

EXECUTIVE SUMMARY

The Texas Youth Permanency Study followed a cohort of youth in foster care ($N = 197$; 14 years and older) as they entered adulthood. By examining their experiences and trajectories over a three-year period we sought to find new ways of understanding the factors that allow youth in foster care to thrive in young adulthood. This project aimed to answer the following questions:

1	What factors support the development of a sense of belonging and emotional wellbeing in foster care placements for youth, ages 14 years and older?
2	How does normalcy - the participation in age-appropriate social, educational, and extracurricular activities - impact relationships with caregivers, development of independent living skills, and emotional wellbeing?
3	To what extent do youth develop and maintain stable and nurturing connections with adults, including birth families, foster parents, and adoptive parents?
4	To what extent do legal permanency and relational permanency, respectively, contribute to emotional support, wellbeing, and competency in emerging adulthood?
5	How prepared are youth for living independently?

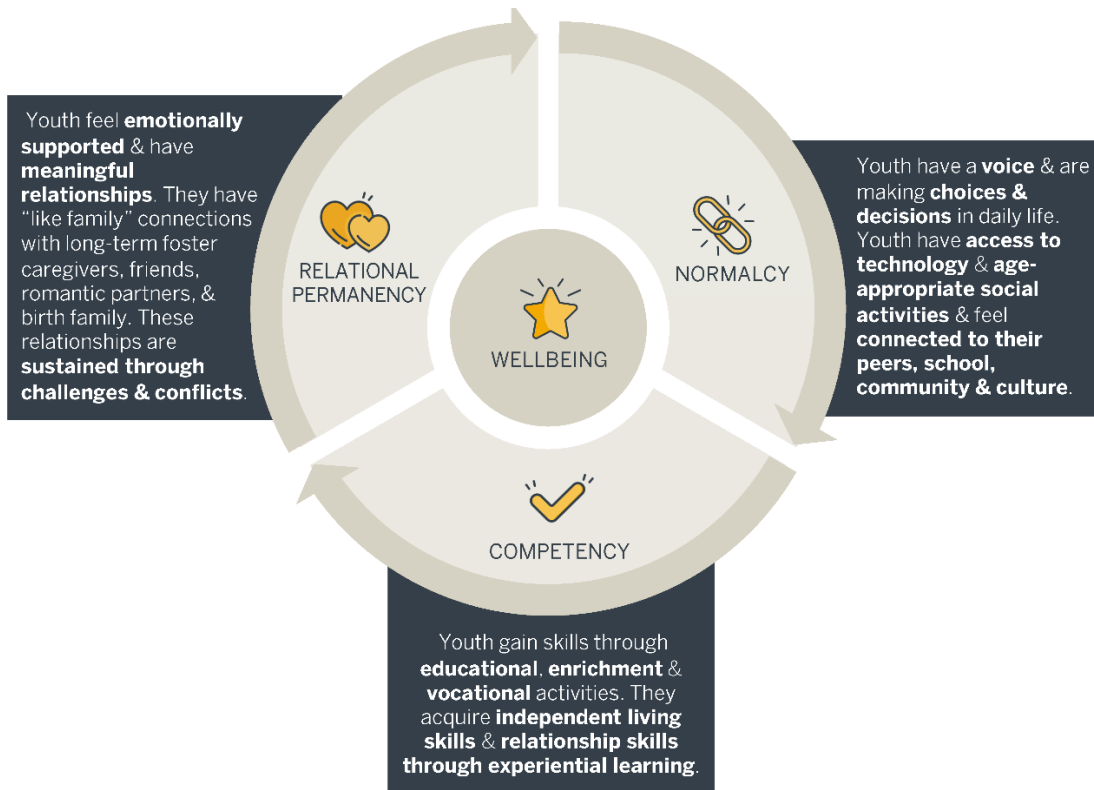
Participants completed quarterly surveys that explored their (a) relationships with caregivers, birth family, and other important people in their lives; (b) connections with peers and school; (c) relational permanency and emotional support; (d) independent living skills and educational achievement; and (e) emotional wellbeing. In order to better understand the impact of the COVID-19 pandemic, we conducted in-depth yearly interviews with a sub-sample of study participants.

A MODEL INTEGRATING RELATIONAL PERMANENCY, NORMALCY, COMPETENCY, AND WELLBEING

The goals of the child welfare system are to ensure safety, permanency, and wellbeing for each child. In current practice and policy, there is an assumption that legal permanency naturally leads to safety and wellbeing. Our study did not support the expectation that youth, aged 14 years and older, who attain legal permanency have better outcomes in emerging adulthood than youth who age out of foster care. Instead, we learned that relational permanency and normalcy are the foundation for developing competency and wellbeing in emerging adulthood. These concepts are inextricably interwoven and need to be addressed holistically. **Rather than focusing solely on attaining legal permanency as a measure of success, a new model for child welfare should prioritize relational permanency, normalcy, and competency in policy and practice.**

For youth to successfully transition to adulthood they need a positive sense of identity and self-worth, healthy relationships and lasting connections, support for attaining mental health, skills for independent living, and financial and housing stability. Our recommendations aim to create an environment where youth can thrive, attain social emotional wellbeing, and begin to master the tasks of adulthood.

Child Welfare Model Prioritizing Relational Permanency, Normalcy, and Competency



KEY FINDINGS AND RECOMMENDATIONS

RELATIONAL PERMANENCY

We learned that strong and close relationships with caregivers and confidence in their availability and support were associated with emotional wellbeing when youth were still in care. Distressed relationships with caregivers were associated with significantly elevated levels of anger, stress, and sadness that indicated a need for continued observation and intervention.



For youth transitioning out of care, having adults in their lives who made a commitment to life-long support and a parent-like relationship provided important emotional support. Youth with fewer or weaker connections to caring adults experienced significantly elevated levels of anger, stress, and sadness at the transition out of care.

We found a strong association for both the quality of relationships with caregivers and relational permanency with emotional wellbeing, but no association between legal permanency or placement type and emotional wellbeing.

Recommendations:

1. Increase youth voice in placement decisions and facilitate smooth transitions into placements to build a strong foundation for youth-caregiver relationships.
2. Engage youth in identifying important people in their lives, including birth family, other caring adults, friends, and romantic partners, and nurture ongoing connection.
3. Prioritize relational permanency over legal permanency in case planning with older youth.

NORMALCY



We gained important insights into the experiences of older youth in care and the critical role of normalcy for developing positive relationships with caregivers and competency for living independently. When identifying characteristics of positive and lasting placements, youth emphasized receiving support for age-appropriate activities, learning skills needed for adulthood, having the freedom to engage in social and out-of-school activities, and being able to make decisions in everyday life. Conversely, restrictive placement rules (most often associated with residential treatment centers), not feeling heard, and limited trust with caregivers were signs of a stressful, adversarial living situation, often

accompanied with anger and sadness. Limited normalcy experience and overprotective environments in foster care also left youth ill prepared for the transition to living independently.

Recommendations:

1. Advance implementation of normalcy to allow youth room for exploration, self-determination, and development of social skills.
2. Support youth in expressing their identities, including culture, ethnicity, and religion, and developing and maintaining community connections.
3. Strengthen youth-caregiver relationships. Provide training and support for caregivers on child and adolescent development, including expected social and sexual development, and trauma-informed parenting strategies that foster connection *and* independence.
4. Incorporate normalcy reviews into permanency status hearings to ensure that judges, caseworkers, caregivers, and youth are informed about the importance of normalcy and have access to appropriate resources. Elicit both youth and caregiver voices and needs and develop directions for increasing the social emotional wellbeing of youth.

COMPETENCY

At the time when they were leaving foster care, only 41% of youth reported feeling very prepared for living independently and 65% of youth continued to be somewhat or very worried. Significant gaps in independent living skills included managing finances, knowing how to obtain housing, renewing state-issued identification, and accessing health insurance. Extended Foster Care eased the transition to independence, with youth reporting less stress and more housing stability.



Some youth emphasized that independent living classes by themselves did not, or could not, prepare them for the experience of living independently. They also expressed that the highly structured foster care environment sheltered them to such an extent that they had little experience with managing daily tasks and setting goals for themselves.

Youth did make educational gains despite challenging virtual learning environments during COVID-19, and a majority had gathered work experience.

Recommendations:

1. Restructure Preparation for Adult Living to allow for ongoing experiential learning and ensure that youth reach developmental milestones, such as opening a bank account, obtaining a driver's license, and gaining work experience.

2. Encourage youth to learn through internship and employment experiences.
3. Increase funding and access to Extended Foster Care and Supervised Independent Living Program.

WELLBEING



At time of enrollment in the study, when they were on average 16.5 years old, 27% of youth reported elevated levels of anger, 35% of youth reported elevated levels of sadness, and 50% of youth reported elevated levels of stress on nationally normed scales of emotional wellbeing that may warrant continued observation and support. Throughout the study, we noted an increase in mental health concerns that were related to both the COVID-19 pandemic and to the challenges of leaving foster care and living independently.

We also noted that 1 in 5 participants reported low confidence in expressing their needs and feelings in relationships, setting boundaries, and handling conflict and anger. At age 18.5 years, 24% of the young women who were still in the study had at least one pregnancy.

Recommendations:

1. Provide crisis support for youth who have aged out of foster care.
2. Monitor the long-term effects of COVID-19 on social emotional wellbeing and increase mental health supports as needed.
3. Provide access to trauma-informed sexual health and relationship education in small group settings that allow youth to ask personal questions and build skills for self-care, consent conversations, and healthy relationships.



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Suggested Citation: Ball, B., Marra, L., Belseth, T., Faulkner, M. (2023). A New Model for Promoting Wellbeing in Child Welfare: Prioritizing Relational Permanency, Normalcy, and Competency. Final Report Texas Youth Permanency Study, Texas Institute for Child & Family Wellbeing, University of Texas at Austin.