being				
Satisfied with life in general	62%*	81%*	65%	44% ^b

Notes

1. Overall significant differences are indicated by an "*" while pairwise differences are superscripted.
2. These tables may oversimplify some of the patterns noted. Further analyses will

The camp was great because you could be a kid, bond with other kids, start to trust, start to heal.

- explore other factors that explain the apparent differences between and within the permanency groups.
- 3. The sample size varies on some items due to skipped or invalid responses to individual questions.

Social Relationships

Marriage and parenting represent two conventional adult developmental milestones. Nearly twice as many of the alumni report having parented a child than report being currently married. Additionally, the likelihood of being a parent was essentially identical for men and women. Of the parents, less than one in five has had a child enter formal foster care.

Family does not necessarily mean who bore you. It's who you decide it is.

Marriage	Total	Adoption	Extended LTFC	Non-Extended LTFC
Marriage				
Currently married	14% ^{NS}	4%	17%	18%
Parenting				
Has at least one child	35%*	29%	27% ^a	53% ^a
Average age at birth of first child	20.3 yrs ^{NS}	20.8 yrs	21.0 yrs	19.6 yrs.
[If parent, formal FC for 1+ child]	[15%]	[13%]	[7%]	[22%]

For youth with legacies of conflicted connections to family and problematic early family role models, the capacity to engage in healthy and satisfying relationships reflects positive development. **Connections with birth, foster and/or adoptive families**, as well as extended networks of friends represent key potential sources of support.

Relationship with Extended Families	Total	Adoption	Extended LTFC	Non-Extended LTFC
Contact				
With one or more birth parent(s)	38%*	14% ^a	49% ^b	41% ^b
With one or more birth sibling(s)	58%*	61%	68% ^a	41% ^b
With one or more adoptive/foster parent(s)	61%*	79% ^a	60%	47% ^b

Satisfaction in relationships

With birth family	36% ^{NS}	32%	34%	42%
With important others	71% ^{NS}	77%	70%	68%
With amount of support from others	65% ^{NS}	69%	67%	59%

THE ROLE OF ADOPTION, EXTENDED SERVICES AND NON-EXTENDED SERVICES

In addition to formal interventions, many other factors may influence outcomes in Foster Care (e.g., individual child characteristics, family history). Given the central place of permanency and extending services to prepare youth for adulthood in the Casey model, the relationship between overall outcomes and the general path through care was examined. To the extent that youth were able to establish continuity and permanency through being adopted or receiving extended services from Casey, they may be expected to demonstrate better outcomes. However, there may also be preexisting differences between youth who are adopted or remain involved with Casey over time, and those who leave earlier. These differences may help explain why some groups appear to have better outcomes. In fact, youth comprising these groups differ in several ways beyond permanency status:

- There were demographic differences. More than 60% of the non-extended group was male compared to 46% of the adoption group and only 36% of the extended long-term foster care group. Although half of all alumni were minorities, three-fourths of the non-extended group, slightly more than half of the adoption group, and one-third of the extended long-term foster care group were minorities.
- The youth had somewhat different historical risk profiles. While birth families appeared similar in terms of mental health history, alumni whose families had a history of criminal involvement were more likely to be members of the non-extended group than the other two groups.
- Prior placement histories and Casey Family Services placement experiences varied considerably. Adopted alumni initially entered out-of-home placement at a significantly younger age, slightly over three years old, than did members of the other two groups who had their first placement experiences at approximately 8 and 6 years old for the extended and non-

My adoptive father is very pleased with how responsible I am being on my own. So am I.

Successful growing up is having a functional family, being stable on the job and living the opposite life that I came from.

extended groups, respectively. The number of pre-Casey placements averaged three for each group.

Outcome Summaries

To begin to explore factors related to success, we created three outcome measures, each composed from a group of characteristics that indicate positive or negative outcomes: (1) self-sufficiency (e.g., employed versus unemployed), (2) personal well-being (e.g., average range complaints versus psychiatric distress) and (3) an overall measure that aggregates indicators from each of the domains into a single adult outcome measure. The summary outcome measures are the percentages of negative indicators: A score of zero indicates no negative adult outcomes; an alumnus with a score of 100 has a negative outcome for each of the indicators in the measure.

Overall, the alumni in the extended long-term foster care group had an average score of 18%, those in the adoption group averaged 21% and those in the non-extended long-term foster care group had an average score of 38%.

Relationship of Group Membership to Outcome Status

The next analysis used a multivariate analytic approach to examine the relationships between permanency and several other factors and the outcomes. This approach contributed an additional advantage of statistical control for group differences on other factors included in the test.

The results of the multivariate modeling indicate that there is a significant difference between the personal well-being, self-sufficiency, and overall outcome status of Casey alumni, dependent on whether they were adopted, in the extended care group, or in the non-extended long-term foster care group. Previous family psychiatric history, minority status and gender are also significantly related to at least one of the outcome measures.

Alumni in both the adopted group and the extended care group had significantly better outcomes than did alumni in the non-extended group for all measures, even after controlling for several compositional differences. On average, the group differences on the outcomes ranged from 13 to 19 percentage points between members in these two groups and those in the non-extended foster care group.

Youth in extended care had similar outcomes when compared to the adopted youth. Even after statistically controlling

for these other influences, the average outcome scores for alumni in the adoption group and the extended group were similar for all measures.

Male alumni had personal well-being and overall outcome scores that were 8, 9 and 11 percentage points lower than female alumni.

Characteristics of previous placement experiences, such as the number of previous placements and the age at first placement, were not significantly related to any of the outcome measures.

Biological family characteristics were significantly related to these outcomes in only one instance. Alumni from families with a prior history of mental illness had better overall outcomes than did other alumni. History of family criminal involvement was not significantly related to any of the outcomes.

Conclusion

The results of these analyses suggest that there are differences in the adult experiences of alumni of Casey Family Services depending on whether they were adopted, received extended long-term foster care services or left foster care early. Even after controlling for the differences in several key characteristics of these groups the non-extended group had significantly worse outcomes on all measures that we examined.

Very possibly, these differences in outcomes are related to differences in program components, such as extended financial and familial support beyond the age of 18. An alternative explanation is that some unmeasured or statistically uncontrolled aspect of these children's behavior precludes receipt of the more

Even when you're on your own, it helps to have a worker who can help you negotiate.

Implications

favorable services afforded to other youth. Future analyses will attempt to clarify and inform these alternative interpretations.

T

his study has provided new understanding of outcomes for children who arrive at Casey Family Services, often after stays in many other foster care homes. A high proportion of children served through Casey Family Services were adopted by Casey families or received a level of support that helped promote outcomes that very closely approximated those of the adopted children. While these outcomes seem impressive, they need to be examined in relation to the outcomes of other children. Efforts to compare with great precision are hampered by the diversity of definitions used, measures employed and samples studied, as well as the limitations of uncontrolled follow-up designs.

Still, Casey alumni appear to be doing better than foster care alumni from other studies. Using the weighted averages derived from the best available foster care follow-up studies, the Casey youth appear to be employed and to complete their high school education more often than foster care alumni from other studies. With regard to their well-being, Casey youth report no more psychiatric distress than the general population, and more than half report being satisfied with their life in general. In contrast, similar rates of arrest and use of public financial aid spotlights the difficulties that youth who have been in foster care continue to face.

The study also allows us to compare outcomes for different groups of youth served by Casey Family Services. The most important comparison in this study is between the youth who left care early and those who took advantage of Casey's offer of extended support after the conventional age that foster care ends. Although these groups were not equal in all ways, statistical con-

My mother was a poor woman. It was hard to live in a rich foster home. It was like I was walking on eggshells.

Having low expectations
of myself held me
back, while pushing myself
helped me do better.

trols for background factors lend some confidence to the probability that those youth who participated in the extended services received substantial benefit from these services.

PRACTICES

While subsequent work will further explore the factors related to success among these youth, it is clear that extended support and permanency were associated with better outcomes. Outcomes for youth, particularly in extended foster care, were about the same as the youth who are adopted, and both are superior to children who leave care early. This finding should not be overstated because there were some compositional group differences (for example, males tended to not do as well as females). Moreover, finding that some individual males do very well while some females fare poorly, highlights the importance of identifying more factors contributing to success. Casey and the field would benefit from a deeper understanding of which youth are able to take advantage of these services and just what services or resources are provided to what end.

This preliminary report provides first clues to understanding why some youth may do better than others. As a group, these were not easy children. Case records documented vulnerabilities stemming from the earliest environments (e.g., birth family histories of criminal behavior, mental illness, neglect and abuse), as well as medical problems, emotional and behavioral dysfunction and lengthy prior placement histories that underscore the substantial risk to healthy development.

The continuity of relationship with the social worker, foster family and other key people in the youth's lives continues to be of particular interest to our practice community. Clearly, for some youth, Casey is their family. A variety of obstacles to measuring these conceptually and intuitively salient features will be addressed in further work examining placement stability, worker stability and agency consistency. In the next phase, placement history will be closely scrutinized given the shortcomings in the brief view herein described. For example, stability variables may be unstable as a few children with extreme values (e.g., six different social workers) can distort analyses; these will be addressed as we explore better ways of examining continuity.

This is not an experimental study that might fully and definitively confirm or disconfirm the contribution of unique features of Casey Family Services' care (e.g., the deep commitment to continuous foster family and social worker care): all of

the recipients were offered this care (and most took advantage of it). Yet the youth described a variety of ways that they appreciated the value of a long-standing relationship with their foster parents and agency personnel. For youth who averaged about three different placements even before entering Casey Family Services' care, such relationships could be expected to offer a significant dose of reassurance that they might eventually achieve a stable living situation and sense of the future. More can be done to explore the independent components of Casey's overall approach to continuity to better assess the relationship to youth's satisfaction with services and to their young adult outcomes.

FURTHER STUDY

While touching briefly on the role of Casey's transitional services and the importance of the continuity of relationships with Casey staff, more full exploration of these core program features awaits careful integration of the narrative data with more of the rich quantitative data. In addition to the inherent limitations of a retrospective design, the certainty that youth now growing up in Casey Family Services' care will face an evolving landscape of economic and socio-emotional challenges provokes a prospective look at the preparation for independence, launching and adult development after emancipation. The stories told by the alumni point us back to younger cohorts of alumni as they emerge from the shelter of care and exit for independence. Thus, Casey is preparing an exit interview to capture key background characteristics and perceptions of care received. To describe better the conditions of care and triangulate observation of services that lead to better outcomes, foster parent input will also be sought. Eventually, results of the exit interviews and future follow-up may better articulate the relationship between adult outcomes and the characteristics of the foster home, the social worker and the youth.

More will also be understood about the Casey approach to services if this group of youth is reassessed when it is older, for almost all of these youth are still at an age when their risks and their promise are still largely unrealized. Even then, this study will merely move our understanding forward because studies of the development of foster children have so much complexity that they are unable to generate breakthrough findings. Collaborative studies of future cohorts across agencies can contribute to improvements because there will be more children

I had no motivation to succeed. I never focused on what was in front of me because of my unstable home situation.

You need to be mature
enough to listen.

in the studies and more standardized information collected on the earliest years of placement that can be used to help determine the benefits that children receive.

The information collected for this study will also provide illumination to the planned study that will be comparing case outcomes for children who are in Casey care and in non-Casey care. The current study has illuminated, for example, the extent to which children who leave foster care experience other non-foster care outcomes like participation in mental health hospitalization, juvenile justice services, wilderness programs and spells with relatives. Having this information will help us develop an appropriate sense of confidence that we have identified the relevant costs and benefits of service programs.

POLICIES

The opportunity to generate change in policy and practice from information in research like this is heightened by the new national commitment to improving outcomes for foster youth. Federal legislation is emerging to find ways to better support the transition from foster care to successful adulthood. In addition, states have been gradually acknowledging and addressing the needs for transitional housing and educational support for youth. The success that Casey's extended foster care support is providing can help inform the development of such efforts.

Methodology

and a full record review for youth who consent to the interview.

Alumni perspectives were collected through a written questionnaire and a semi-structured interview. Instruments addressed placement history, early risk factors, alumni perceptions of services received, essential areas of adult life, psychological well-being and community life.

PARTICIPANTS

We created a sampling frame of 209 names of alumni from four divisions who were 18 years or older and had been members of a Casey Family Services foster family for one year or more. Some of the older youth continued to work with Casey but did not reside with subsidized foster families. We located 161 youth and invited them to participate in the study. A total of 115 alumni (55% of those we tried to contact and 71% of those we did contact) participated.

Nearly half (46%) of the sample was male and 50% of the respondents were members of a minority group. The average age at the time of interview was 22.8 years. Their last placement closed an average of 6.9 years ago, after working with Casey for an average of 6.9 years.

Despite a subtle selection bias favoring certain negative outcomes, the current sample is considered largely representative of the long-term population served by Casey. The overall response rate compares favorably with most follow-up projects, but sample attrition due to difficulty locating or securing consent to complete the interviews can bias the results of any follow-up study. Not surprisingly, alumni who left Casey recently were more likely to participate. Several alumni who are known to be doing well declined to participate. In contrast, alumni located in jail participated at a very high rate (100%) while alumni living in the community were less likely to finish interviews (68%). More importantly, comparing interview participants and non-participants, there is no difference in closing circumstances and overall functioning at exit. Thus, at exit, the sample represents neither the best outcomes, nor the worst.

SERVICE GROUPS

Given the agency's interest in continuity and permanence, the descriptions of the outcomes subdivide the total sample into

Everyone knows you're different when you are a foster kid. It makes it hard to make friends.

three service groups: adoption, extended foster care and conventional or non-extended foster care. Adopted youth (N=28) exited Casey after being adopted by their foster families. Extended foster care youth (N=53) remained in care (or continued to receive supportive services from Casey Family Services) through age 19 and beyond, reflecting Casey's long-term orientation to foster care services. Non-extended foster care youth (N=34) exited care before age 19, more closely resembling standard foster care practice.

This diversity of permanency outcomes offers an opportunity to compare how children who experienced different service pathways were faring after foster care. Yet the interpretation of these findings is complicated by the fact that children who followed these different service pathways were different from each other. For example, children who were adopted were younger at the time of their first placements and had fewer placements prior to adoption, while children in the non-extended foster care group were more often male or minority, or both. Although we have endeavored to use statistical controls to reduce the impact of such pre-existing differences between the groups (see "The Role of Adoption, Extended Services and Non-extended Services"), this is not necessarily sufficient to correct them all. The best we can do in making interpretations is to continue to remind ourselves that, given these background differences, we would expect the outcomes for the non-extended care group to be the worst and for the adoption group to be the best. Also, the lack of a closely corresponding comparison group cautions against over-attributing outcomes to Casey care, as well as concluding that a given level is high or low relative to other agencies. Ongoing analyses may identify other factors that contribute to apparent differences among service groups.

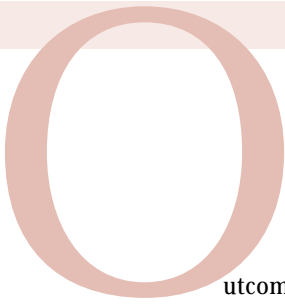
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Kids should have other foster care alumni to talk to.



Previous Research

Outcomes can be considered in the short-term as well as over time. Too often, outcome studies examine only intermediate programmatic outcomes, such as length of time between placement and exit, reason for case closing or recidivism rate. These may be the best available routinely collected indices of programmatic outcomes, yet general ignorance about the longer-term adult outcomes severely compromises the ability to know how much benefit any specific approach has provided.

Only a handful of studies provide useful information about what happens to youth after foster care. With the exception of two efforts generated by the Casey Family Program (Fanshel, Finch, & Grundy, 1990; Wedeven, Pecora, Hurwitz, Howell, & Newell, 1997), these studies have generally not been of a single program model and have little to offer with regard to program characteristics that might be associated with better outcomes. At their best, they provide estimates of the challenges and successes that youth experience after foster care and allow us to compare those to other estimates of the problems of young adults who were not in foster care. These challenges are certainly substantial and include high rates of involvement in the criminal justice system, early parenthood, homelessness, lack of health care and problems with mental health.

My foster parents gave us choices. They would help you if you helped yourself. They gave us decision-making power then helped us to deal with the consequences.

Outcome Indicator at the Time of Follow-Up From Foster Care (follow-up times vary)	Weighted Average of Comparable Studies [^]
1. Employed full or part-time	57%
2. High School diploma or GED	60%
3. Reported arrests or incarceration	32%
4. Public assistance enrollment	24%

[^] The number of studies averaged varies, by indicator, between 8 and 10. Weighting is based on number of youth interviewed in each study, which varied from 55 to 810. Rates for each study are shown in Appendix A.

The best of these studies are European (Bohman, 1981; Dumaret, 1985) and show that children who are adopted do better than children who return to, or remain in, their biological families after child welfare intervention. There are virtually no direct comparisons between foster care and adoption outcomes or between outcomes for children in foster care versus those who

I'm still in touch with Casey
for a chat and a check up.

remain at home. The few studies (e.g., Fanshel, 1978; Wald, Carlsmith, & Leiderman, 1988; Leteinberg, Burchard, Healy, & Fuller, 1981) that do consider the latter find that children in foster care do better than children who remain at home, but the follow-up periods are short (none exceeding five years).

PERMANENCY, CONTINUITY AND LENGTH OF SERVICE

Permanency in family relationships is considered an essential goal of any fostering program (Maluccio, Fein, & Olmstead, 1986). Reflecting more than stability of residence, permanency reflects the effort to provide a family for life. Thus, new federal child welfare legislation places more emphasis on adoption than ever before. Nonetheless, there are compelling reasons why adoption is not the best alternative for all children.

Congress is now reviewing several major new initiatives to help children who are in long-term foster care to get the support they need to make a safe and successful transition to adulthood. Preparation for successful adulthood almost certainly begins in the earliest years of foster care and is related, in part, to opportunities to develop and maintain continuous relationships with significant others—including siblings, foster parents and biological parents (McFadden, 1995).

Continuity can also be increased by maintaining relationships between youth and their social workers or, even their agencies (Fanshel, Finch, & Grundy, 1989). While placement stability has been described and related to better outcomes (e.g., McDonald et al., 1996), the continuity of relationships with foster family and with social workers has been little examined. Since many children have unstable placements, the relationships to a foster family and/or worker may contribute to a sense of continuity even as they change residences, schools and neighborhoods.

CHILD AND FAMILY CHARACTERISTICS

A consistent finding of child welfare researchers is that the best predictor of a child's outcome is his or her characteristics at the time of placement (see Pecora et al.). This finding, and other research underscoring the persistent influence of background factors on behavior into adulthood, suggests the significant chal-

lence involved in helping youth to change the trajectory of their life course. A child's age at the time of placement, gender, prior placements and race are often the only child characteristics available for use in models endeavoring to understand child welfare outcomes (e.g., Berrick et al., 1998). In this study, we have additional information about a child's intelligence at the time of placement as well as family characteristics (e.g., histories of psychiatric or criminal justice involvement) that can also be used.

PERCEPTIONS OF THE FOSTER FAMILY, TALENT DEVELOPMENT AND THERAPEUTIC SERVICES

While few in number, studies examining the helpfulness of individual services focus on the foster family, the social worker or youth perceptions of therapeutic services. While no standard approach to measuring the foster family environment emerges, hypothesized dimensions include family acceptance, warmth and fairness. Despite the limitations to random assignment in applied settings, program evaluations are increasingly addressing the linkage between services and outcomes in the absence of experimental design. This is frequently addressed through the use of consumer satisfaction or perceived helpfulness questionnaires. This report summarizes some of the findings regarding youth perceptions of the foster family, the social worker, and ancillary services in the hopes of identifying some of the key dimensions and most helpful services.

Data collection tools were developed for gathering case record and alumni information using input from staff, alumni and colleagues (Festinger, 1983; Fanshel, Finch & Grundy, 1990; The Casey Family Program, 1997). Information was gathered between March 1998 and August 1998. A two-part record review included a brief preview for each youth identified initially,

My friend encouraged me and empowered me to believe in myself and hold high expectations for myself. She was a true mentor and role model.

I had to take care of myself.
I didn't know how to adapt.

TRANSITIONAL SERVICES

The need to better prepare youth for independent living has attracted increasing attention as more has been learned about the difficulties faced by youth exiting foster care. In 1986, the Independent Living Initiative (PL 99-272) became federal law to help states better meet the needs of youth leaving foster care. Most of the initial efforts focused on instruction in skills for independent living (e.g., balancing checkbooks). Although there have been no solid evaluations of independent living programs, there has been growing consensus that many needs remain unaddressed for youth leaving foster care and that their outcomes are poor (e.g., Courtney and Pilliavin, 1998). As a result new service models are developing that endeavor to provide more support with housing and education and training across a longer span of time.

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