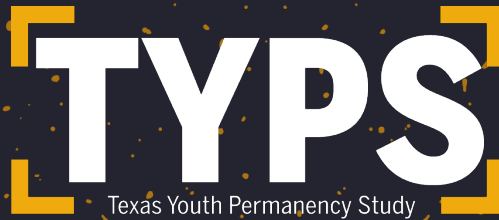


JANUARY 2023
FINAL REPORT

A NEW MODEL FOR PROMOTING WELLBEING IN CHILD WELFARE:

**PRIORITIZING RELATIONAL
PERMANENCY, NORMALCY, AND
COMPETENCY**



FINAL REPORT
TEXAS YOUTH PERMANENCY STUDY (TYPS)
JANUARY 2023

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The Texas Youth Permanency Study (TYPS) is conducted by the Texas Institute for Child & Family Wellbeing in partnership with Upbring and sponsors, The Reissa Foundation and The Simmons Foundation.

The conclusions or interpretations expressed in this report do not represent the conclusions, interpretations, or policies of DFPS.



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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?

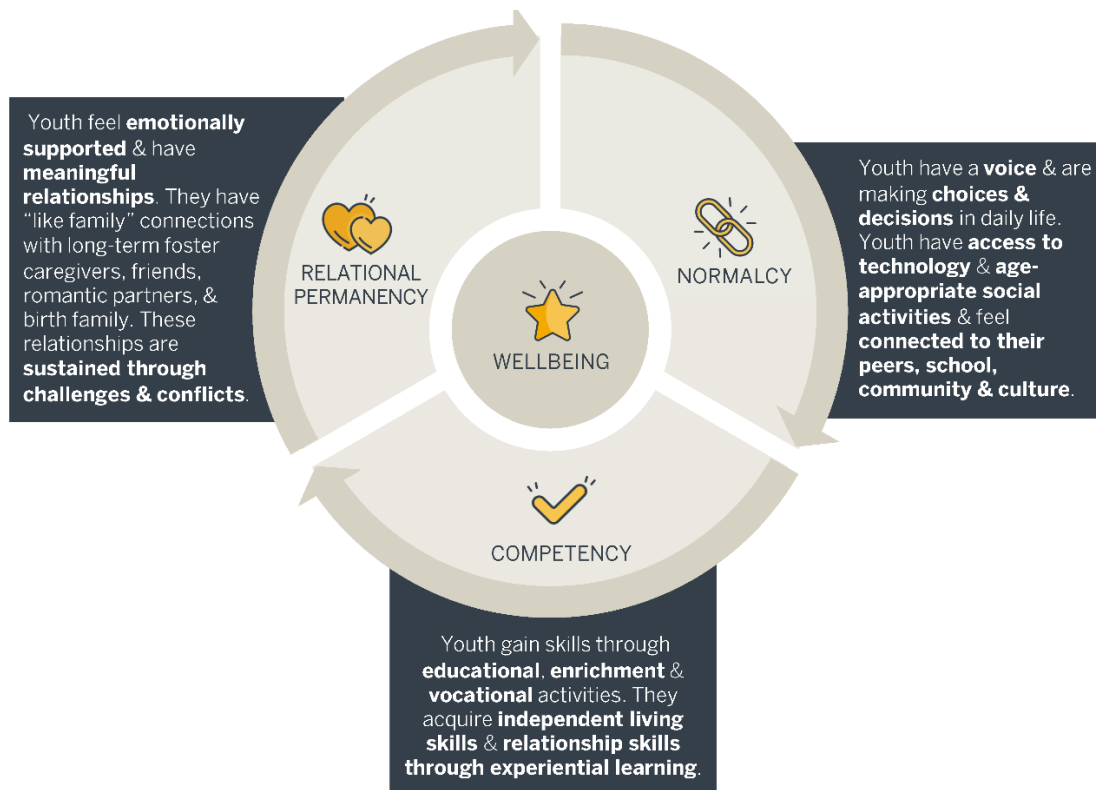
Participants completed quarterly surveys that explored their (a) relationships with caregivers, birth family, and other important people in their lives; (b) connections with peers and school; (c) relational permanency and emotional support; (d) independent living skills and educational achievement; and (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.



BACKGROUND: A CLOSER LOOK AT PERMANENCY

The Texas Youth Permanency Study followed a cohort of youth in foster care as they entered young adulthood. Participants in this three-year longitudinal study completed quarterly surveys and were invited to take part in yearly interviews that explored their relationships with caregivers, birth family, peers, and dating partners; experiences of connectedness and support; emotional wellbeing; educational achievement, and independent living skills. 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.

The goals of the child welfare system are to ensure safety, permanency, and wellbeing for each child. In practice and policy, there is an assumption that permanency naturally leads to safety and wellbeing. There is a wealth of research documenting the outcomes of foster youth who “age out” or emancipate from foster care (for example Courtney et al., 2005; Pecora et al., 2005). On every social, economic, educational, and wellbeing indicator, these young adults perform more poorly than their peers. This research has been used to justify policy and practice goals that encourage states to prevent older youth from emancipating from the system without legal permanency.



The ultimate goal for children and youth in foster care is for them to transition to safe and legally permanent families.

-Children's Bureau



Current practice in child welfare is focused on achieving **legal permanency** in a timely manner. When reunification is not possible, the assumption is that a new, “permanent,” family will provide the nurturing and stable environment that allows the child to thrive. Data for children exiting foster care during Fiscal Year 2019 (Administration on Children, Youth and Families, 2020) suggest that most children indeed achieve legal permanency through reunification, adoption, or guardianship, and only 8% emancipate from care. However, the situation is dramatically different among children older than 12 at the time of entry into care. In this group of older children, over 80% emancipate from care (Children’s Bureau, 2018). Older children are less likely to be placed in kinship care (Jedwab, Xu, & Shaw, 2020), and an estimated 25% of adoptions disrupt before being finalized (Barth et al., 2001; Child Information Gateway, 2012; Coakley & Berrick, 2008; Festinger, 2014). Furthermore, various longitudinal studies show that 10–15% of children who have achieved adoption or permanent guardianship may experience post-permanency discontinuity (Rolock et al., 2018) that sharply increases during the teenage years (Rolock & White, 2016). The mean age of children who experienced discontinuity was 13

years old. In addition, emerging research (Ball et al., 2020; Perez, 2017) suggests that some adoptions “dissolve” at age 18, leaving youth without support, security, and supportive relationships with caring adults.

Physical permanency is often discussed in the context of placement changes. The reality of frequent placement moves and resulting poor outcomes for youth has been well documented (Gypen et al., 2017; Stott & Gustavsson, 2010). Frequent moves can deepen a youth’s trauma and sense of loss, abandonment, and rejection. Moreover, frequent moves destabilize developmentally important and protective (Steiner et al., 2019; Viner et al., 2012) relationships with peers, teachers, mentors, and birth family and engagement in activities at school and in the community. Frequent disruptions in a youth’s physical environment impede a sense of normalcy (Simmons-Horton, 2017), undermine educational attainment, and hinder a youth’s chances of success after leaving foster care (Stott & Gustavsson, 2010).

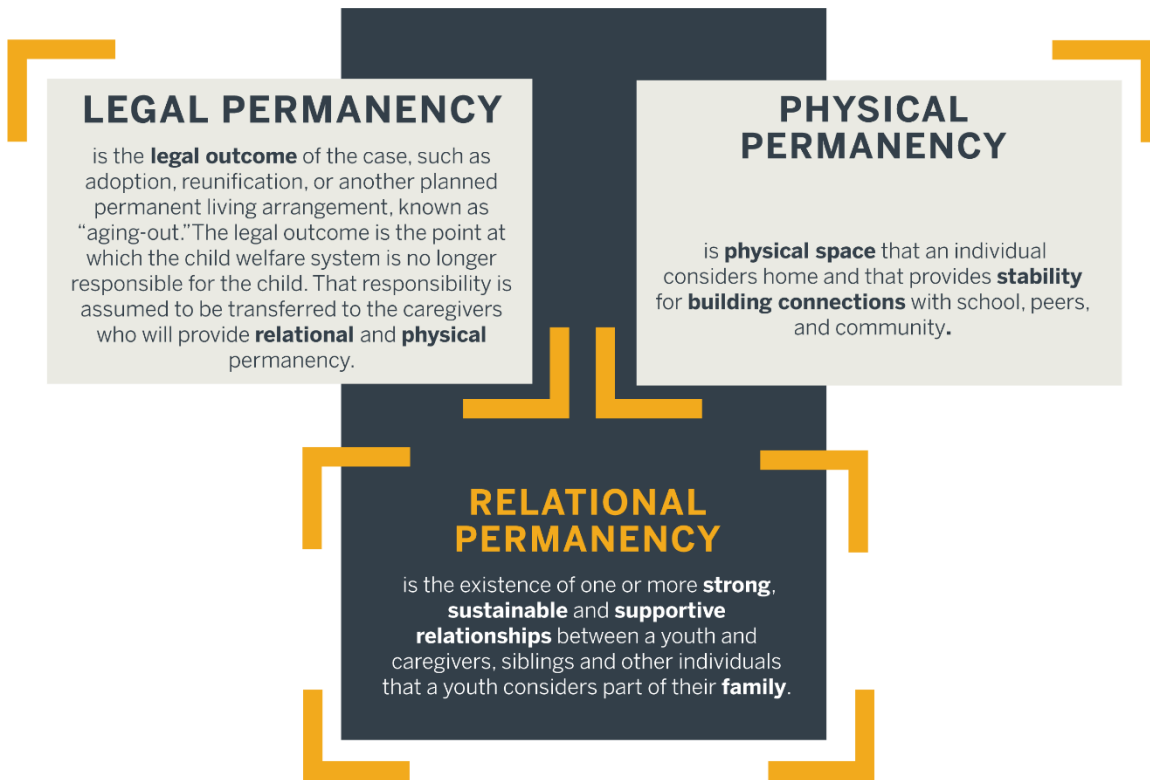
Normalcy is defined as the ability of a child to live as normal a life as possible, which includes participation in age-appropriate social and extracurricular activities as well as having normal interactions and experiences within a foster family and participating in family activities. As Pokempner et al. (2015) stated, “Through these activities, youth learn their interests and talents, safely experiment and take risks, practice decision-making skills, and develop healthy peer and adult relationships.” However, youth in foster care often face barriers to participating in everyday social activities due to rules and regulations that may require background checks or permission for school trips, as well as frequent placement changes. These barriers can hinder normal social emotional development, increase youths’ unhappiness in placements, and further contribute to placement disruptions and changes.

The Preventing Sex Trafficking and Strengthening Families Act of 2014 introduced the “Reasonable and Prudent Parent Standard,” which means that foster caregivers (or a designated official if a child resides in congregate care) are permitted to make day-to-day decisions about a child’s participation in age-appropriate extracurricular, cultural, and social activities. Social activities with friends, including unsupervised activities such as going to the movies, trips to the mall, dating, and visiting friends’ houses, are specifically noted as regular and normal activities that youth in care may engage in. However, the implementation of the normalcy provisions in the Strengthening Families Act is still a work in progress (Alliance for Children’s Rights, 2016) and requires balancing the needs of youth in care with the propensity for safety and control inherent in the foster care system.

Relational permanency encompasses lasting relationships with parental figures and other caring adults that provide emotional connection, continuity, and ongoing support at the transition to adulthood (Ball et al., 2020; Freundlich et al., 2006; Frey et al., 2008; Jones & LaLiberte, 2013; Samuels, 2008; Sanchez, 2004). Over the last decade, the field of child welfare has increasingly focused on promoting relational permanency, especially for youth who leave

care without legal permanency (Jones & LaLiberte, 2013). However, youth in care do not always have the skills to build and nurture a relationship with an adult who might support them when they leave care (Nesmith & Christophersen, 2014; Denby, Gomez, & Reeves, 2017). Samuels (2008) asked poignantly how we expect youth emancipating from care to form family-like connections and supports when we have failed to do so while these same young people were in care. Recent findings from a pilot study conducted for TYPS (Ball, et al., 2020) suggested that a youth's experiences in care are indeed critical. We found that youth who experienced genuinely caring, validating, and empowering relationships with foster caregivers and child welfare professionals more easily forged lasting emotional connections and support networks that provided a secure foundation to navigate the world around them once they left the foster care system.

Figure 1: Types of Permanency



PURPOSE OF THIS STUDY

This three-year longitudinal study sought to address gaps in research and develop a better understanding of the experiences of youth, ages 14 years and older, in foster care and during the transition to independence.

Participants completed quarterly surveys and were invited to take part in yearly interviews that explored their (a) relationships with caregivers, birth family, peers, and dating partners; (b) relational permanency and emotional support; (c) emotional wellbeing, and (d) independent living skills and educational achievement.

By examining their experiences and trajectories over this three-year period we sought to find new ways of understanding the factors that allow youth in foster care to thrive in young adulthood.

PRIMARY RESEARCH QUESTIONS

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?
 - a. To what extent do legal permanency, placement characteristics, and relationship dynamics with caregivers contribute to a sense of belonging and emotional wellbeing?
 - b. How does normalcy, the ability to participate in age-appropriate social, educational, and extracurricular activities, impact relationships with caregivers and emotional wellbeing?
2. To what extent do youth develop and maintain stable and nurturing connections with adults, including birth families, foster and adoptive caregivers, kin, and child welfare professionals?
 - a. Do legal permanency and relational permanency, respectively, contribute to emotional support, wellbeing, and competency when youth transition to living independently?
 - b. How stable are connections with caring adults and emotional support during the time when youth transition to living independently?
3. How prepared are youth for living independently?
 - a. To what extent are youth prepared for taking on adult tasks, such as managing their finances, obtaining housing, going to college, and getting employment?

- b. How well are youth prepared for navigating relationships and taking care of their sexual and reproductive health?

STRUCTURE OF THIS REPORT

[Chapter 1](#) provides a detailed description of the longitudinal, mixed methods study design and study population. This chapter offers information about recruitment and retention of youth in the study and delineates qualitative and quantitative measures and data analysis.

Chapters 2, 3, and 4 are each focused on a subset of research questions and describe quantitative and qualitative findings. Each chapter concludes with a summary of findings that integrates quantitative and qualitative findings.

[Chapter 2](#) offers important insights into the experiences of older youth in care and what they need and appreciate in their placements and relationships with caregivers. This chapter describes the participants' experiences in foster care when they are on average 16.5 years old and provides a baseline for their sense of relational permanency, emotional support and wellbeing, and their plans for transitioning out of foster care.

[Chapter 3](#) focuses on the participants' transition out of foster care and explores changes in their sense of relational permanency, emotional support, and wellbeing between an average age of 16.5 years and 18.5 years. Interview data provide a deeper understanding of the participants' challenges as they are redefining relationships with important adults and navigate independent living in the midst of the COVID-19 pandemic.

[Chapter 4](#) examines the process in which youth decide to stay in extended care or leave foster care at age 18 years and how prepared they feel for living independently. Specific outcomes, including education, employment, and sexual health, are highlighted. Interview data show discrepancies in the youths' hopes for living independently and their actual experience.

The report concludes with a [Discussion](#) section that summarizes findings and describes limitations of the study. Findings are integrated into a new model for child welfare. Rather than focusing solely on attaining legal permanency as a measure of success, child welfare should consider the interconnectedness of relational permanency, normalcy, and competency in helping youth thrive and develop their full potential.



STUDY DESIGN AND STUDY POPULATION

LONGITUDINAL, MIXED METHOD DESIGN

For this three-year longitudinal cohort study, we recruited 197 youth in foster care, ages 14 and older, between June 2019 and March 2020,

The Texas Department of Family and Protective Services provided initial consent for youth to participate in the study. If the legal caregiver changed, consent was obtained from the new caregiver. If youth turned 18 years old, they consented to participation themselves. Prior to each survey or interview, youth were asked for their assent. The study protocol was approved by the IRB at the University of Texas at Austin.

Participants in this three-year longitudinal study completed quarterly surveys and were invited to participate in yearly interviews that explored their relationships with caregivers, birth family, peers, and dating partners; sense of connectedness and support; emotional wellbeing; and independent living skills. Quarterly contact with participants was intended to increase engagement and retention in the study, given the high mobility of youth in foster care.

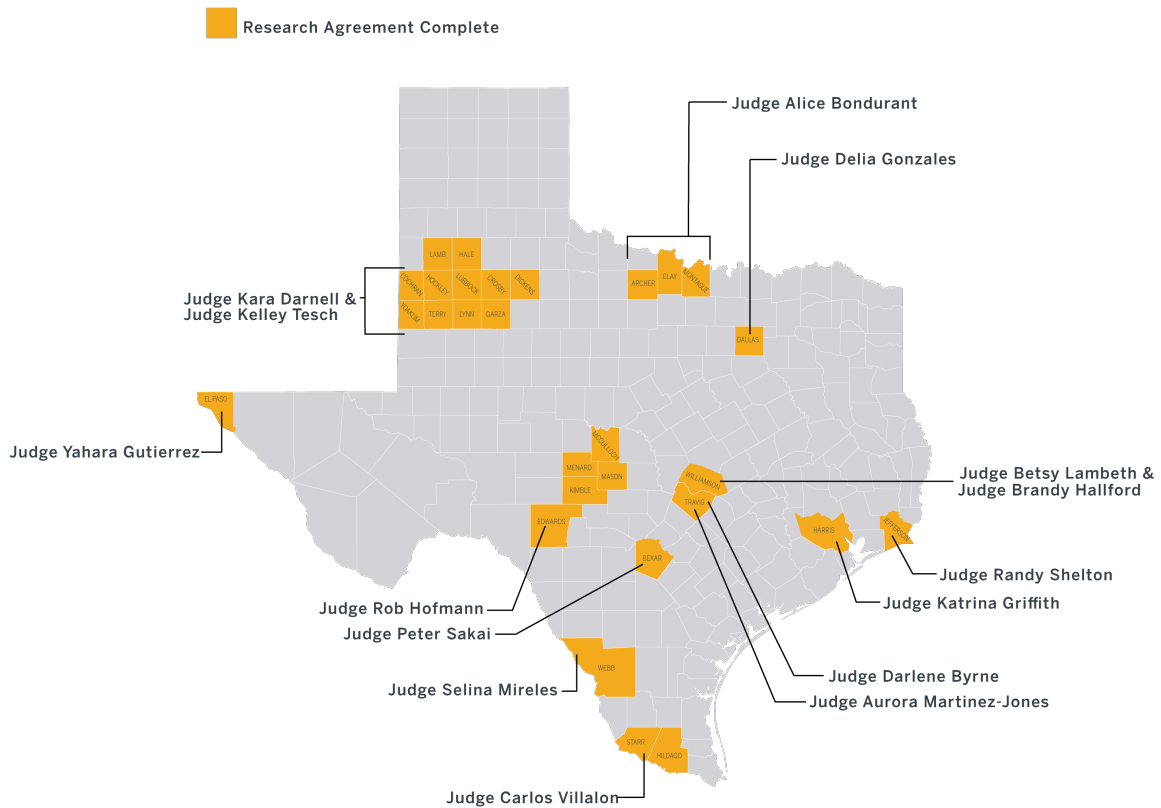
The mixed method design (Creswell & Plano Clark, 2011) gave equal status to qualitative and quantitative data to develop a more complete understanding of the research problem. Listening to the voices of youth provided deeper meaning to the quantitative data and strengthened the validity of findings. Qualitative and quantitative data were collected concurrently and integrated in the analysis and discussion following the best practices for merging data outlined by Creswell and Plano Clark (2011).

PARTICIPANT RECRUITMENT AND ENROLLMENT

Youth in temporary or permanent managing conservatorship were eligible to enroll in the study if they were 14 years old or older; read English or Spanish well enough to complete a survey; and were not receiving emergency psychiatric treatment.

Participant recruitment occurred at child welfare courts that entered into a Research Agreement with the Texas Institute for Child & Family Wellbeing, at the University of Texas at Austin (UT). [Figure 2](#) shows the 15 child welfare judges in Texas who permitted participant recruitment at their court. Four of the participating courts offered specialty dockets for older youth in permanent managing conservatorship that strongly encouraged youth presence at court hearings. Research team members provided study information for youth and adults in the courtroom and/or judge's chamber. Flyers were distributed to youth and to adults who might want to share the information with an eligible youth

Figure 2: Recruitment for the Texas Youth Permanency Study



Youth who were attending court and were interested in participating were provided with a Participant ID number. They had the opportunity to access the survey electronically via an iPad provided by the research team for use within the courtroom. After opening the survey on the iPad, a video explained the study. Youth chose to assent or to decline participation after watching the video. They then completed the enrollment survey, which took about 20–30 minutes.

Youth who were NOT attending court or who did not have time to complete the survey during their court visit had the opportunity to participate in the survey on their own time. They were provided with study information and a Participant ID number to access the survey with a mobile phone, tablet, or computer.

The research team met with 225 youth at court and provided them with information about the study. Out of this group, 24 declined participation, 10 did not start the survey, and 7 did not complete the survey due to not having enough time at court.

The research team also disseminated study information to 46 adults involved with the youths' legal case, for example CASA, caseworkers, and attorneys. Thirteen youth who were not present in court enrolled on their own time and completed the survey.

Recruitment efforts from June 2019 through March 2020 resulted in a cohort of 197 youth enrolled in the study. Recruitment ended when the COVID-19 pandemic triggered the shutdown of schools, child welfare courts, and public gatherings.

DATA COLLECTION

All surveys were administered electronically via Qualtrics, compliant with ADA requirements, and designed to be mobile friendly. Surveys were available in English and Spanish. Data were exported and analyzed with SPSS version 26.

When youth completed the **Enrollment Survey**, they were asked for their contact information including their name, email, social media handles, and mobile phone number. They were also asked if the research team had permission to ask their judge, attorney, or CASA how to contact them or if they may pass a message to them. They had the opportunity to provide collateral contacts such as family members, caseworkers, or anyone who generally knew where the youth was living. Relaying any of this information was optional and did not exclude any youth from enrolling in the study. Youth received \$25 gift cards as an incentive after completing the Enrollment Survey.

The Enrollment Survey was repeated annually. In addition, **Quarterly Surveys** were designed to maintain contact with the youth and reduce attrition commonly associated with longitudinal studies. Survey invitations and links for quarterly and annual online surveys were mailed, emailed, texted, or shared via Instagram direct messaging. Within a 4-week window, outreach was first conducted by attempting to reach the participant directly, and then by using collateral contacts when available. The research team varied method and time of outreach to maximize opportunities for youth to respond.

Each time youth opened a survey, they were asked for their assent. If the youth reported that they had a new legal guardian, they were asked to provide that guardian's name and contact information. The youth was not able to continue with the survey until consent from the new legal guardian was obtained. Youth were then asked to update their contact information to maintain participation in the study. Incentives in the form of \$15 electronic gift cards were provided for completion of each quarterly survey. A \$25 electronic gift card was provided for completion of each annual survey.

Annual Phone Interviews were conducted approximately 6–9 months after enrollment, and again 18–21 months after enrollment. Participants were eligible for **Annual Interviews** if they had completed two quarterly surveys in the six months prior to the beginning of the interview window. Research staff reached out to all eligible participants. Interviews were scheduled based on the order of responses. The goal was to engage approximately 50% of eligible participants, which was deemed sufficient for qualitative data analysis.

Participants were asked for their assent and permission to have their interview audio-recorded. The researcher conducting these verbal interviews had lived experience in foster care. Feedback from participants suggested that they felt comfortable sharing

their experiences with someone who had similar experience. Participants received a \$25 electronic gift card for completion of each interview.

Table 1: Data Collection Timeline

	YEAR 1				YEAR 2				YEAR 3		
	1	2	3	4	5	6	7	8	9		
DATA COLLECTION TOOL											
Enrollment Survey											
Quarterly Surveys											
Annual Surveys											
Annual Interviews											

Table 2: Survey and Interview Topics and Timeline

TIMELINE	SURVEY OR INTERVIEW	TOPICS
Year 1/2/3	Enrollment/ Annual Surveys 1 and 2	Demographics
		Placement History
		Risk Behaviors
		Permanency Status
		Current Living Situation
		Quality of Relationship with Current Caregiver
Year 1	Annual Interview 1	Emotional Wellbeing
		Relational Permanency
		Independent Living Skills
		Education and Work
		School Connectedness
		Participation in Child Welfare Court
Year 2	Annual Interview 2	Knowledge of Healthy and Unhealthy Relationships
		Relationships with Caregivers
		Peer Relationships & School Connectedness
		Participation in Child Welfare Court & Placement Decisions
Year 1	Annual Interview 1	Impact of COVID-19
		Peer Relationships and Social Support
		Relationships with Birth Family
		Skills for Healthy Relationships
Year 2	Annual Interview 2	Important & Lasting Relationships
		Permanency Goals
		Planning for Transition out of Care
		Impact of COVID-19

Note: This Final Report focuses primarily on data from Enrollment and Annual Surveys 1 and 2, and Annual Interviews 1 and 2. The data from Quarterly Surveys are the focus of the Interim Report (Ball et al., 2021).

IMPACT OF COVID-19

The emergence of COVID-19 pandemic effectively ended the recruitment window for the study. Recruitment occurred from June 2019 to March 2020. We had anticipated to enroll 500 youth into the study, but ultimately were only able to enroll 197 youth. The smaller sample size impacted the statistical power for some of the planned analyses.

All Enrollment Surveys were completed prior to the onset of the pandemic. The Annual Survey 1 was collected between June 2020 and March 2021 and reflected the experiences of youth in the acute phase of the COVID-19 pandemic which entailed a nationwide lockdown, school closures, and social distancing. The Annual Survey 2 was collected between June 2021 and March 2022 and reflected the longer-term impact of the COVID-19 pandemic on youth and families.

In light of these unforeseen events, we pivoted and conducted in-depth annual interviews with youth to specifically explore the impact of COVID-19 on their placements, relationships, school, and work (see also Ball et al., 2021).

Research has shown that the pandemic had significant negative effects on the mental health of adolescents and young adults (e.g., Temple et al., 2022). Therefore, all of our findings need to be considered in the context of the pandemic.

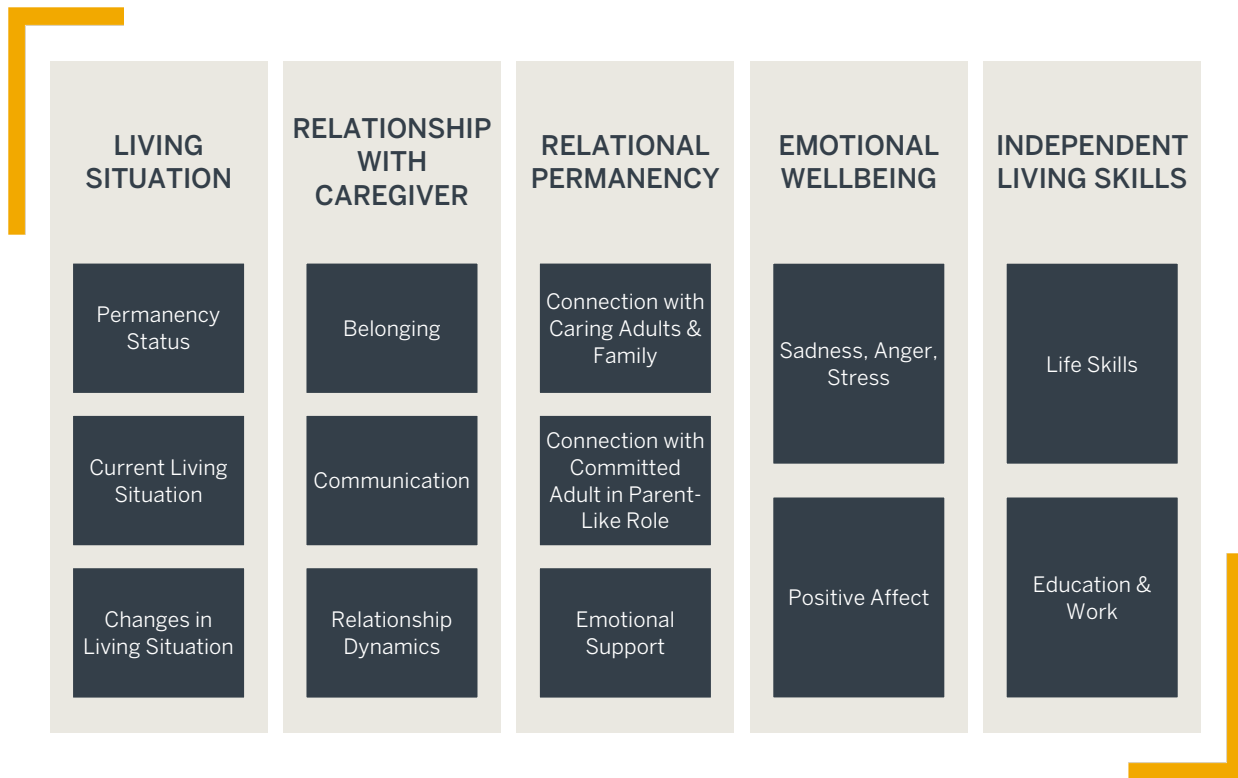
MEASURES

This section provides a detailed description of the quantitative and qualitative measures that are the basis of this report. Quantitative measures included in this analysis were administered in the Enrollment Survey that was repeated as Annual Survey in years 2 and 3 of the study. Qualitative measures were collected in Annual Phone Interviews in years 1 and 2 of the study.

QUANTITATIVE MEASURES

The **Enrollment Survey**, repeated as **Annual Survey** in years 2 and 3 of the study, included a comprehensive set of questions to assess the participants' (a) living situation and quality of relationships with caregivers; (b) relational permanency and support; (c) emotional wellbeing; and (c) independent living skills and educational attainment ([Figure 3](#)). The Enrollment Survey took about 20–30 minutes to complete. Measures are described in detail below. Information about means, median scores, and reliability is included where appropriate and based on data from the Enrollment Survey. All findings are discussed in detail the following chapters.

Figure 3: Overview of Quantitative Measures in Enrollment and Annual Surveys



Demographics and Placement History

Demographic Information: We collected information about age, ethnicity/race, gender, and sexual orientation.

Placement History: Questions included (1) age at first removal; (2) number of placements since they were first removed from home; (3) history of placement in congregate care settings (shelter with/without parents, juvenile detention center, residential treatment center, group home, psychiatric hospital, substance use disorder treatment); (4) history of reunification and adoption; and (5) history of running away.

Living Situation

Each survey began with questions about current living situation, placement changes, and permanency status.

Current Permanency Status: Youth reported whether they were currently (1) in foster care (including extended foster care); (2) adopted; (3) had a legal, permanent guardian; (4) were reunified with birth parent(s); or (5) had aged out and left foster care.

Living Situation: If youth indicated they were in foster care, they were prompted to specify whether they were living with a foster family or family member, in a group

home, residential treatment center, shelter, or juvenile detention center, or had another form of placement.

If youth indicated they were adopted, reunified, or had a permanent legal caregiver, they were prompted to specify whether they were currently living with that person or had another living arrangement.

If youth indicated they had aged out, they were prompted to specify whether they were living on their own, with friends or roommates, a partner, one or both birth parents, siblings, other relatives, or whether they were homeless.

Changes in Living Situation: In each survey after the initial Enrollment Survey, youth were asked whether their living situation had changed and how many times they had moved in the three months prior to the survey.

Relationship with Current Caregiver(s)

Sense of Belonging: We asked youth: *Do you feel a sense of belonging in your current home? Do you want this to be your permanent home? Given a choice would you prefer to live with different people?* Response options were *yes, no, and I prefer not to answer*. If youth indicated that they would prefer to live with different people, they were asked to specify with whom they would like to live.

Quality of Relationship with Closest Caregiver: Youth were prompted to nominate their closest caregiver and were asked: *How close do you feel to this caregiver? How much do you think your caregiver cares about you? How much do you think your caregiver respects your feelings and identity?* Response options were *not at all, a little bit, somewhat, quite a bit, a lot, I prefer not to answer*, and were scored from 0–4. $M = 3.52$; $SD = .789$; Cronbach's $\alpha = .780$.

Communication with Closest Caregiver: We asked youth whether they were communicating with their caregivers across several domains: about personal problems; school or work; things they were doing in school or at work; and dating and going out with friends. Response options were *yes, no, and I prefer not to answer*. Items were scored 0, 1. We created a summed score of the four domains of communication youth endorsed. The range was from 0 to 4 (endorsing none to all domains), $M = 3.09$; $SD = 1.128$.

Relationship Dynamics with Closest Caregiver: We used the Adolescent Attachment Questionnaire, a validated, brief assessment of attachment in adolescence (AAQ, West et al., 1998) to examine their perception of relationship dynamics with their closest caregiver. The assessment includes three subscales, each consisting of three questions. Response options were *strongly disagree, disagree, neutral, agree, strongly agree*, and *prefer not to answer* and were scored from 1–5.

- **Angry distress** (e.g., *I often feel angry with my caregiver without knowing why*), $M = 4.03$; $SD = .91$; Cronbach's $\alpha = .718$
- **Trust in caregiver availability** (e.g., *I'm confident that my caregiver will listen to me*), $M = 4.22$; $SD = .896$; Cronbach's $\alpha = .887$

- **Goal-directed partnerships** (e.g., *I enjoy helping my caregiver whenever I can*). $M = 4.299$; $SD = .768$; Cronbach's $\alpha = .850$

Relational Permanency

Sense of Connection with Caring Adults: The Youth Connections Scale (Center for Advanced Studies in Child Welfare, 2019) is designed to measure relational permanence of youth in foster care. For the present study, we included a subscale measuring the presence of caring adults who have made a commitment to ongoing, parent-like support. Prompts included: *While in foster care, you have connected or re-connected with relatives or caring adults who will support you throughout your life. An adult has made a commitment to provide a permanent, parent-like relationship to you. You feel very disconnected from any caring adults.* Response options were *strongly disagree, disagree, neutral, agree, strongly agree* and were scored from 0–4.

Emotional Support: A subscale on emotional support from the Medical Outcomes Study Social Support Survey (MOS, Moser et al., 2012) was selected to assess participants' sense of emotional support. The MOS has excellent reliability and construct validity and has been used with adolescent populations. Four items asked: *If you needed to, how often is someone available to turn to for suggestions about how to deal with a personal problem? who understands your problems? to love and make you feel wanted? to have a good time with?* Response options were *none of the time, a little of the time, some of the time, most of the time, a lot of the time, I prefer not to answer* and were scored from 0–4. $M = 2.77$; $SD = 1.081$; Cronbach's $\alpha = .886$.

Emotional Wellbeing

The **NIH Toolbox** (Health Measures, 2022) is a set of brief measures to assess multiple dimensions of functioning that have been nationally normed for ages 3–85. For this study we selected measures for emotional wellbeing (positive affect, sadness, anger, and perceived stress) that have been normed for ages 8–17. Response options for all scales are *rarely, sometimes, often, always* and *prefer not to answer* and are scored from 1–4. For each scale a sum is calculated. The NIH Toolbox provides instructions and tables for converting raw scores to *T*-scores. A *T*-score of 50 indicates the nationally normed average score.

- **Sadness.** Sadness was assessed with eight items, such as *I felt everything in my life went wrong. I felt unhappy. It was hard for me to have fun.* *T*-scores ranged from 34.1 to 80.2; $M = 55.29$; $SD = 10.89$. Cronbach's $\alpha = .936$
- **Anger.** Anger was assessed with five items, such as *I felt mad. I was so angry, I felt like yelling at somebody.* *T*-scores ranged from 31.5 to 80.3; $M = 52.08$; $SD = 11.18$. Cronbach's $\alpha = .895$.
- **Perceived Stress.** Stress was assessed with four items, such as *I felt that my problems kept piling up. I felt overwhelmed.* *T*-scores ranged from 39.50 to 78.40; $M = 59.61$; $SD = 8.55$. Cronbach's $\alpha = .852$.

- **Positive Affect.** Positive affect was assessed with five items, such as *I felt strong. I felt happy. I felt confident.* This scale was abbreviated and could therefore not be converted to *T*-scores. Cronbach's $\alpha = .850$.
- **Missing Data.** Since scores for these scales were summed prior to being converted into *T*-scores, all questions needed to be answered in order to produce valid *T*-scores. Some participants preferred not to answer specific questions. We determined whether they had answered at least 60% of the questions in one scale and then performed a median substitution. In the Enrollment Survey, median substitutions were performed for eight out of 197 participants on one or more subscales.

Risk Behaviors and Mental Health: We assessed for several risk behaviors and engagement in services: (1) juvenile justice involvement (probation), (2) substance use treatment, (3) mental health medication, and (4) counseling.

Independent Living Skills

Documents: Youth in foster care often do not have access to important documents that are essential for obtaining work, enrolling in college, or accessing resources. We asked youth whether they had a copy of their birth certificate, a social security card, a driver's license, a passport, or a state-issued photo ID in lieu of a driver's license or passport.

Participation in Preparation for Independent Living Program: We asked youth about participation in a preparation for independent living program, and whether they were feeling prepared or worried about living on their own.

Sexual Health: Questions assessed access to sexual health education and specific content (abstinence only, birth control methods, consent, healthy relationships). Additionally we asked about pregnancies ever, and in the past year.

Casey Life Skills Assessment: For this study, we selected seven items from the Life Skills Assessment (Casey Family Programs, n.d.) reflecting housing and money management; access to medical, dental, and sexual reproductive healthcare; and work.

Education and Work: In each quarterly and annual survey, we asked participants about their current educational level (grade level in middle or high school, drop out, working toward GED, high school diploma or GED, enrollment in college or technical school) and work experience.

QUALITATIVE MEASURES

Annual, semi-structured interviews were conducted on the phone. Interviews provided qualitative information to complement the survey data. Phone interviews ranged in length from 15 to 45 minutes and were recorded and transcribed. All identifying information was redacted from the transcripts. The following topics were explored in the Annual Interviews.

Interview Topics Annual Interview Year 1

- Impact of COVID-19 on living situation, relationships, school, and work
- Current living situation, relationship with caregivers, and long-term plans
- Experiences attending court and relationships with the adults involved in their legal case (judge, caseworker, attorney, CASA)
- Experiences at school and relationships with teachers, peers, and friends
- Relationships with members of their birth family
- Hopes and plans for the future

Interview Topics Annual Interview Year 2

- Reflection on the past year, challenges, successes, and impact of COVID-19
- Important and lasting relationships including length of relationship, frequency of contact, and formative experiences
- Legal permanency goal and participation in setting this goal
- Plan for transitioning out of foster care; readiness, support, living situation, and hopes for the future

DATA ANALYSIS

QUANTITATIVE DATA ANALYSIS

All surveys were completed in Qualtrics and downloaded into SPSS Statistics 26 for analysis.

In a first step, descriptive statistics were produced along with other relevant analyses such as cross tabulations of categorical measures and bivariate correlations.

In a second step, we investigated changes over time with mean comparisons for interval outcomes and categorical independent variables via paired t tests.

For multivariate analyses we used linear regression with interval outcomes and logistic regression with dichotomous dependent measures.

We had anticipated to develop models to identify factors that predict outcomes over time. However, the smaller than anticipated sample size—due to COVID ending recruitment early—impacted the statistical power for the analyses. In addition, without either a pre-pandemic control group or a matching control group of youth who were not in foster care, we were not able to clearly disentangle the impact of the pandemic from other unique challenges youth in foster care face as they master developmental tasks and transition to living independently. Therefore, we focused on developing

snapshots that describe the youth's living situation, relationships, independent living skills, and wellbeing while in care, and after transitioning out of care.

QUALITATIVE DATA ANALYSIS

All interviews were recorded and transcribed verbatim. The interviewer performed a quality check and removed identifying information.

An initial coding system was developed based on the primary research questions and transcripts were coded with Dedoose. Following best practices in Consensual Qualitative Research (Hill, Knox, & Thompson, 2005; Hill, 2012), each transcript was read and coded by two trained research assistants. Coding was reviewed by one of the principal investigators for consistency. In the iterative process, codes were clarified and revised to account for the range of experiences reported by participants.

Themes for each code were formulated by distilling participants' words into concise and clear phrases. Themes were first discussed for each case, and then analyzed across cases.

STUDY POPULATION

DEMOGRAPHICS, PLACEMENT HISTORY, AND RISK FACTORS REPORTED AT ENROLLMENT

DEMOGRAPHICS

Study participants were currently in foster care, either in temporary or permanent managing conservatorship. At Enrollment, youth were between 14 and 20 years old ($M = 16.5$ years, $SD = 1.40$). [Table 3](#) provides an overview of demographic characteristics of the sample at enrollment and at subsequent annual surveys. In the enrollment sample:

- 57% were Female, 39% were Male, 1.5% were Transgender or Other Gender, and 2.5% preferred not to answer;
- 17% identified as LGBTQ;
- 67% were Hispanic;
- 44% identified as White, 17% identified as African American, 17% identified as Multi-racial, and 18% preferred not to answer.

The majority of participants ($n = 154$; 78%) attended high school at the time of enrollment; 13% ($n = 26$) had completed a high school diploma or GED and half of them ($n = 12$) were currently enrolled in college.

CURRENT LIVING SITUATION

- The majority of participants were in foster care ($n = 159$; 80.7%) which included youth in extended foster care ($n = 10$).
- A small number of participants ($n = 28$; 13.7%) were in the process of attaining legal permanency at the time of enrollment: five youths were being adopted (2.5%), seven youths were being reunified with a birth parent (3.6%), and 15 youths lived with a legal permanent caregiver (7.6%).
- Four percent ($n = 8$) were about to emancipate and leave foster care.

PLACEMENT HISTORY

The participants' self-reported median age at first removal was 11 years old and the median number of placements was five. While 33% of participants reported three or fewer placements, 28% of participants reported having been in 10 or more placements. For this survey, the type of past placements was not further defined.

Table 4 provides a detailed description of the placement history. At the time of enrollment:

Figure 4: Age at First Removal Reported at Enrollment

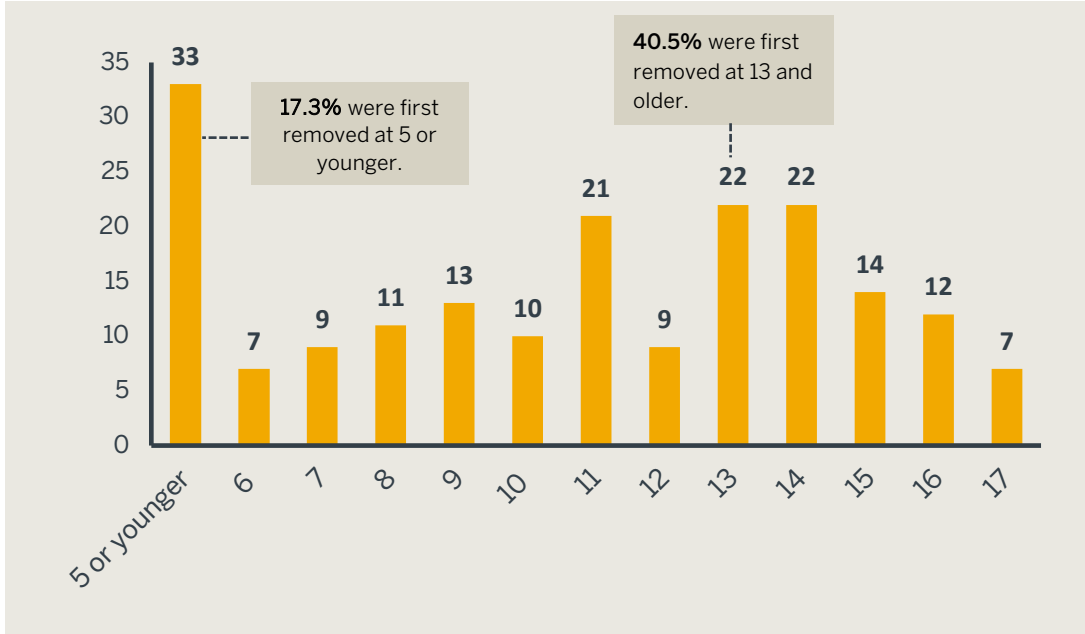
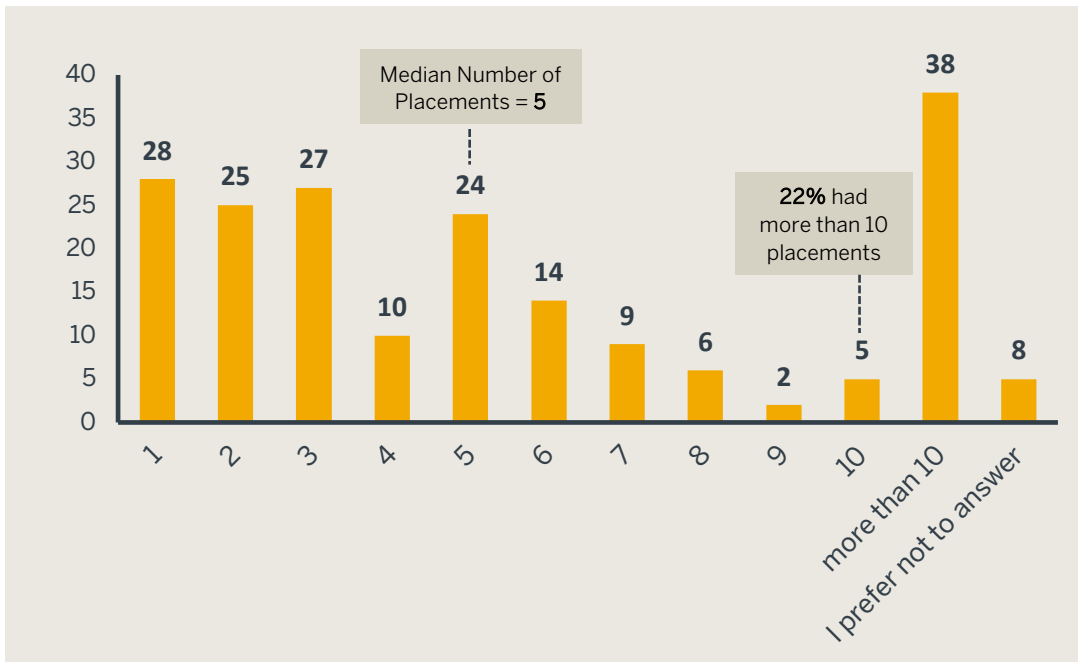


Figure 5: Number of Placements Reported at Enrollment (Placement Type Not Specified)



While only a small number of participants were about to attain legal permanency at the time of the enrollment survey, a significantly higher number of participants ($n = 95$; 48%) reported that they had ever been reunified and/or adopted. Out of these 95 youth, 87 (91.6%) reported post-permanency discontinuity. For a detailed analysis, see [Table 5](#).

- Of the 77 youths who reported “having ever been reunified,” only five listed their current permanency status as reunified: 51 were now in foster care (including five youths in extended care), four were now adopted, 11 had a legal, permanent caregiver, and six had emancipated from care.
- Of the 30 youths who reported “having ever been adopted,” only four listed their current permanency status as adopted: 21 were now in foster care (including one youth in extended care), two had a legal permanent caregiver, one was reunified with birth parents, and two emancipated from care.
- Ever adopted and ever reunified were not mutually exclusive. Twelve participants responded they were “ever adopted” and also “ever reunified”.

RISK BEHAVIORS AND MENTAL HEALTH

We asked participants at enrollment about several risk behaviors, including episodes of running away, juvenile justice involvement (ever been on probation), substance use (ever been in substance use treatment), and pregnancies. Additionally, we queried mental health concerns (current mental health services and mental health medication). [Table 6](#) provides a detailed overview.

Risk Behaviors

- About half of the participants ($n = 77$; 47%) reported none of the risk behaviors.
- Slightly less than half of the participants ($n = 86$; 45.5%) reported at least one episode of running away. Among reasons for running away, 42 youth reported running away to get away from caregivers, 29 reported having fights with caregivers, 22 reported running away for fun, 36 reported other reasons (categories were not mutually exclusive).
- One in five participants ($n = 39$; 19.8%) had ever been on probation, and
- One in six participants ($n = 33$; 16.8%) had ever been in substance use treatment.
- Odds ratios ([Table 7](#) and [Table 8](#)) suggested that participants who reported at least one episode of running away were 2.61 times more likely to have been on probation, and 8.14 times more likely to have been in substance use treatment, than those participants who reported no episodes of running away.
- Additionally, one in 10 participants ($n = 19$; 9.6%) reported that they had either been pregnant or gotten a partner pregnant.

Mental Health

- A majority of participants reported being currently in counseling ($n = 129$; 69.7%) and a significant number received mental health medication ($n = 78$; 43.3%). Typically, participants who received medication were also participating in counseling (85.9%).

ATTRITION

When designing this longitudinal study, we expected significant attrition over time due to the high mobility of participants and inconsistent access to phone and email. The study design, with quarterly outreach and surveys, was intended to minimize the expected attrition. Quarterly outreach occurred via text, phone, email, social media, and mail to provide links to subsequent quarterly and annual surveys.

As would be expected, we lost a significant number of participants at the first quarterly survey. However, the response rate stayed fairly consistent from Quarterly Survey 1 ($N = 115$) to Annual Survey 1 ($N = 98$) and Annual Survey 2 ($N = 88$). [Figure 6](#) shows the response rates from Enrollment Survey to Annual Survey 2.

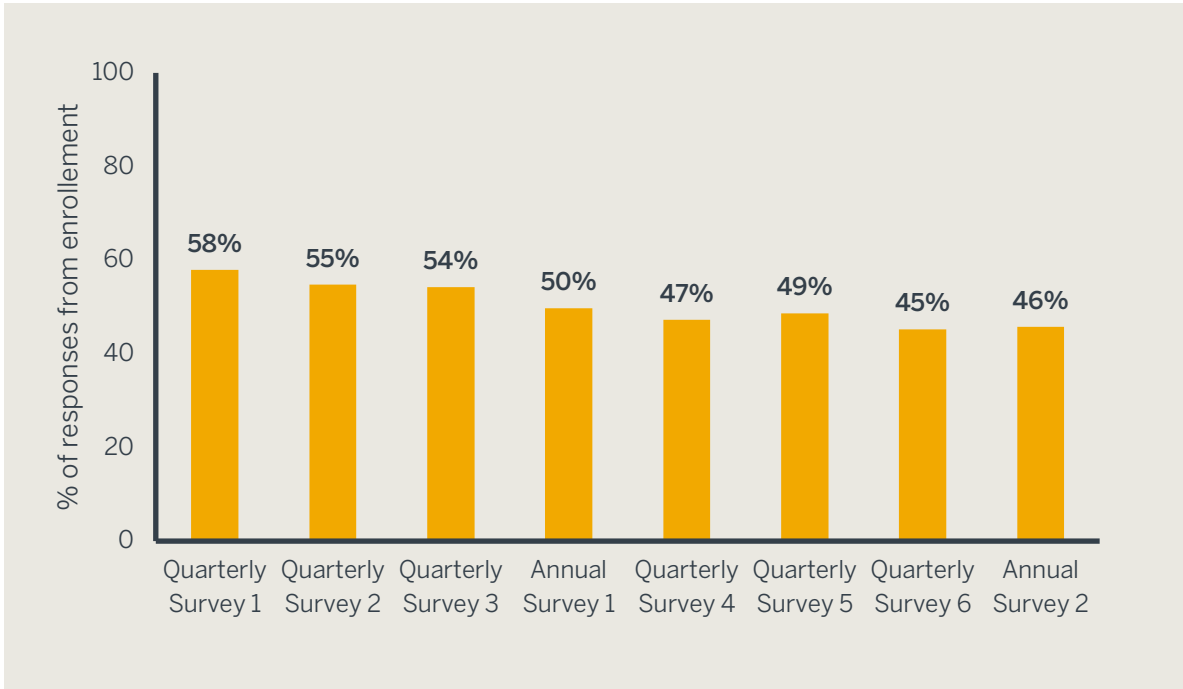
When conducting outreach to youth and inviting them to participate in quarterly surveys, we observed the following factors (listed in descending order of frequency) that were related to attrition:

- Incomplete or incorrect contact information
- Lack of collateral contact information (e.g., caseworker, family member, CASA, foster parent)
- Limited phone service or lack of personal phone
- Placement changes without further contact information, including running away and emancipating from care
- Placement restricting participant's access to phone, email, and social media
- Youth being non-responsive after contact was made
- Youth declining participation in follow up surveys

COVID-19 posed additional hurdles for quarterly outreach as the research team could no longer visit child welfare courts and check in with study participants in person during their court dates.

Conversely, we noted that the youth who we were able to connect with for the quarterly surveys began reaching out to us as they were waiting for new surveys or interview opportunities to open. Several of them expressed in interviews that they appreciated the opportunity to share their experience and insights.

Figure 6: Response Rates from Enrollment Survey to Annual Survey 2




Whenever significant attrition occurs, the main concern is that there is an attrition bias in the remaining sample. We conducted a logistic regression to compare participants who completed Annual Survey 1 (approximately one year after enrollment), respectively Annual Survey 2 (approximately two years after enrollment) and those who did not complete any Annual Surveys.

[Table 9](#) summarizes the results of two regression models that were performed for retention in Annual Survey 1 and for retention in Annual Survey 2. In the first model we entered demographic variables, and in the second model we added placement variables,

- Demographic variables (age, gender, sexual orientation, race and ethnicity) were not associated with completion of Annual Surveys one and two years later.
- Placement variables (number of placements; legal permanency status, history of running away, placement in congregate care, and wanting current living situation to be permanent) were not associated with completion of Annual Surveys one and two years later.

Based on these findings, it appears that youth who continued to engage in the study did not significantly differ in demographic variables and placement variables from those who were lost to attrition.

SUMMARY



I really like what y'all do. Because I know a lot people go through a lot of things while they're in CPS, and even having that support or having someone check in occasionally being like, 'How are you doing?' or 'I wanna hear how you're feeling about these certain things.' I know that not only me, but a lot of other people probably feel the same way.

– Interview Participant



Our work demonstrated that we could successfully recruit a cohort of youth in foster care through participating child welfare courts. The resulting sample consisted primarily of youth who were attending court and received information about the study directly from a member of the research team. Although study information was also distributed to adults involved with the legal case (e.g., caseworkers, CASA, attorneys), this indirect method of recruitment did not yield as many participants.

All youth in this sample had an open court case at time of enrollment and the majority reported being in foster care (81%). A small number of participants (14%) reported being in the process of attaining legal permanency through adoption, reunification, and legal guardianship.

As expected, there was significant attrition from enrollment to the first quarterly follow up survey. While enrollment primarily occurred in person in court, contact for subsequent surveys was made via text, phone, email, social media, and mail. In addition, COVID-19 temporarily halted our visits in court and precluded opportunities to meet participants in person and remind them about quarterly surveys. It appears that the shift from in-person contact for the enrollment survey to virtual contact for quarterly and annual surveys contributed to the drop in participation. Once youth participated in one quarterly survey, they tended to continue participating in subsequent surveys. Many youth reached out to us as they were waiting for new surveys to open up, and several expressed in interviews that they appreciated the opportunity to share their experience and insights.

Demographic variables (age, gender, sexual orientation, race and ethnicity), and placement variables (number of placements, history of running away, placement in congregate care, legal permanency status, and wanting current living situation to be permanent) were not associated with attrition.





**ESSENTIAL QUALITIES OF
POSITIVE RELATIONSHIPS
WITH CAREGIVERS:
NORMALCY, BELONGING AND A
SENSE OF FREEDOM**

INTRODUCTION

This chapter focuses on the participants' experiences while they were still in foster care (age $M = 16.5$ years). A minority of study participants were in the process of attaining legal permanency through adoption, reunification, or a legal permanent caregiver, while the majority were set to age out and were deciding whether to leave foster care at age 18 or stay in extended care.

Previous research has shown that positive and lasting relationships with caregivers are characterized by a sense of normalcy and agency in youths' lives; genuine support and guidance for mastering new life skills and developmental tasks; and a sense of belonging and emotional connection (Ball et al., 2019; Nybell, 2013; Pryce et al., 2017). Furthermore, Winokur, Holtan, and Batchelder (2018) found that children in kinship care placements experienced better well-being, less placement disruption, and fewer behavior and mental health problems than children in foster care. Although kinship placements may allow children and youth to feel more normalcy, support, and connection and lead to better permanency outcomes, older youth are less likely to be placed in kinship care (Jedwab, Xu, & Shaw, 2020). On the contrary, older youth are more likely to live in congregate care and have the highest rates of placement instability (Sattler, Font, & Gershoff, 2018).

The time just before exiting foster care is critical for building and strengthening relationships with caring adults who may continue to be a strong support during emerging adulthood. There is some evidence that the quality of relationships while in care may impact youths' ability to form and sustain supportive relationships when transitioning to living independently (Ball et al., 2019). As such this chapter offers a window into a critical time, when the participants were preparing for leaving foster care.

This chapter focuses on the following research 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?
 - a. To what extent do legal permanency, placement characteristics, and relationship with caregivers contribute to a sense of belonging and emotional wellbeing?
 - b. How does normalcy, the ability to participate in age-appropriate social, educational, and extracurricular activities, impact relationships with caregivers and emotional wellbeing?
2. How do youth describe positive relationships with their caregivers?
 - a. From their perspective, what caregiver and placement characteristics contribute to a sense of wellbeing and belonging?
 - b. What are the youths' plans for transitioning out of foster care?
 - c. To what extent do they expect to stay connected with their caregivers?

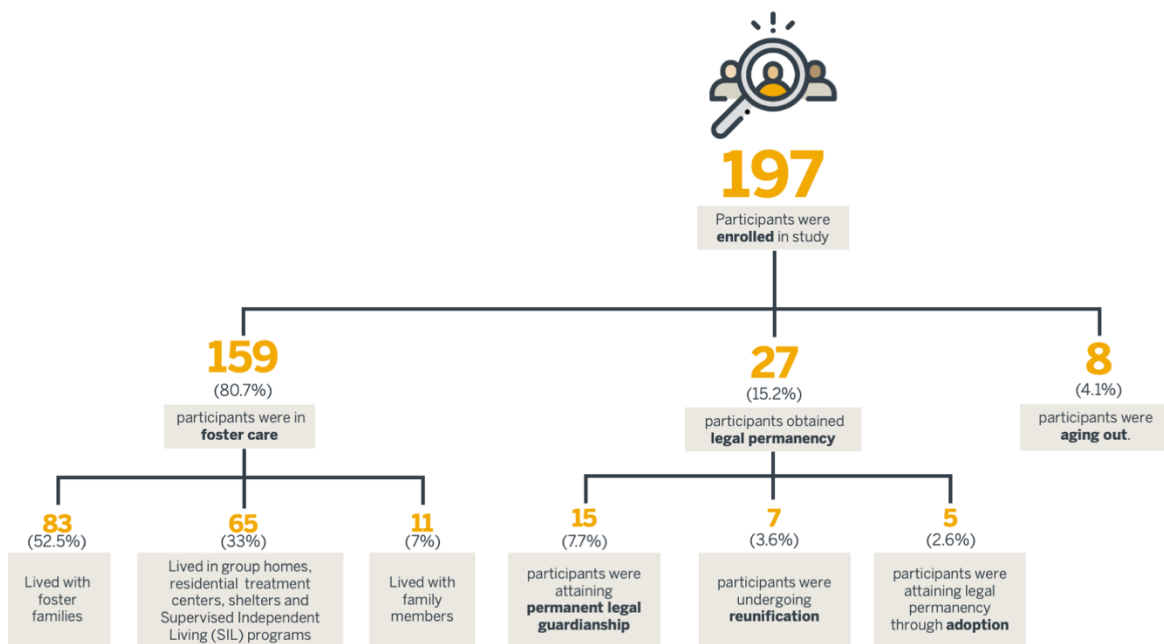
FINDINGS

QUANTITATIVE FINDINGS

CURRENT PLACEMENT

The study population represented youth in foster care (age $M = 16.5$ years) with diverse placement histories and experiences. [Table 4](#) provides a detailed description of their placement history. At the time of enrollment all youth had an open court case.

Figure 7: Youth Participant Current Placement at Time of Enrollment:



SENSE OF BELONGING

A majority of youth ($n = 142, 72.4\%$), reported feeling a sense of belonging in their current living situation, while 13.3% ($n = 26$) did not feel a sense of belonging, and 14.3% ($n = 28$) preferred not to answer the question.

- Of all youth, 41.3% ($n = 81$) wanted their current living situation to be permanent, a lower percentage than those indicating a sense of belonging which most likely reflected their future plans for transitioning out of care.
- Over a quarter ($n = 51, 26\%$) of youth wanted their living situation to be different. They preferred living with people their own age (i.e., siblings, partners, friends) rather than parental figures:
 - Siblings ($n = 34$)

- Partner/boyfriend/ girlfriend ($n = 28$)
- Friends ($n = 27$)
- Birth mother ($n = 25$)
- Other relatives ($n = 22$)
- Aunt/uncle ($n = 20$)
- Grandparents ($n = 18$)
- Former foster parent ($n = 15$)
- Birth father ($n = 12$)
- Stepparents ($n = 7$).

Youth living in group homes, residential treatment centers, and shelters more often voiced that they wanted a different placement than youth living with foster families, family members, or in Supervised Independent Living (SIL) or Transitional Living (TLP) Programs.

- Among youth living in group homes, 46% wanted a different living situation; among youth in residential treatment centers, 55% wanted a different living situation; and among youth in shelter, 63% wanted a different living situation.
- In comparison, only 24% of youth living with a foster family and 20% of youth living with a family member said they would prefer a different living situation.

CONNECTION WITH CAREGIVERS

Participants were asked to think about the caregivers they were currently living with and to identify the caregiver they felt closest to. Subsequent questions asked about their sense of connection with this caregiver, communication, shared activities, and relationship dynamics.

- Out of the sample of 197 youth, 143 participants identified a caregiver, 16 participants stated they did not have a caregiver, and 38 participants preferred not to answer. The subgroup of youth who preferred not to identify a caregiver may have experienced ambiguity or discomfort with the questions. These missing data may contribute to skewing findings toward more positive experiences.
- We did not collect any data on the length of the relationship with this specific caregiver.
 - The most frequently identified closest caregivers were foster mother ($n = 61$; 31.1%), followed by female relative ($n = 19$; 11.9%), and birth mother ($n = 15$; 7.7%). Other choices included foster fathers, adoptive parents, birth fathers, stepparents, legal guardians, group home parents, and residential treatment center house parents.
 - Participants reported **high levels of connection** with this caregiver, on a scale comprised of questions about feeling close, feeling cared for, and feeling respected. The range was from .00–4.00, $M = 3.52$, $SD = .789$.
 - Participants also reported **high levels of communication** with this caregiver. The majority reported talking about school or work (90%) and things they were doing in

school or at work (80%). Somewhat fewer participants reported talking about a personal problem (77%) or about dating and going out (67%). We created a summed score of the four areas of communication. The range was from 0–4, $M = 3.09$; $SD = 1.128$.

- An analysis of Bivariate Correlations among these variables showed that the **strength of the connection with the caregiver was significantly correlated with communication** ($r = .231$; $p = .006$).
- We developed a Logistic Regression Model to examine factors that may contribute to a sense of belonging. In Block 1, we entered demographic factors (age, ethnicity, race, gender, sexual orientation); in Block 2 we added placement factors (permanency status, family placement vs. congregate care), and in Block 3 we entered caregiver connection. The results of the model are presented in [Table 10](#) and summarized below.
 - Demographic variables were not associated with a sense of belonging.
 - Contrary to expectations, placement variables—including permanency status—were not associated with a sense of belonging.
 - Youth who reported being in the process of attaining legal permanency did not differ from youth without legal permanency regarding their sense of belonging in their current living situation.
 - Youth who were living in a family (relative or non-relative foster family, adoptive family, birth family, permanent legal guardian) did not differ from youth living in congregate care regarding their sense of belonging.
 - However, the strengths of the caregiver connection had a strong positive association with a sense of belonging while holding the other variables constant.

RELATIONSHIP DYNAMICS WITH CAREGIVERS

In a next step, we used the Adolescent Attachment Questionnaire, a validated, brief assessment of attachment in adolescence (AAQ, West et al., 1998), to examine the participants' perception of relationship dynamics with their caregiver. The assessment includes three subscales, each consisting of three questions. Response options were *strongly disagree*, *disagree*, *neutral*, *agree*, *strongly agree*, and *prefer not to answer* and were scored from 1–5.

- Available/confident attachment: A caregiver's availability and responsiveness to the emotional and instrumental support needs of a child is essential for dealing with stress and anxiety. This subscale measures the extent to which the youth has confidence that the caregiver is reliably accessible and responsive to their needs.
- Angry/distressed attachment: This subscale taps into perceptions that a caregiver is not available. An inaccessible and unresponsive caregiver increases distress and hostility.

- Mutual goal directed partnership: The third subscale assesses the extent to which the youth considers and has empathy for the needs and feelings of their caregiver.

In line with previously discussed findings that indicated high levels of belonging and strong connections with caregivers in our study sample, we found that:

- Participants endorsed relationship patterns that were characterized by confidence that their caregiver was available to them and that indicated a mutual partnership.
- Participants reported low levels of angry and distressed relationship patterns.

These positive findings are noteworthy given the prevalence of adverse experiences, including trauma and loss, among youth in foster care that may limit youths' ability to trust in caregivers. For details see [Table 12](#). We found no associations between participants' placement history (age at first removal, number of placements, history of running away) and their current relationship patterns.

We then examined bivariate correlations of attachment styles with engagement in activities with caregivers, communication with caregivers, and a sense of belonging. For details see [Table 13](#).

- As expected, confidence in the caregiver's availability was significantly and positively associated with a sense of connection, communication, and belonging.
- Angry and distressed relationship dynamics were significantly and negatively associated with caregiver connection.

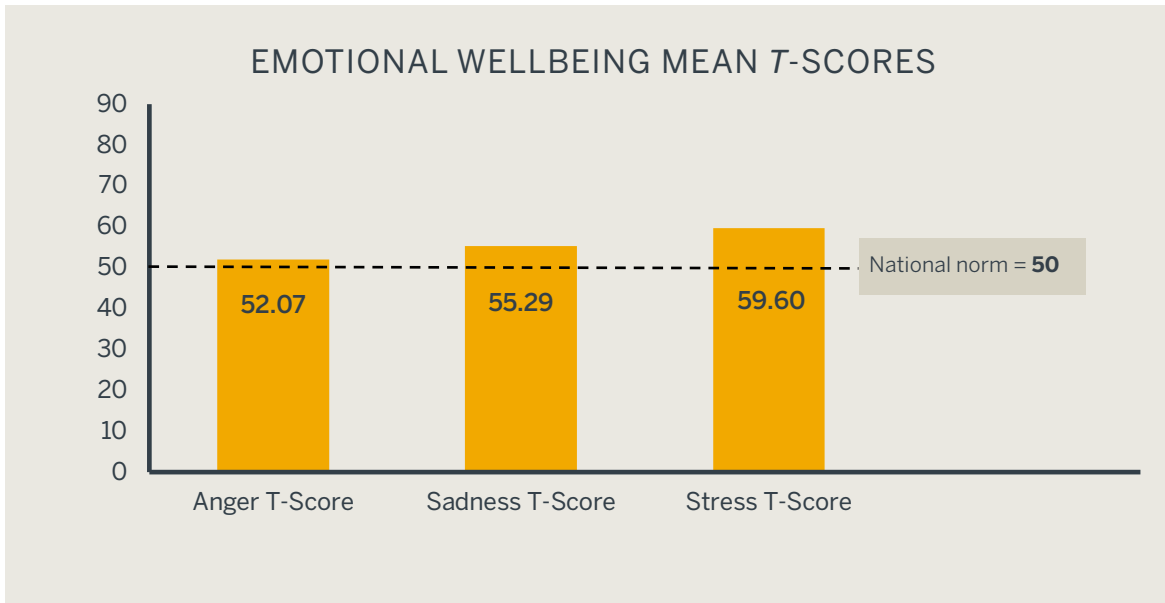
EMOTIONAL WELLBEING

Available research consistently identifies the importance of relationship experiences, and specifically attachment patterns, for emotional wellbeing (for a summary see West et al., 1998). Therefore, this next section examines the association of belonging, connectedness with caregivers, and attachment patterns with measures of emotional wellbeing.

Emotional Wellbeing measures were based on the NIH Toolbox (Health Measures, 2022), a set of brief measures to assess multiple dimensions of functioning that have been nationally normed. We selected measures for positive affect, sadness, anger, and perceived stress that have been normed for ages 8–17. For each scale a sum was calculated. Scales for sadness, anger, and perceived stress were converted to *T*-scores. A *T*-score of 50 indicates the nationally normed average score.

The overview of emotional wellbeing measures in Figure 8 shows that average scores for anger, sadness, and stress were elevated in the study population.

Figure 8: Emotional Wellbeing Reported at Enrollment



Scores that are 10 *T*-score units above the nationally normed average score are considered significant and “may warrant heightened surveillance and concern” (Health Measures, 2021).

- 27.4% of youth had *T*-scores of 60 and higher on the scale for anger
- 35.4% of youth had *T*-scores of 60 and higher on the scale for sadness
- 49.7% of youth had *T*-scores of 60 and higher on the scale for perceived stress

We developed Multiple Regression Models to examine variables that may be associated with emotional wellbeing. In Block 1, we entered demographic variables (age, ethnicity, race, gender, and sexual orientation); in Block 2, we entered placement variables (permanency status, family vs. congregate care placement); and in Block 3, we entered attachment variables (angry/distressed; available/confident; mutual partnership). The results are described in detail in [Tables 14 - 17](#). The models explained between 18% and 34% of the variance in emotional wellbeing.

Permanency status and placement type (family vs. congregate care) were not significantly associated with emotional wellbeing variables.

Anger, Sadness, and Stress

- Participants who reported higher levels of anger and distress in the relationship with their caregiver also reported overall higher levels of anger, sadness, and stress when controlling for the other variables.
- Participants who reported a sexual orientation other than straight reported higher levels of anger, sadness, and stress when controlling for the other variables.

- Female participants reported higher levels of stress than participants of other genders. However, this effect disappeared when attachment variables were entered into the model.

Positive Affect

- Hispanic participants reported higher levels of positive affect when controlling for the other variables.
- Participants who experienced their caregivers as available and responsive reported higher levels of positive affect when controlling for the other variables.

Taken together, these findings demonstrate the critical role of strong connections with caregivers and confidence in their availability and responsiveness for a sense of belonging and emotional wellbeing.

DESIRE TO STAY IN CURRENT PLACEMENT

As noted earlier, while 72.4% of participants reported a sense of belonging in their current placement, only 41.3% wanted the placement to be permanent. This finding may be reflective of their age and their plans for transitioning out of foster care.

As expected, the participants' self-reported living situation from Enrollment Survey to Annual Survey 1 changed. For youth with data on living situation at both Enrollment and Annual Survey 1 ($n = 98$):

- Out of 80 youth who were in foster care at Enrollment, one year later
 - 45 youth (56.3%) were still in care
 - 20 youth (25%) had aged out of the system
 - 15 (18.8%) had achieved legal permanency through adoption, reunification, or permanent legal guardianship

QUALITATIVE FINDINGS

We designed the interviews to gain a deeper understanding of the participants' thoughts about their placements and their plans for transitioning out of foster care. Specifically, we wanted to learn from the participants what placement characteristics contribute to a sense of belonging, how they experience the relationships with their caregivers, and whether they intend to stay connected to caregivers over the long-term.

Fifty-four participants, or 55% of the active sample at the Annual 1 Survey, were interviewed about 180–270 days after enrollment. Interviews were conducted in early summer of 2020 and reflected the height of the COVID-19 pandemic when lockdowns and social distancing measures were in effect. Interviews were conducted over the phone and lasted between 20–45 minutes.

Semi-structured interviews were guided by the following questions:

1. Tell me a bit about where you are currently living.
 - a. Are you in foster care (relative or non-relative), adopted, reunified with your birth family, or living with a permanent legal guardian?
 - b. Who are you living with and how long have you been living in this home/placement?
 - c. What are some things that you like about the current placement? What are some things that you wished could be different?
 - d. How has COVID-19 affected you?
2. How would you describe your relationship with your caregiver(s)?
 - a. How has this relationship developed or changed over time?
 - b. In which ways do you feel supported? Or not supported?
 - c. Some disagreements are normal when people are living together. How do you resolve disagreements with your caregivers?
 - d. Do you feel a sense of belonging in this home/placement? Can you describe why or why not?
3. Is your current placement a place where you hope to stay long-term?
 - a. If yes, can you share why? If no, who would you prefer to live with and why?

Note: Pseudonyms are assigned in the presentation of findings.

“SUPPORT, BELONGING, AND FREEDOM” – ESSENTIAL ATTRIBUTES OF A POSITIVE LIVING SITUATION

The first set of questions served to get a better sense of the participants' living situation, including their permanency status and time in their current placement.

Interview participants included youth who had been in the same living situation for two or more years, as well as youth who had very recent changes in their living situation. For example, one of the participants had been living with the same foster family for 13 years, while another had moved in with a previous mentor just two weeks prior.

Table 18: Cross Tabulation – Time in Current Living Situation by Type of Living Situation (Annual Interview I)

TIME IN CURRENT LIVING SITUATION	TYPE OF LIVING SITUATION					TOTAL (N=54)
	Foster Care			Aged Out	Legal Permanency	
	Foster Family	Kinship Placement	Congregate Care			
Less than 3 months	3	2	2	5		12
3–9 months	5		2	5	1 Adopted	13
9 months–2 years	5	3	4		1 Reunified	13
More than 2 years	11	2	1		1 Adopted 1 Permanent Guardian	16

Our first set of questions aimed to get a general sense of whether participants liked their current placement, what they liked best, and what, if anything, they would like to change.

In line with the survey responses, the majority of participants ($n = 34$) explicitly stated that they liked their current placement and felt a sense of belonging. Only a minority ($n = 12$) stated that they disliked some aspects of their placement or felt stressed about it. Participants described important placement attributes—support, sense of belonging, and freedom—that determined how they felt about their current living situation. [Table 19](#) provides an overview of themes that will be further analyzed and described in the following sections.

Table 19: Positive and Negative Attributes of Current Living Situation (Annual Interview I)

LIVING SITUATION	
Commonly Cited Positive Attributes	Commonly Cited Negative/Stressful Attributes
<p>Support for Age-Appropriate Activities (16 responses)</p> <p>“Really my dad’s teaching me a lot. He’s teaching me a lot. That’s what I like about it. I never had this experience before. It’s teaching me how to be a young adult.” (Chris; adopted, 3–9 months)</p>	<p>Not Feeling Heard (2 responses)</p> <p>“When I talk about my feelings with these people, I’m afraid of getting in trouble. I feel like they don’t understand what I’m saying and don’t wanna understand what I’m saying.” (Terry; living in group home, 9 months–2 years)</p>
<p>Belonging (16 responses)</p> <p>“I feel like I’m part of something which is the first time I ever felt that in my entire life. I don’t have to live in a place where I’m expecting something to happen, everything’s just fine, it’s just stable.” (Kaylee; foster family, extended care, 3–9 months)</p>	<p>Limited Trust (3 responses)</p> <p>“We kind of don’t have really much of a relationship because I stay closed off to myself.” (Yolanda; foster family, more than 2 years)</p>
<p>Freedom (13 responses)</p> <p>“I mean, what do I like most? It’s really laid back. I can go hang out with friends when I want or go out and chill with my girlfriend.” (Randy, foster family, more than 2 years)</p>	<p>Placement Rules (9 responses)</p> <p>“So, they don’t let you do what you want. And they won’t let you learn from your mistakes. They prefer you to learn by what they telling you. I live under their roof, and their rules are their rules.” (Jada; foster family, extended care, 9 months–2 years)</p>

Support

The majority of participants pointed to “feeling supported” in their current placements when describing what they liked about it. Their description of support resonated with the definition of confident attachment: trust that caregivers are available and responsive.

For some participants, support meant not having to worry about basic needs like shelter, food, and transportation, which helped them focus on school and work.

“Like given a shelter, food, like making sure I’m on task like with school and stuff because they’re very on it when it comes to school. So, I feel like they help me in that way.” (Jose)

“I don’t have to worry about anything. I know everything’s taken care of. Like, if I need a ride somewhere, transportation, food.” (Diana)

For other participants, support meant being with caregivers who “help with everything that I need” (James), who support their extracurricular pursuits, or help problem solve so “I can grow up, so I can get my stuff right” (Elias). More specifically, some participants described that their caregivers helped them with learning important skills for adulthood.

“Anything I want to do, they’re always 100% behind me and they’ll try to connect me with people. If I say I want to talk to this person, they’ll be like, ‘Okay, we can make that happen.’” (Nathan)

“Whenever I need things, they’re there. They’re okay with helping me out with figuring things out with getting a job and school stuff and savings and they’re really supportive of the things I want to do. They try to do research and help me out when I’m trying to figure certain things out about my future.” (Alejandra)

“She helps me with real life situations. She helps me getting into college. She’s helping me get through life and teaching me how adulthood is gonna be.” (Angela)

On the flipside, some youth were in placements where they felt they were lacking support outside of having a roof over their head. Terry, who lived in a residential treatment center, described that she had to advocate for herself to get her needs met. “I do get a lot more of the care that I need, but only because I ask for it and bother them about it,” she said. Terry also felt like she was not really heard and understood which contributed to stress and isolation: “It’s upsetting sometimes when people don’t listen to what I have to say.”

Randy described how the foster parents were always busy: “Sometimes when I have very serious problems, nobody really listens. So, I kinda just sit alone in my room.” When support was unavailable or caregivers were not listening or responding, the youths’ experiences exemplified distressed and angry attachment as discussed above.

Belonging

The majority of youth affirmed that they felt a sense of belonging in their current placement. They described it as “liking the family,” “feeling like I can be myself,” “feeling at home,” and having a sense of stability and safety.

For youth in non-relative foster homes, being part of the family meant being treated the same as biological children, trusting that caregivers would be supportive, and feeling secure in the relationship.

"I just like the way they treat me and how I treat them and they show their love for me and I show my love for them." (Jaime, foster family; 3 – 9 months)

"It's like a family. They're really involved. It's a really good home. Because whenever their family is around, they treat us the same way that they treat their own kids and children. They don't use our situation to treat us differently." (Julie, foster family, five years)

Youth who had recently moved in with relatives emphasized the difference of being with their own family and reconnecting with people who they had known all their lives.

"I like that—because it's my family—there's not alarms on the doors and locks on the fridge and things like that—things that foster care shelters have. It's a home if that makes sense." (Elena)

"Here I have my actual family, my cousins and all that. I mean, it's great. And I can see my other family members, my other cousins and it's really fun to play with them. I'm really—really close to them." (Guillermo)

On the other hand, a small number of youth struggled in their placements and described "staying closed off" or feeling "not comfortable enough to talk about my daily life." One participant stated that "communication and trust is not there." Jose described how foster caregivers provided for basic needs, but "weren't up for all the other stuff" a parent would do.

*"I would just say the **communication and trust is not there**. I feel like I really don't have someone to talk to. They'll be like the last person I go to. We don't talk a lot or like we don't really socialize as much. It's kind of like they're there, and I'm here, and then, that's pretty much it. They weren't like up for the part for all the other stuff. You know what I mean?" (Jose)*

Sense of Freedom

Another theme that came up frequently was "freedom"—an aspect of relationships that we had not explored in survey questions. When asked about their current placement and what they liked about it, many participants cited the freedom to eat and go to bed when they felt like it, the freedom to meet with friends, and the freedom to get a job. In many ways they likened this freedom to being treated like any other child their age. They also contrasted their current sense of freedom with prior experiences in restrictive congregate care settings.

"I guess that I have more freedom because I've always been in [residential treatment centers] and you don't have any freedom. You cannot have your own cellphone. You eat at certain times and you eat what they make most times and it's really strict. It's only been two weeks [in this new placement] but we have not had an argument. She lets me do things like a teenager should be doing. So, we're doing good, we're close." (Katrina)

“I have the ability now to actually go in the kitchen and eat what I want to, take a shower when I want to. I really enjoy that it is like a family situation. I feel like it’s a lot more better for my mental health.” (Angela)

“Where I’m living it’s like it’s a good place, man. I just feel comfortable in here. I like that I can get a job and I can finish my GED or stuff like that. I’m free to do whatever I want, just don’t do stuff like drugs or stuff like that.” (Elias)

“Well, what I like most is that I’m able to be who I want. They really respect me here. Whenever I need my personal space, they understand and stuff. I don’t have to tell them.” (Nicole)

Conversely, participants reported conflicts and stress in current placements that restricted their freedom and their need for privacy. While they understood the need for rules, they also described how their caregivers being “overprotective” led to frustration and conflicts. Some of these restrictions were keenly felt by youth who had turned 18 and were still being monitored by their foster parents.

“So, they don’t let you do what you want. And they won’t let you learn from your mistakes. They prefer you to learn by what they telling you. I have an app that they can see everything I do, everything I write. They can hear my calls. I live under their roof, and their rules are their rules. (Jade; foster family, extended care, 9 months - 2 years)

“If I try to do something different, she [foster parent] kind of like gets annoyed with it. Like if I get a new job interview or something, she kind of gets annoyed. I don’t know why. I have a kind of freedom, but I really don’t have really normal freedom like as in having a boyfriend or anything.” (Yolanda)

“FEELING HEARD AND FEELING LIKE FAMILY” – DEVELOPING STRONG CONNECTIONS WITH CAREGIVERS

We wanted to get a better understanding of the dynamics of relationships with caregivers and asked youth to reflect on how relationships with caregivers had developed over time.

Feeling Heard and Acknowledging Different Perspectives

Open communication was one of themes mentioned most often when youth described positive relationships with caregivers, thus supporting the survey findings that were discussed earlier. Several youth mentioned that open communication—and especially feeling like they were being heard—was a new experience, something their birth parents had not been able to provide, and something they were not used to.

“They listen, they acknowledge me, and they actually care, which is not something that my actual parents have ever shown towards me. Honestly, it was never difficult to have a good relationship with them, it was pretty good from the beginning. They’re very easy to talk to and very easygoing, so I guess

it just kind of progressively got better.” (Kaylee, aged out but living with foster parents, 3–9 months)

Participants also described the importance of being heard when there was a conflict or a problem to work through. They described dialogue and acknowledging different perspectives as a way of coming to a “fair agreement.”

“He kind of supports me in all the ways. Like, he wants me to make the right decisions. And he always tells me that the only way that he won’t support me is when I make the wrong decisions. So, any feedback, he has no problem giving it to me. He has no problem telling me his point of view on things. If I need help with something, or if I don’t understand something, or if he saw something that I didn’t see. We talk, like, we’ll sit at the table, and he’ll catch me when I’m coming out of my room, and he’ll just tell me whatever it is, and we’ll just dialogue for a little bit. I give him my side of whatever it was, and then it’s like, okay, well, we come to an agreement.” (Diana, family member, less than 3 months)

“Well, my foster father, he is very fond of having sit-down conversations in the dining room. And usually, he’ll just have everyone that was a part of it, sit down and explain their side [of the conflict]. And so, he will just bring us in there and have us both explain what happened, and then just work things out from there.” (Tanya, foster family, 9 months–2 years)

Feeling Like Family

Participants defined “feeling close” as feeling like “a real family.” As Elias noted, “I feel like she’s my real mom. I don’t feel like I’m in a foster home.” Participants described being “treated like one of [the family’s] own children” (Daniel) and “fitting right in” (Nathan).

Participants associated “feeling close” with being able to talk to caregivers about anything without fear, holding back, or feeling judged. This experience was mutual—that is, the caregivers were also perceived as open, honest, and trusting.

“I think we have a healthy relationship. We both trust each other enough to tell each other the truth about things and how we feel. I basically tell her everything. There’s not much that I keep from her. I’m just a very honest person, and she is too. So, that’s why we just get along so well. But I think our relationship’s pretty good. I know that she knows that I trust her a lot, and she knows I tell her everything.” (Angela, foster family, 3–9 months)

“We have a really close relationship. We could tell each other anything without us having to be afraid or anything.” (Nicole; foster family, more than 2 years)

Many participants described that it took time—in some cases several years—to develop the trust and confidence to share personal experiences that they enjoyed now. Some youth expressed feeling closer to their foster caregivers than they ever had with their birth parents.

“At the beginning I didn't wanna open up to anyone, until she started showing me that I don't have to be afraid of her or anything, that I could trust her. And so, that's whenever everything started. And in the second year, we started getting more and more closer.” (Nicole, foster family, more than 2 years)

“The four years I've been living with my aunt and uncle, who are the people adopting me, has been more of a normal, stable household than the 12 years I lived with my real parents. My life has drastically improved, for sure, since I've been with my aunt and uncle, my mom and dad now.” (Evelyn, kinship placement, more than 2 years)

“I feel more close to them than my birth mom. I know I can trust them, and I know I could like tell them anything, and they won't like judge. They make me feel like a family because, like if we decide to go somewhere, they include me on the decisions, like they ask me my opinion. I feel more like in a family with them than my birth mom.” (Nancy, foster family, more than 2 years)

The most frequently cited barrier to feeling close and feeling like family were favoritism to biological children, including feeling blamed for being a negative influence on biological children or having to do chores when biological children don't.

“Their kids don't work or do anything. They just like play games all the time, and like when I'm on my phone, they start yelling at me because I'm on my phone. And I'm like what the hell. Why are you yelling at me for? And like any single cuss words that I say, if I'm not even saying it towards them, and I'm just saying it in a sentence like oh, my work was fucking bad, and they're like don't cuss. But their kids are like playing games and they're cussing a lot.” (Jose, foster family, 3–9 months)

Working Through Problems

Participants provided important reflections on how they arrived at their current positive and close relationships with their caregivers. It seemed easy for some participants, as they shared that their caregivers were very easy to talk to and made them comfortable from the start. For others the road was rocky. Miguel acknowledged that his “behavior and bad attitude” were a problem and he had to change and mature. “Now I'm doing things I'd never done before, like I help my mom out and stuff. I changed. I matured,” he said. Another participant (Joe) acknowledged that he had a pattern of getting himself kicked out of placements.

“It was because I've been so used to it that it was just instinct for me. It just happened. I'd actually start screwing myself over within a good couple of weeks, months, of being there. And it would just go horribly wrong, and I'd leave. I'd say I've gotten more mature. I worry a lot less than I used to. A lot more secure than I was. I'm become more attached, I guess you could say.” (Joe, aged out less than 3 months ago and returned to foster family)

After having to leave his foster placement during a crisis, Jose was given a second chance and succeeded in staying until he aged out. Most importantly, the foster

parents continue to support him and he was able to return to the family when he lost his job during COVID-19.

Several participants mentioned that they did not know what a parent-child relationship was supposed to look like and that they were not used to having parents and family. Elena described the process of building a relationship, moving through a rebellious phase, and learning what it means to have parents.

“So, for the first couple of years, it was really hard to talk to them because I didn’t know them as well and so it was hard to talk to them. But now that I’ve lived with them for so long and have the stability with them I can talk to them about anything and everything and they’re my family.

It’s still kind of not necessarily awkward, but I had never had a relationship with my parents—my birth parents—in general. So, it was hard for me to see my aunt and uncle as parents because I’d never had a relationship with my parents. So, I really didn’t understand the parent-child role. So, that was kind of hard to overcome, but we’re getting there.” (Elena, family member, more than 2 years)

While the majority of participants in interviews felt positive about their placement, for some youth placements were becoming increasingly stressful. Jose described a placement that was slowly breaking apart because Jose didn’t feel welcomed and appreciated.

“It’s slowly gotten worse. When I first got there, I was really joyful and trying to do stuff, and always wanting to like interact with them like in a friendly way. And then, they didn’t really like that. They said they didn’t really like that personality that I bring because they grew up differently. They’re kind of like very professional. So, like being joyful and being goofy isn’t really in their nature. So, over time, it just worsened because they would see me like this dumb kid. They didn’t think like I had a brain because I wasn’t saying the vocabulary. I don’t feel welcomed. That’s hard. They don’t really know me like as a person or like what I like, or what kind of family I still have. They haven’t asked that.” (Jose; foster family, 3–9 months)

“NO ONE STAYS WITH THEIR PARENTS THEIR WHOLE LIFE”– PLANS FOR TRANSITIONING OUT OF CARE

We wanted to better understand the youths’ long-term plans for transitioning out of foster care. Given that so many of them stated that they liked their current living situation and felt a sense of belonging, we wondered whether they were planning to stay connected with their current caregivers.

The majority of participants ($n = 36$) affirmed that they wanted to stay with their current caregivers or stay connected once they were leaving foster care. Only four interview participants intended to leave foster care without keeping in contact with current caregivers. As expected, these were the participants who were most distressed about their current living situation.

“No One Stays with Their Parents Their Whole Life.”

However, regardless of their sense of belonging with current caregivers, a large group of youth were planning to leave care as soon as they turned 18 ($n = 16$). They planned to get their own apartment, live with a partner, or go to college while staying in touch and continuing to visit with their current caregivers. For some, returning to their caregivers was a backup plan in case things didn't work out.

“No one stays with their parents for their entire life. So, it's like eventually, you have to move out. And I've already moved out once. I need to get back up on my feet, unless this COVID prevents me from doing it. If I don't have an option, they wouldn't kick me out because they care too much about me and wouldn't wanna see me like that.” (Joe)

“I'm moving out next year. I want to go to college, and I want to live in the dorms. But if I didn't go to college, then yeah, I would want to live here.” (Jesse)

“I don't mind staying here after I turn 18. My initial plan was to move out and then live with my girlfriend. But if that doesn't work out, then definitely.” (Angela)

“Well, yes. Well, because I'm on planning on going to college. So, Christmas break, spring break, summer, well, not summer, I'll be back down here visiting the family.” (Chris)

“Staying in Extended Care Until I'm Ready to Live by Myself.”

Another group ($n = 10$) planned on staying with their current caregivers until they were 21 (extended care) or until they were ready to live independently.

“I actually already talked to her about it and she said she's okay with it—with me staying here after 18—because she says that she looks at us like her own. So, of course, she would let me stay here so yeah.” (Katrina)

Other youth ($n = 6$) were planning on moving into a supervised independent living (SIL) program. These were primarily youth who were currently in a congregate care setting.

“Well, when I turn 18 next year, I'm planning on—there's a division called independent living at my facility. So, I plan on just moving there and living there for a while.” (Tony)

For a small group of youth, living with family (i.e. grandmother, sister) ($n = 3$) or completing the adoption process ($n = 3$) were their primary goals.

SUMMARY

In this section of the report, we investigated the participants' experience (age $M = 16.5$ years) in their current living situation. Of the participants, 80% were living in foster care. The rest were in the process of aging out or attaining legal permanency through adoption, permanent legal guardianship, and reunification with birth parents.

Our findings provided a baseline for the participants' sense of wellbeing and relationships just prior to exiting foster care. Findings also revealed important insights into youths' experiences and what they need and appreciate in their placements and relationships with caregivers. This was a critical time for youth to build or strengthen relationships that could provide sustained support after exiting foster care.

A majority of youth felt a sense of belonging in their current living situation.

The majority of youth (72%) reported that they felt a sense of belonging in their current living situation. A minority of youth (26%) wanted their living situation to be different and indicated that they would prefer living with people their own age (i.e., siblings, partners, friends) rather than parental figures, which may also be reflective of their plans for transitioning out of foster care. Not surprisingly, youth living in group homes, residential treatment centers, and shelters more often voiced that they wanted a different living situation than youth living with foster families, relatives, adoptive caregivers, or birth families.

The strength of the connection with a caregiver was more important for feeling a sense of belonging than the type of placement or permanency status.

The youths' sense of belonging in their current placement was associated with the strength of their connections with caregivers, which was defined as feeling close, cared for, and respected. Participants also reported high levels of communication with these caregivers, primarily about school and work, and to a slightly lesser extent about personal problems and their social life. While the strength of connection with a caregiver was associated with a sense of belonging, the type of living situation (congregate vs. family care) and the permanency status (legal permanency vs. aging out) were not associated with a sense of belonging.

A majority of youth experienced their caregivers as responsive and available, which was associated with emotional wellbeing.

A majority of participants endorsed attachment patterns that were characterized by trust and confidence that their caregiver was available to them and that indicated a mutual partnership. Participants overall reported low levels of angry and distressed attachment patterns. These positive findings are noteworthy given the prevalence of adverse experiences, including trauma and loss, among youth in foster care, which

previous research has associated with an increase in avoidant, angry, and distressed attachment patterns (West et al., 1998). Conversely, confident attachment relationships promote healthy developmental outcomes in every area of child wellbeing (Samuels, 2009).

A minority of youth experienced their caregivers as unsupportive and unresponsive, which was associated with increased anger, stress, and sadness.

We examined whether demographic factors, placement factors, and attachment patterns were associated with emotional wellbeing, including anger, sadness, stress, and positive affect. We found that permanency status and placement type (family vs. congregate care) were not significantly associated with emotional wellbeing. However, participants who reported higher levels of confident attachment also reported higher levels of positive affect.

Conversely, participants who experienced more anger and distress in the relationship with their caregiver also reported overall higher levels of anger, sadness, and stress when the other variables were controlled for. In addition, participants who reported a sexual orientation other than straight reported higher levels of anger, sadness, and stress when the other variables were controlled for.

Youth who report higher than average levels of stress, anger, and sadness may represent a subgroup that is at increased risk for struggling with the subsequent transition into adulthood. We noted that 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 that may warrant continued observation and support.

A sense of normalcy contributed to a positive placement experience and a sense of wellbeing. From the youths' perspective, normalcy was comprised of feeling part of a family, freedom to engage in age-appropriate social and extracurricular activities, and caregiver support for building life skills.

In interviews, participants associated positive placements with a sense of normalcy that comprised belonging, 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. Youth described wellbeing in their living situation as “feeling like I can be myself,” “feeling at home,” and having a sense of stability and safety. For youth in non-relative foster homes, being part of the family also meant being treated the same as biological children, trusting that caregivers would be supportive, and feeling secure in the relationship.

Open communication and the ability to work through conflicts was one of the key characteristics of lasting placements. Youth described personal growth and increased trust in relationships with caregivers who talked openly and honestly, withheld judgement, and truly listened. Dialogue and acknowledgment of different perspectives

were essential for coming to a “fair agreement” whenever there were conflicts. Youth also expressed that growth takes time. Conversely, restrictive placement rules, most often associated with residential treatment centers, not feeling heard, and limited trust with the caregiver were signs of a stressful living situation, often accompanied with anger and sadness.

Living independently was an important goal.

As noted earlier, while 72% of participants reported a sense of belonging in their current placement, only 41% wanted the placement to be permanent. This finding may be reflective of their age and their plans for transiting out of foster care. In our interviews, participants affirmed that they wanted to stay connected with their current caregivers, but regardless of their positive relationship with current caregivers, a large group was planning to move out once they turned 18. Youth planned to get their own apartment, live with a partner, or go to college. However, they noted that the connection to their caregiver was an important backup in case living independently would not work out. A smaller group of youth intended to stay in their placement for extended care.





**AT THE TRANSITION:
CHALLENGES, SUPPORT, AND
EMOTIONAL WELLBEING**

INTRODUCTION

This chapter focuses on the participants' transition out of foster care in the two-year period after the Enrollment Survey. We examined whether youth experienced relational permanency, defined here as the presence of caring adults who made a parent-like commitment to them, and to what extent relational permanency provided support as they were entering young adulthood.

Relational permanency with an adult is often experienced by youth as a feeling of connectedness, having a safety net, and having someone who understands who they are on a deep level (Jones & LaLiberte, 2013). Existing research demonstrates a variety of benefits to having such a connection, such as positive long-term impacts on social skills, mental health, self-esteem, and educational achievements (Jones & LaLiberte, 2013). Additionally, such social support has been connected to overall resilience in adolescents (Shpiegel, 2016).

Our analysis sought to determine to what extent youth had emotional support from caring adults and whether the extent of emotional support changed as they got older. In addition, we explored whether there were differences in the presence of committed adults, emotional support, and emotional wellbeing among youth who aged out and left foster care, youth who chose to stay in extended foster care, and youth who had legal permanency.

Specifically, we set out to answer the following questions:

1. To what extent do youth have caring adults in their lives who have made a lasting, parent-like commitment?
2. To what extent do youth experience emotional support? Are there shifts in emotional support during the period when youth are transitioning out of foster care?
 - a. Are legal and/or relational permanency associated with emotional support at the transition out of foster care?
3. How do youth describe their wellbeing, emotional support, and important relationships at the time of transitioning out of foster care?
 - a. How do they experience the transition out of foster care?
 - b. Who are they staying connected with?
 - c. Who are the important people in their lives and what characterizes these relationships?
4. How does the COVID-19 pandemic impact youth during this critical time in their lives?

FINDINGS

QUANTITATIVE FINDINGS

TRANSITION OUT OF FOSTER CARE: PERMANENCY STATUS AND LIVING SITUATION

The following section describes changes in permanency status from enrollment through Annual Survey 1 and Annual Survey 2 for youth who are still active in the study at Annual Survey 2 ($n = 88$).

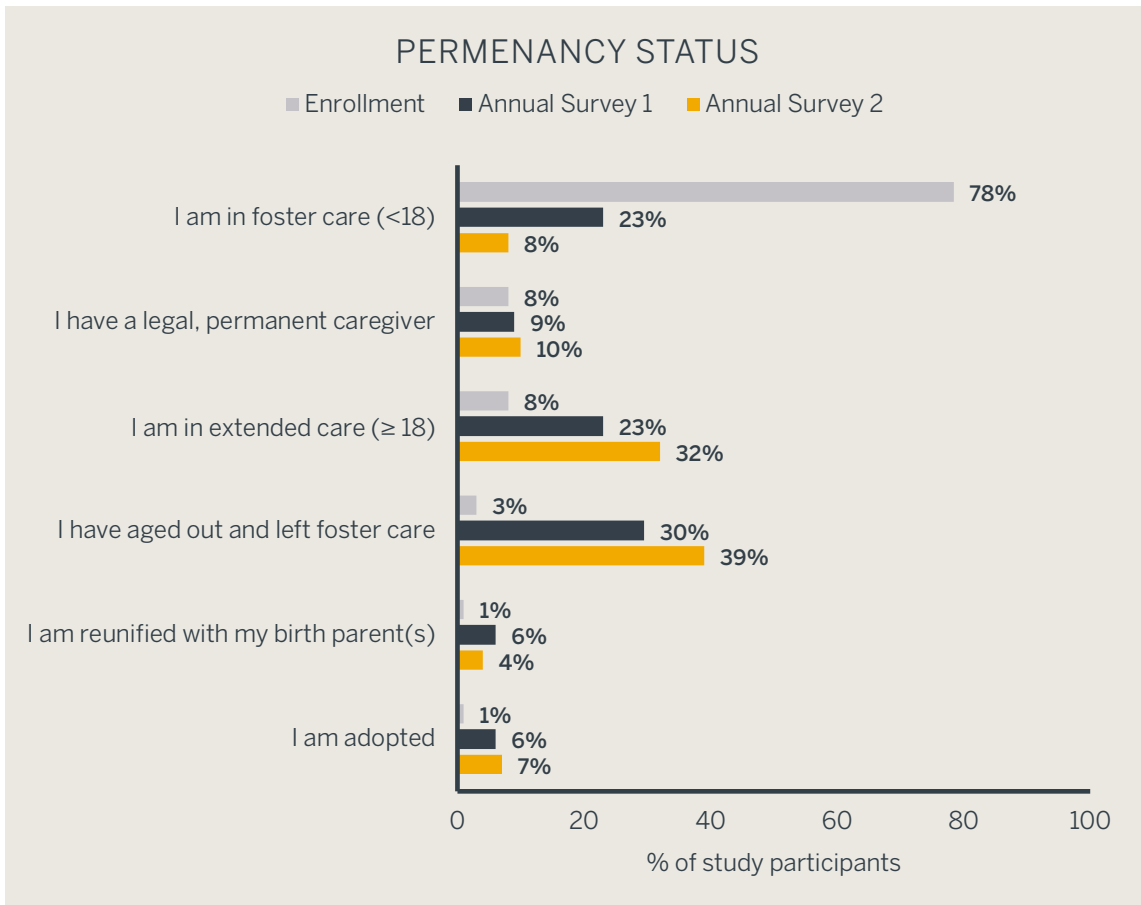
The average age at enrollment was 16.5 years ($SD = 1.40$), at Annual Survey 1 it was 17.5 years ($SD = 1.39$), and at Annual Survey 2 it was 18.5 years ($SD = 1.55$). In other words, the three survey points capture the phase when youth turn 18 and make decisions about how and when they exit the foster care system. They may attain legal permanency, age out and leave the system, or opt for staying in extended care,

Our data showed that in our study population

- 21% of youth left foster care within the two-year time frame by attaining legal permanency through adoption, reunification, or a legal permanent caregiver.
- 39% of youth left foster care within the two-year time frame by aging out.
- 32% of youth opted to extend their time in foster care.
- 8% of youth were still in care (younger than 18 years at Annual Survey 2)

In interviews, youth expressed that they felt they had had a voice in setting their permanency goal. The youth who were aging out of care stated that they did not want to consider adoption because of prior negative experiences or because they still had connections to their birth family, had a strong relationship to their foster family, or preferred to be independent.

Figure 9: Permanency Status at Time of Enrollment, Annual Survey 1, and Annual Survey 2 (Based on Sample with Data at All Three Time Points)



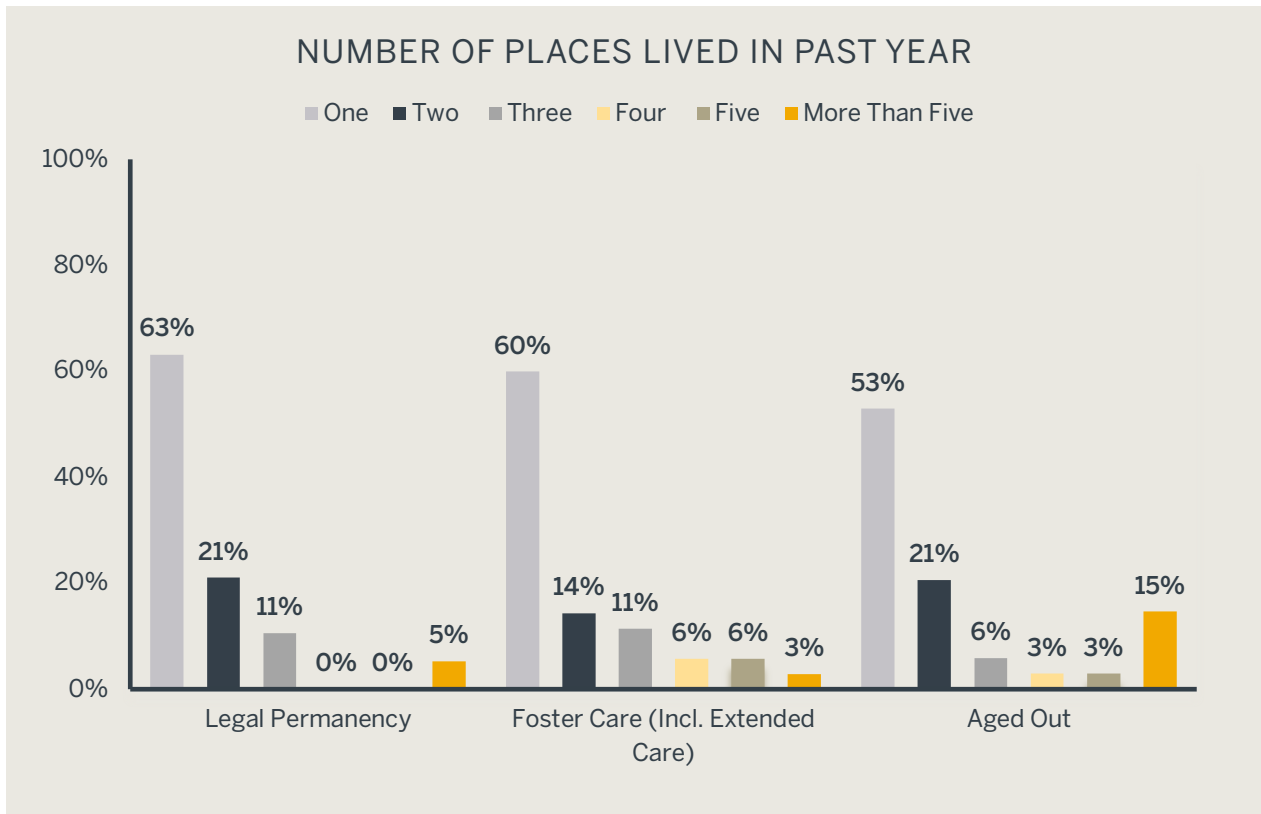
Enrollment Survey (Age M = 16.5 years); Annual Survey 1 (Age M = 17.5 years); Annual Survey 2 (Age M = 18.5 years)

Next, we examined the living situation of youth over this time period. At both Annual Survey 1 and 2, more than 50% survey respondents reported having lived in the same place during the past year, and more than 75% had lived in one or two places. At the same time, between 5% and 8% of youth experienced extreme instability, living in five or more places in a single year. For details see [Table 21](#).

Figure 10 shows that youth in foster care and youth with legal permanency had more stability in their living situation than youth who had aged out. (See also cross tabulation in [Table 22](#).)

- Among youth who had aged out ($n = 34$), 15% experienced high instability with living in more than five places in the past year.
- Among youth who had aged out, 32% ($n = 11$) lived with friends/roommates, 24% ($n = 8$) lived with a partner, 24% ($n = 8$) lived on their own, 9% ($n = 3$) lived with a birth parent, 3% ($n = 1$) lived with other relatives, 6% ($n = 2$) lived with a former foster parent, and 3% ($n = 1$) were homeless.

Figure 10: Number of Places Lived in Past Year by Permanency Status for Annual Survey 2 (age M = 18.5 years)



RELATIONAL PERMANENCY: STRENGTH OF CONNECTIONS WITH CARING ADULTS

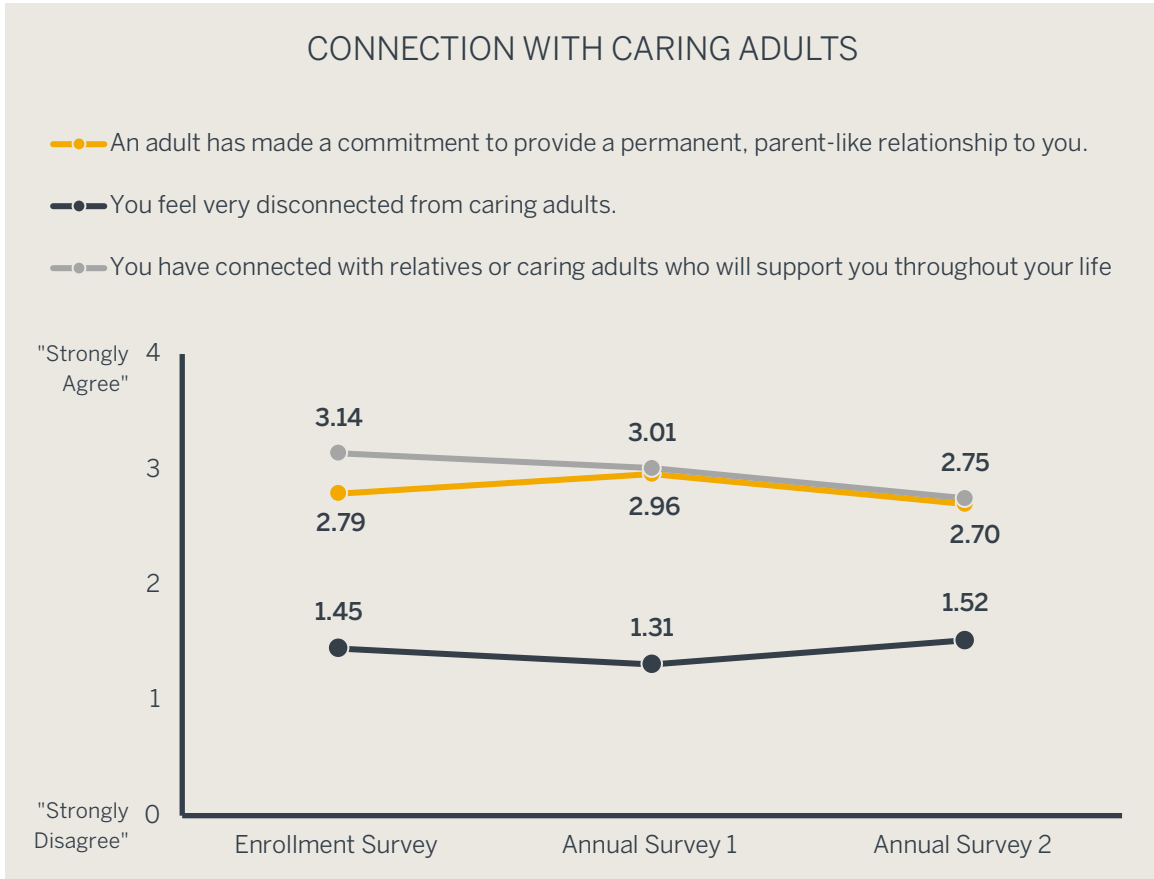
The following survey questions were designed to explore to what extent youth had relational permanency, meaning relationships with adults that would support them throughout their lives. Prompts included: *While in foster care, you have connected or reconnected with relatives or caring adults who will support you throughout your life. An adult has made a commitment to provide a permanent, parent-like relationship to you. You feel very disconnected from any caring adults.* Response options were *strongly disagree, disagree, neutral, agree, strongly agree* and were scored from 0–4.

At time of enrollment, participants agreed that they had connected with relatives or other caring adults who would support them throughout their lives. The agreement was somewhat lower for adults who committed to a permanent, parent-like relationship. For details see [Table 23](#). These findings are reflective of the overall positive sense of belonging among participants noted in the Enrollment Survey and their trust in available, continuing support expressed in the Annual Interview 1.

Next we examined whether connections with caring adults would stay consistent over the study period. Although there were trends indicating a decrease in adult

connections and an increase in feeling disconnected, especially from Annual Survey 1 to Annual Survey 2, paired *t* tests did not show any statistically significant changes. For details see [Table 24](#).

Figure 11: Connections with Caring Adults at Enrollment, Annual Survey 1, and Annual Survey 2



Enrollment Survey (Age M = 16.5 years); Annual Survey 1 (Age M = 17.5 years); Annual Survey 2 (Age M = 18.5 years)

In the interviews, conducted midway between Enrollment Survey and Annual Survey 1, participants had described that connections with foster caregivers might be a lasting source of support. As discussed in the previous chapter, participants envisioned they would either continue to live with caregivers in extended care or maintain the connection if they chose to live independently. We therefore explored the association between the strength of caregiver connectedness and having an adult who makes a parent-like commitment at time of Enrollment. We developed a multiple regression model with the following variables: In Block 1, we entered demographic variables (age, ethnicity, race, gender, sexual orientation); in Block 2, we entered placement variables (congregate care vs. family); and in Block 3, we entered caregiver connectedness. For details see [Table 25](#).

We found that at Enrollment caregiver connectedness was indeed significantly associated with having an adult who makes a parent-like commitment while

holding demographics and placement variables constant. However, caregiver connectedness explained a relatively small portion of the variance, only 14%, suggesting that other adults may play a more important role. Demographic and placement variables were not significantly associated with having an adult who makes a parent-like commitment. Due to attrition, we could not substantiate whether these relationships were sustained one and two years later.

Contrary to our expectations, we found no association between legal permanency (aged out or still in foster care vs. legal permanency) and relational permanency at any of the time points (Enrollment, Annual Survey 1 and 2).

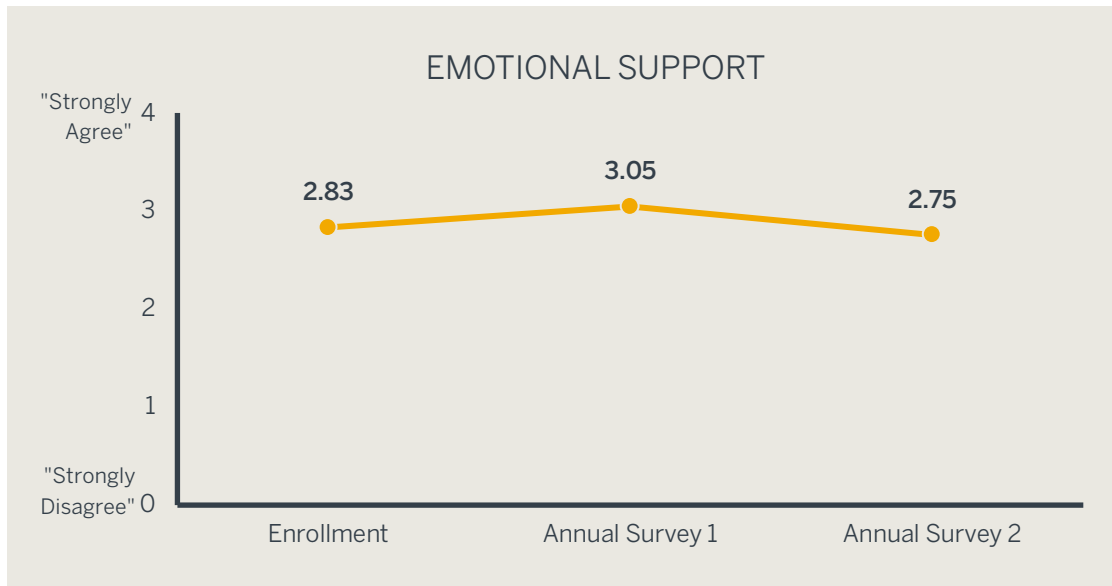
EMOTIONAL SUPPORT

Next, we examined to what extent youth experienced emotional support, whether their experience of emotional support changed over time, and whether there were differences by permanency status. At enrollment participants felt supported most of the time ($N = 175$; $Min = .00$; $Max = 4.00$; $M = 2.8$; $SD = 1.1$).

However, over time, the levels of emotional support changed. For the sample still active in the study at Annual Survey 2, we found a statistically significant decrease in emotional support from Annual Survey 1 to Annual Survey 2 (paired t test), although the effect size was small.

- There were no statistically significant differences in the level of emotional support between the time of enrollment ($M = 2.83$; $SD = 1.09$) and the first annual survey one year later ($M = 2.93$; $SD = 1.08$; $t(70) = -.633$; $p = .26$).
- There was a statistically significant drop in the level of emotional support from the first annual survey ($M = 3.05$; $SD = .95$) to the second annual survey ($M = 2.75$; $SD = 1.10$; $t(66) = 2.06$; $p = .02$; Cohen's $d = .25$).

Figure 12: Emotional Support at Enrollment, Annual Survey 1, and Annual Survey 2 (Based on Sample with Data at All Three Time Points)



Enrollment Survey (Age M = 16.5 years); Annual Survey 1 (Age M = 17.5 years); Annual Survey 2 (Age M = 18.5 years)

In a next step, we examined whether the level of emotional support at Annual Survey 2 was associated with the participants' legal permanency status and the presence of adults who had made a parent-like commitment to them. The Multiple Regression Model was structured as follows: In Block 1, we entered demographic variables (age, gender, sexual orientation, ethnicity, race); in Block 2, we entered legal permanency variables, contrasting youth aged out with youth still in care and with youth with legal permanency; in Block 3 we entered the relational permanency variable, the presence of adults who have made a permanent, parent-like commitment. All variables were based on the Annual Survey 2. The results are presented in [Table 26](#).

- Hispanic participants experienced lower levels of emotional support when other variables were held constant.
- **Legal permanency was not associated with levels of emotional support. Youth who had aged out reported no less emotional support than youth who were in care or youth who had attained legal permanency when all other factors were controlled for.**
- **The presence of adults who had committed to a parent-like relationship was significantly associated with levels of emotional support. This model explained 48% of the variance in emotional support, suggesting that the presence of committed and caring adults in the youths' lives was indeed critical.**

When considering the decrease in emotional support from Annual Survey 1 to Annual Survey 2, there are several factors that may have played a role. Youth were continuing to move into extended care or aging out and they were facing more developmental tasks on their own. They may have experienced a decline in the presence of caring and

supportive adults, or the role of the adults may have changed over time. Youth may have also been dealing with the long-term impact of the COVID-19 pandemic that disrupted social connections and emotional support. These questions will be further explored through individual interviews with findings detailed in the next question.

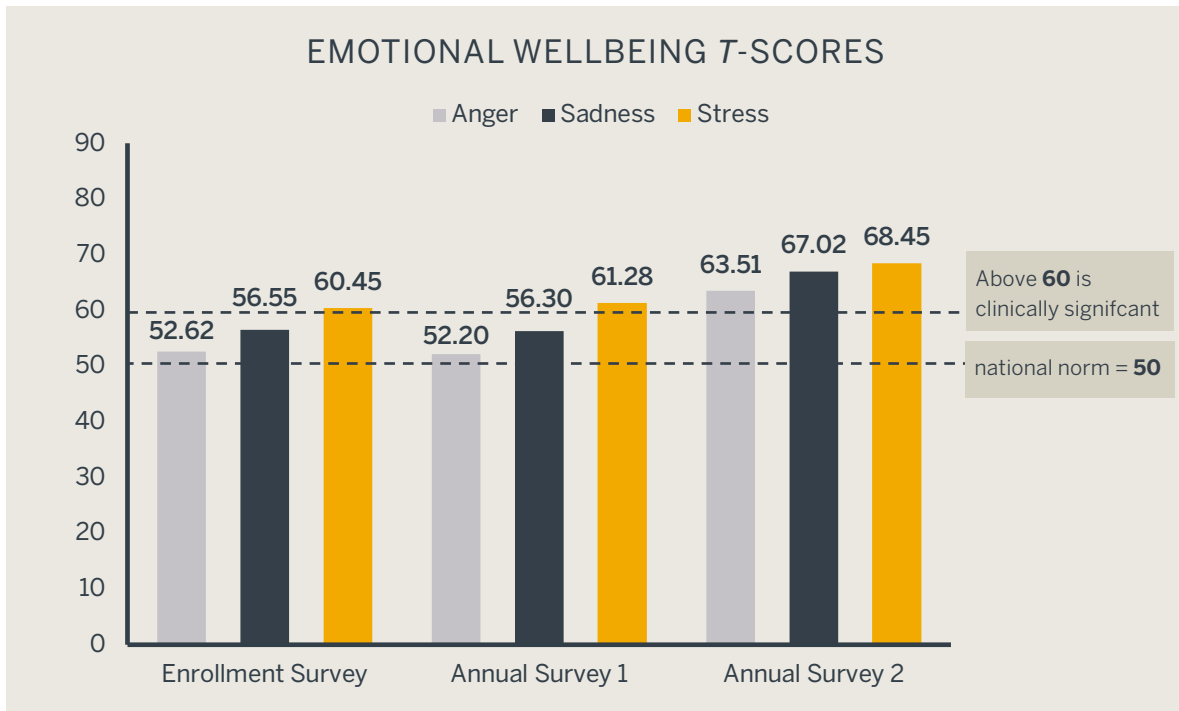
EMOTIONAL WELLBEING

We discussed emotional wellbeing at the time of enrollment and its association with the strength of caregiver connectedness in an earlier section of this report. Here we examined changes of emotional wellbeing over time as youth were transitioning out of care. We also explored the association of emotional wellbeing with relational permanency, which is here defined as the presence of “relatives or caring adults who will support you throughout your life.” This item from the Youth Connections Scale includes a broader range of supportive relationships and is not limited to adults who have made a commitment to a permanent, parent-like relationship.

Emotional wellbeing measures were based on the NIH Toolbox (Health Measures, 2022), a set of brief measures to assess multiple dimensions of functioning that have been nationally normed. We selected measures for sadness, anger, and perceived stress that have been normed for ages 13 to 17 and can be compared to a national sample. The scale for positive affect was abbreviated and could not be normed.

For each scale a sum was calculated. Scales for sadness, anger, and perceived stress were converted to *T*-scores. A *T*-score of 50 indicates the nationally normed average score for ages 13 to 17. However, no standardized scores are available for emerging adults, ages 18 to 25, so we cannot determine how the participants' significant increases in anger, sadness, and stress noted at that age compare to a national sample. For details see [Table 27](#).

Figure 13: T- Scores for Anger, Sadness, and Stress at Enrollment, Annual Survey 1, and Annual Survey 2 (Based on Sample with Data at All Three Time Points)



Enrollment Survey (Age $M = 16.5$ years); Annual Survey 1 (Age $M = 17.5$ years); Annual Survey 2 (Age $M = 18.5$ years)

We conducted paired t - tests to examine changes between the three time points.

Negative emotions (T- scores):

- No significant changes were found for anger, sadness, and stress from Enrollment Survey to Annual Survey 1.
- Significant increases were found for anger, sadness, and stress from Annual Survey 1 to Annual Survey 2. Effect sizes were large.
 - Anger at Annual Survey 1 ($M = 51.88$; $SD = 1.25$) and at Annual Survey 2 ($M = 63.51$; $SD = .97$; $t(71) = -9.83$; $p < .001$; Cohen's $d = -1.16$)
 - Sadness at Annual Survey 1 ($M = 56.55$; $SD = 1.10$) and at Annual Survey 2 ($M = 67.02$; $SD = .84$; $t(69) = -9.36$; $p < .001$; Cohen's $d = -1.12$)
 - Stress at Annual Survey 1 ($M = 61.25$; $SD = 1.09$) and at Annual Survey 2 ($M = 68.45$; $SD = .71$; $t(70) = -7.48$; $p < .001$; Cohen's $d = -.89$)

The significant increases in negative emotions may be related to the unique challenges for youth in foster care who are transitioning out of the system, as well as the long-term impact of COVID-19 pandemic on young people's mental health (Temple et al., 2022).

Positive emotions (not normed):

Paired *t*-tests for positive affect showed a significant drop from Enrollment Survey to Annual Survey 1, perhaps reflecting the acute stress of the COVID-19 pandemic and the social distancing measures. There was, however, a significant rebound at the time of the Annual Survey 2, which seems to be indicative of some youth regaining their balance in the course of the pandemic.

- Significant drop for positive affect from Enrollment ($M = 19.46$; $SD = .39$) to Annual Survey 1 ($M = 17.93$; $SD = .52$; $t(75) = -3.17$; $p = .002$; Cohen's $d = -.36$)
- Significant increase for positive affect from Annual Survey 1 ($M = 18.18$; $SD = .52$) to Annual Survey 2 ($M = 22.11$; $SD = .31$; $t(70) = 8.90$; $p < .001$; Cohen's $d = 1.06$)

We investigated factors associated with emotional wellbeing at the time of the Annual Survey 2 (age $M = 18.5$) when significantly increased levels of anger, stress, and sadness were noted. The Multiple Regression Model (all variables based on Annual Survey 2) was conducted for each of the emotional wellbeing variables and was structured as follows: In Block 1, we entered demographic variables (age, gender, sexual orientation, ethnicity, race); in Block 2, we entered legal permanency variables, contrasting youth who had aged out and left foster care with youth still in (extended) care and youth with legal permanency; and in Block 3, we entered the relational permanency variable, that is presence of relatives or caring adults who will support you throughout your life.

The results of the regression models are presented in [Tables 28–31](#).

- Demographic variables: We found that female participants and participants who were not straight reported significantly more stress, anger, sadness, and less positive affect, but these effects disappeared once we entered the relational permanency variable into the models.
- Legal permanency variables: **Youth who were still in care (majority of whom are over 18 and in extended care) reported significantly less stress than youth who were aged out or had attained legal permanency when holding all other variables constant.** However, legal permanency status was not significantly associated with anger, sadness, or positive affect.
- Relational permanency variables: **The presence of a relative or caring adult who provides support has a significant negative association with sadness, anger, and stress and a significant positive association with positive affect.**
- The final regression models with all variables included explained between 28% and 32% of the variance.

Our survey findings indicate that, as expected, relational permanency contributed to emotional support and wellbeing as youth were transitioning out of foster care. The decrease in emotional support and the increase in sadness, stress, and anger when youth are on average 18.5 years old may reflect youths' transition to living independently, a weakening of connections with adults who made a parent-like

commitment, and the disruption of social connections during the COVID-19 pandemic. The interviews intended to further explore these and other intersecting experiences.

QUALITATIVE FINDINGS

Year 2 interview questions were designed to better understand how youth described their wellbeing, emotional support, and important relationships at the time of transitioning out of foster care. We wanted to hear from them who they considered important people in their lives and what characterized these relationships. In addition, we explored the effect of the COVID-19 pandemic, now in its second year, on the youths' lives.

Thirty-nine participants were interviewed about 540–630 days after enrollment (midway between Annual Survey 1 and Annual Survey 2) which represents 44% of the sample still active in the Annual Survey 2. Out of the 39 interview participants, 31 had also participated in Year 1 Interviews. Interviews were conducted in summer of 2021, approximately 15–18 months after the start of the pandemic when COVID-19 related social distancing measures were still in effect.

All semi-structured interviews were conducted on the phone and lasted between 20 to 45 minutes. The following questions guided the interviews:

1. What has this past year been like for you?
 - a. How has COVID-19 impacted your life?
 - b. What were some challenges and successes you have experienced?
 - c. What have you learned about yourself?
2. Who in your life is most important to you right now?
 - a. How long have you known them?
 - b. What makes them important to you?
3. Who are the people you want to continue to be in your life, and why?

Note: Pseudonyms are assigned in the presentation of findings.

“MONUMENTAL CHALLENGES” – COVID-19, RELATIONSHIP CONFLICTS, AND LIVING INDEPENDENTLY

The first section of the interview was designed to get an overall sense of participants' experiences in the past year, their challenges and successes and the impact of the COVID-19 pandemic.

At the time of the interviews:

- Nineteen participants were living in foster care (nine were living with a non-relative foster family, one lived with a relative, seven lived in Supervised Independent Living (SIL) settings, and one unspecified).

- 14 participants were 18 and older and had decided to stay in extended foster care.
- Thirteen participants had aged out and left foster care.
- Four participants had been adopted in the past two years and were living with the adoptive family, unless they were gone for college.
- Three participants had legal permanent caregivers (two were living with their caregiver, one had moved out).

While Year 1 interviews had overall conveyed a positive and hopeful tone with participants feeling a sense of belonging and connection where they lived, Year 2 interviews reflected more stressful experiences that impacted the youths' emotional and physical health. Youth reflected on multiple sources of stress, including the impact of COVID-19, relationship conflicts resulting in disrupted placements, and having to take on new responsibilities as they were leaving foster care to live independently. Their sense of stability in relationships, housing, school, and work seemed precarious and they struggled with regaining a sense of control. However, they also expressed pride in learning, conquering challenges, and discovering a sense of strength and resilience. These qualitative findings, which will be detailed below, align with the previously discussed quantitative findings that showed increased levels of stress, sadness, and anger in Annual Survey 2.

Impact of COVID-19 – “It was a disaster for a lot of things.”

For the majority of interview participants ($n = 30$), the ongoing pandemic proved to be extremely challenging as it increased their social isolation from family and peers, moved learning to virtual platforms, and created financial stress.

“It was kinda hard at first when it first happened because my older sister and my mom, they lived in Austin, so I couldn't really go see them. And then, I have a foster mom who is like another mom to me. She lives out here, but we're a big family so we couldn't hardly even be around each other. It was really hard, so I was kinda home by myself. And then, actually, on my 21st birthday last March, I actually spent it alone and it was kinda sad.” (Melissa)

“I was in the [residential treatment center] when COVID first started. And it was just really isolating. Couldn't go anywhere. We're just stuck inside. Even when I wanted to make visitation with people that are in my life, I wasn't able to. I wasn't able to see my mentor, my friends. I wasn't really able to even talk to my friends like I wanted to, because we were in a public school and that's how I would talk to my friends online or people at school. And then once COVID hit, we weren't allowed out the house, so I got that 15-minute phone call twice a week. So, it was just more isolating than anything.” (Adriana)

The shift to virtual learning environments, both in high school and college, contributed significantly to isolation from peers. Youth noted an increase of conflicts in the home and a decline in mental health.

"It has been incredibly stressful, school-wise and home-wise because us being home we all love each other, but school is what gives us a tiny break from each other and us having to stay in here with each other, having to deal with each other for the past year it's been rough. People have been yelled at and anger has gotten ticked off of people. I was on the verge of failing and the year before that I was an A. And now I'm barely skipping by to passing into the next grade. I passed, but it was just so stressful. I had to go through therapy this year. It was just terrible. And this whole year just gave me the mindset of like, 'Why am I still trying anymore?' And then, there was a couple of times where I didn't even want to go to my classes, so didn't, I just ignored them completely for like a whole three weeks. And it's, I don't know, this whole year has just been a big old mess." (Guillermo)

Youth spoke about struggling with virtual learning environments that did not offer the teacher support they desperately needed to fill in gaps in their knowledge and skills, did not allow for hands-on learning, and did not accommodate learning disabilities.

"I have problems with ADHD and bipolar and depression. So, COVID did not help those problems at all because I had to isolate myself. And then I went to college, and I figured out that I cannot learn online. I cannot. My ADHD is not applicable to that. So, I finished my college year and now I've just been working and trying to figure it all out." (Elena)

"You don't learn the same on a computer. It's hard to get in contact with the teachers. You had to email them because they're still doing online classes. So, it was really hard to catch up and understand everything and understand the work that was going on. But then you think about, oh my God, I have to graduate. I can't fail at this. But it was so difficult with COVID because of online learning, because of everybody getting sick, you not being able to interact with people. You just get real lonely, I guess." (Katrina)

In addition, job losses and limited job opportunities during the pandemic impacted youth and their families, Daniela was living with her partner and her 1-year-old son when the pandemic started, and her partner lost his job overnight. Like many other participants she experienced a significant setback and financial stress, but eventually got back on her feet.

"But the night before my son's first birthday, we got a call from my partner's employer saying that he was gonna get laid off because of COVID. He got laid off. We were maybe set back maybe two months financially. We struggled really bad until we had to turn to outlets for food resources and stuff. And I was working fulltime. I was working 40 hours but I was making minimum wage, I wasn't making enough to pay for all of our bills. Luckily, I had funding from ETV [Education and Training Voucher] coming in. The stimulus checks really saved our butts. Oh, and then also the unexpected cost of disinfectants, gloves, masks. It was just a cost that we didn't account for." (Daniela)

The challenges were more manageable for those youth who were still in foster care, either living with a foster family, in a SIL program, or some other form of transitional

living program. Even though they may have been struggling with being stuck at home, they were aware of the support and stability their placements provided them.

"It's been semi-challenging. I've been in assisted living throughout the whole COVID thing. So, it hasn't affected me as much as it affected people who weren't so fortunate. So, I stay with a nonprofit organization that helps us transition into independency. It is not run through foster care, it is a program that they run to help us get on our feet." (Roy)

While an overwhelming majority experienced significant stress during the pandemic, a small number of participants described building closer relationships with family members and foster caregivers and growing through the experience.

"COVID really—it was a disaster and all for a lot of things, but you know it made me open my eyes for a lot of stuff, too. Like made me mature. It made me want to get out there and get a job. Just the time quarantining with your family and stuff, you get to know them a little bit more. As you know I was just adopted in 2019. And during quarantine, yeah, I'm learning a little bit more and I'm getting to know them a little bit more because we all in a house together." (Chris)

Relationship challenges and placement instability – "I had to start completely over."

Another source of stress were unexpected relationship conflicts that led to the deterioration of placements and left youth ($n = 8$) in limbo just around the time when they were turning 18. Several youth reported phases of homelessness, seeking support from relatives, and having to rebuild their lives from scratch,

*"Two months before I turned 18, my kinship placement got approved. Which I went to go stay there. **It fell apart and went to hell. So, that's when all of my challenges started, and I had to start completely over.** I didn't exactly have money, or a car, or anything at that point. So, I had to build from scratch. **I was homeless for a little bit, and then I went to go stay with a relative for a while.** Which, I kind of was depressed for the first month or two. I slept all day and night. But after a few months, things got better, and I now have my whole life together. So, things are pretty good now. I'm about to get an apartment. My car is paid off, I have quite a bit in savings." (Jolie)*

The reasons for the conflict and deterioration of the placements varied. Some of the youth who experienced conflict in their placements, even placements they had actively sought out, explained that the difficulties were related to them growing up and being sometimes treated like a child, and sometimes like an adult, which led to confusing and contradictory expectations.

"And my foster dad had passed away that following year around my birthday. So, yeah, so I ended up going home with my mom. Last year, I would say I was going through a lot because I was leaving foster care, and in the home at the time I was going through a lot of emotional and mental things that was going on in the home." (Maya)

"I feel like sometimes it put me in a position where I wasn't sure how I was supposed to respond. Because on one hand, she was supposed to be like my parent. On the other hand, she would ask me advice on things. So that was definitely a conversation a couple of times that she didn't know how she was supposed to treat me like an adult or treat me like a child. Eventually, I guess the conversations would get more and more intense to the point that I stopped wanting to live with her, which is why I ended up leaving." (Vanessa)

"I was living with my foster family that I aged out of care with up until three months ago. I just was on really good terms with this family. They really liked having me there, so they just said that as long as I'm in college, they'll help me out and I can stay there so I could focus on school. I guess it was just they really wanted me to start working and they just expected too much out me that was overwhelming. I couldn't balance out a lot of things, so I just—it just reached a point where I was like, I can't live in the toxicity of expectations all the time." (Kaylee)

Transition out of care – "It's a monumental change."

All of the youth who aged out and lived independently reported facing challenges on the way, ranging from finding housing and taking on new responsibilities, to balancing school and work. As Terry said, "aging out of foster care in itself is a monumental change, going from having all of my most basic needs met to having to take care of myself."

These interview findings support the previously discussed survey findings that showed that aged out youth and youth with legal permanency (who may also live on their own) were experiencing higher levels of stress than youth who were still in (extended) foster care.

The transition from being in a very sheltered, overprotective, and sometimes controlling environment to suddenly being on your own was a shock for many youth and required them "finding that strength" to be on their own.

"But it was also challenging because I felt like I was seeing everyone I went to school with getting their own apartments and having jobs, doing all these things, and I kind of just felt scared to leave a place where I was very sheltered because I didn't know anything about rent or credit or anything like that. So, I guess that was my biggest challenge, was just finding that strength to be on my own." (Kaylee)

"It's tough because I'm not used to having to do things on my own. But like I said, I'll get used to it." (Trixie)

And while a majority were proud of moving forward and getting on their feet, a small number of interview participants expressed feeling stuck and lost. In this period of upheaval some youth turned to family members for help and some experienced unhealthy relationships. But even in their current difficult circumstances they asserted that they had to leave foster care to experience independence and find out who they were and what they wanted to be.

"I guess feeling stuck. Like not knowing where I'm going to go next or what to do after this. The fact that I never had any goals to begin with. Like I never decided I'm going to go to college. I knew that I was going to age out of care. I wanted to be—like my own source of independence and to be able to rely on myself and not have to depend on other people, which is all I've been able to do at the moment. You know, right now, this is actually my dad's RV. So like my dad lives on the property and everything. I guess I thought of it as kind of like a steppingstone. But it's been three months now." (Vanessa)

"I didn't know what I was gonna do. I didn't know where I was gonna live. I didn't know how things would go. And honestly, it's taken me and thrown me around and shaken me up about being an adult now. I didn't realize that I didn't know who I was outside of CPS. I didn't know who I was outside of the staff members or the foster parents or anybody, like the care providers, the caseworkers. I didn't know what to do when I got out. So, I guess just finding who I am and becoming more independent than what I was. So, I was bound and determined to do it by myself, and I didn't think I could. So, doing something by myself that was hard and difficult was one of the biggest accomplishments and things that I've learned about myself is that I can do it by myself, I just have to really put my head to it." (Katrina)

Several youth were not only responsible for themselves, but for their own children, younger siblings, and other family members. They were trying to strike a balance between competing responsibilities and focusing on their own needs and goals,

"Oh, gosh it's been crazy. Okay, so I got a full-time job apart from managing my class work. So, I had that going until this month, is when I decided to cut back on hours. But I had been working a full-time job. I was taking full-credit hours at the university level, and also taking summer courses and winter courses. I switched my major. And then we also had a plan for my son's first birthday which wasn't really the best thing." (Daniela)

"In this past year, I have realized most of the time, you can't depend on everybody. You have to get up every day, every morning. You've got to do it for you. Most of the time, you can't just do it for everybody else. You can't be the peacemaker for everybody. You have to put yourself first most of the time, so, yeah. And that's what I learned when I left the system because at first I was thinking really hard because I didn't wanna leave my little brothers." (Maya)

"I'M STRONGER THAN I THOUGHT I WAS." – GROWTH AND ACCOMPLISHMENTS

Despite all the challenges, youth were also proud of their accomplishments, resilience, and personal growth. They defined their growth and success in terms of obtaining education and work, mastering adult tasks independently, deepening relationships, and improving physical and mental health.

Success = Obtaining education and work

When they reflected on the past year, the majority ($n = 23$) identified accomplishing educational goals and finding work as markers of growth and success.

As difficult and challenging virtual learning environments proved to be, the vast majority of interview participants did finish the school year or graduated which was a source of great pride. Some participants graduated from high school with Honors, made Honor Roll or Dean's List in college, and earned other achievements and distinctions.

My grades were going down bad, but luckily now with my foster parents are trusting me to go in school, paying attention and everything. And I'm grateful for that cause now I'm bringing everything up. I'm not failing a single class. And I've been thankful for them, the people that helped me around cause they're really there for me. (Jordan)

I graduated high school with my associate's. And then I got straight into community college and I'm doing my classes. I think that's something big. (Alicia)

And then looking back at the spring semester of university, I made the honor roll this past spring. Apparently my classes are going very well, my summer session classes. I'm taking three classes. I don't know who allows me to take three classes in the summer. But I'm taking them, right, three classes right now and I have a strong A on all of them. (Daniela)

Others reported getting their first jobs and gaining skills and confidence.

I got my first job. I was excited about that. Been good to learn some skills I can use later on. Like not getting nervous when talking to people. (Ben)

I did get my first job this year. I'm starting to make my own money. I passed my driver's test. I just finished junior year with all A's. (Evelyn)

Success = Mastering independence

For another group of youth, learning how to master living independently was a key accomplishment, which included financial independence, managing time and everyday life, and obtaining housing.

I'll be paying my own bills. I don't really ask my parents for too much. I'm kind of independent as far as everything goes. And I'm proud that I can be able to do that now. (Diana)

I wanna say I got kind of started managing stuff, like especially when I moved to my apartment. Especially trying to manage my time, and make sure I get everything done and doing pretty much everything on my own without really needing help. (Andy)

I am a fantastic financial analyst. I can pull out money from thin air, basically. I know how to budget stuff really well, down to the last T. I can make pretty good

spreadsheets on what our course of action should be, and how much money we should be spending per day, sort of thing. (Daniela)

After a year of many challenges, they saw themselves as strong, resilient, and adaptable to changes and challenges. They described themselves as “fighters, problem solvers, and financial analysts” and “stronger than I thought I was.” Faced with life challenges, youth felt more determined than before to take charge of their lives. There was also a palpable sense of urgency in many of their comments.

If I really do feel determined to do something, I can actually do it, as far as moving out and learning and adapting and all of that. I feel like – I've really just been more determined in the past year to just get my life started, I've had this weird complex that I'm 19 and I feel like I haven't done anything in my life, so I'm trying to get a jumpstart on just doing good for myself. (Kaylee)

Success = Building stronger relationships and a support network

A smaller group of participants ($n=5$) defined success and accomplishments in terms of strengthening relationships with foster parents, friends, and partners. The following comments from participants show that each built a stronger support system, but the source of the support varied. Dave felt his strongest accomplishment was building a support system with friends.

I didn't have any friends, so I guess gaining friendship is one of the things, new friends to keep me going, something that keeps me going because at the time, I feel like that was an achievement [that I] got friends to help me in any situation, you know, for support, finally got that support system. So, I feel like that was a big accomplishment for me. (Dave)

Jordan described the important role of his current foster parents who never gave up on him and continued to provide support.

With these foster parents that I'm dealing with, I guess they never gave up on me. They pushed me to my limits and I'm grateful for that. I'm grateful for them pushing me to the limits that I couldn't see in myself, they saw potential in me, potential that I couldn't see. And well, here I am behaving, doing good at school, passing because I know back then when I first came into foster care, I was a little messed up. Yeah, that changed a lot, thanks to these foster parents that they've been pushing me to my limits. (Jordan)

Joe had had a rocky relationship with his former foster parents and left care at age 18. Nevertheless, they continued to support him and he was able to move back with them during the COVID-19 pandemic. After living independently for a few months, his perspective on his former foster parents and his own role in the relationship changed.

That was another realization that I only recently had. I feel like I've treated them [former foster parents] like crap for most of the time while I was living with them, I had to apologize to them because I realize now after getting out of CPS and stuff, life it's just not as easy as it seems and no one cares. Not a lot of people out in the world actually care about you. I feel like I've finally connected with them in some

kind of way. I don't know what it is but it just makes me feel closer to them now that I was able to realize that, apologize for all the things I've done. I feel like I've really made a more grown up connection. (Joe)

Success = Increased wellbeing

Participants also mentioned improved health and mental health as a hard won achievement in the past year. Several youth mentioned losing weight and eating healthier, stopping substance use, and increased confidence and wellbeing.

I guess it affected my confidence. I had a lot more insecurities about myself because I've gained a little bit of weight. But after that, I broke out a lot. I've gained weight. I lost a lot of people who were close to me as in friends. I lost a lot friends and connections and stuff. So, I would say it affected me mentally and physically a lot. So, that's what I'm trying to do is overcome it. That's why I've been seeing a dermatologist to help clear my skin, and I'm actually going to the gym daily, and hanging out with my friend as much as I can. (Jose)

“CONTINUOUS AND UNCONDITIONAL SUPPORT” - IMPORTANT PEOPLE

The previous sections highlighted the extent of stress and mental health problems youth faced due to the COVID-19 pandemic, unexpected placement disruptions, relationship conflicts, and having to master independence. We also highlighted their sense of resilience and success in facing all these challenges. The following section investigates the sources and nature of support in the youths' lives. We sought to better understand the concept of relational permanency in the lives of youth who were turning 18 and were in the process of leaving the foster care system. We asked about the important people in their lives, how “permanent” these relationships were, and what kind of support they provided.

Length and type of relationship

[Table 32](#) shows who youth nominated as “important people” in their lives. Not surprisingly birth family members were on top of the list, as were current caregivers (foster family and adoptive family), followed by friends and partners. Other caring adults, such as mentors, teachers, and child welfare professionals were mentioned much less frequently. We also noted a great variation in the lengths of these important relationships with one third being fairly recent (less than 1 year).

Table 32: Important People in the Youths' Lives and Length of Relationship (Annual Interview II, N=39)

IMPORTANT PEOPLE	LENGTH OF RELATIONSHIP			TOTAL (n*)
	< 1 year	1 – 3 years	>3 years	
Birth Family Members (parents, siblings, grandparents, step parents, etc.) – these were not placements			13	13
Foster Family (relative & non-relative)		3	7	10
Partner	2	2	2	6
Friends		2	2	4
Adoptive Family	1	3		4
Other caring adult (mentor, teacher)	1	1	1	3
Child welfare professionals			2	2
TOTAL	3	11	27	

* some interview participants described more than one important person in their lives

The following analysis demonstrates the most important qualities of these relationships in the eyes of the participants. These important qualities differed according to the nature of the relationship: Youth who connected with family members emphasized the continuity of lifelong relationships. Youth who highlighted foster parents stressed that they had proven their commitment even when youth “messed up” and provided a secure home that felt like family. Friends and partners provided unconditional emotional support, especially while youth were struggling with their families, the child welfare system, and the transition out of care. The relationships with adoptive parents were somewhat unique, because although they represented a permanent legal commitment, these relationships were still new and untested.

Across all relationships, emotional support mattered most, followed by guidance and advise and help with problem solving. In comparison, youth mentioned fewer examples of tangible, instrumental support, such as help with getting into college, financial support, or help with getting a job, car, or housing.

Reconnecting with birth family – “Do you remember me?”

Many of the youth talked about reconnecting with birth family after aging out. They described relationships coming back together after long periods of separation, with grandparents having a special role. Several youth referred to their grandmother as “The person who has raised you, always known you,” (Katrina) or the person who “took care of me my whole life, [who is] just always there for me.” (Isaac)

Well, my great-grandma was the person who raised me before I got into CPS. So, as soon as I got out I went to go live with her and my biological mother. She's 83 years old. But she's the most important woman in my life. And I just got to say, she never leads me the wrong way. No matter what I've done to her or even how long we've been separated because I was separated from my grandmother for like five, six years. I didn't see her or talk to her. And all of a sudden I ended up on her doorstep and was like, "Hey, do you remember me?" And she remembered me and it's like the relationship came all back together. Now I see her every other weekend. And I talk to her every day. (Katrina)

To the extent that youth lived in foster care together with their siblings, they tended to identify their siblings as the most important people in their lives. Jose explained, "we went through everything together." Several youth described how after leaving care, they were trying to "glue" the family back together and set a positive example for younger siblings, cousins, and nephews.

Somebody who's most important to me right now is my nieces and nephews right now, I mean, in reality my whole family. Since I've been home, I was really trying to be the peacemaker for the family because we would have little, mini arguments every day. You know how everybody say you always have someone in the family that's the glue for the family, and when we lost my grandma, everything just changed, and that's how I ended up in foster care. And then when I got home, I was just trying to be a peacemaker, I'm just trying to set an example for the young ones in my family, not just my little brothers, but my nieces, you know, show them the path. (Maya)

Foster parents and other caring adults – "No matter how many times I mess up, they're still there."

When foster parents were nominated as the most important people in their lives, these were generally relationships that had lasted for three or more years and that had been tested.

Well, my foster parent is just a single mother. I and my sister have been with her for, I think, 13 years, our only foster home. She welcomed us like her own, so that made us into our own family. (Sebastian)

Feeling secure, feeling like they belonged meant that youth could mess up or get in trouble without breaking relationship. In that sense they felt they were being treated like biological children.

So, when she [aunt] got full custody, it wasn't all that weird, but just being with her since she's gotten full custody has made you realize what an amazing woman she is. I think there's been multiple situations where I've just been in really bad situations and I can definitely get in trouble for – I could just call my mom and she's really glad I called her. (Evelyn)

My foster mom, right now. She's trying to teach me how to be an adult and do adult things so I can learn how to live on my own when I leave. I've known her for

about almost five. It's the fact that no matter how many times I mess up they're still been there, treat me normal. They're not gonna shun me out because I keep making mistakes. (Ben)

A similar pattern held true when participants talked about other important adults in their lives. For example, Mary was living informally with a mentor of four years after aging out of care.

She has been the one person that I know that I could turn to and be open and honest with. And that is someone that I love a lot. Literally there's so many things that I've done, personally, that I could have given her a right to kick me out or not have me here anymore. But she was someone, she was like, "you need to get on top of your shit. You can't keep doing this. You're going out, you're doing this, you're doing drugs. I don't like this. This is not you and I see that this isn't you." She was like, "I know that you've been through a lot." And she was like, "I know that these certain things just recently happened, but this is not the way that you need to go about it." (Mary)

Adoptive parents – “You have to be vulnerable with people who you are trying to trust.”

For participants in this study, relationships with adoptive parents were relatively recent. All four participants who were adopted, had been adopted after age 16. So they were still trying to build relationships and trust with their adoptive families, and their comments below showed that it was a work in progress.

That they're caring and they give a lot of attention to me when I most need it. I noticed that I give them more of my feelings and emotion now than I used to. (James)

I tried to approach it in the sense that you have to be vulnerable with people that you're trying to trust, show some vulnerability, show a bit of yourself. I think it doesn't mean tell them every secret, but I tell them generally, like some stories and life experiences, stuff like that nothing too crazy. (Kaitlin)

Youth who were still trying to build strong relationships with their adoptive families were not quite ready to leave to college or live independently.

I've been in college for basically the past year and that was pretty terrible. My ex foster parents, but now adoptive parents, really, really leaned on me to go. Because I was away, because I couldn't be home since it was too far, I feel like I lost family time, I guess if that makes sense. Because, well, I've only been adopted a little over a year. I've been living with my new family for about two years. But it's not like two years is really that long of a time. And especially to be gone after not even a full year, I think, I was not really happy about that. (Kaitlin)

Partners and friends- “It’s 100 percent the emotional support he gave me.”

Relationships with partners and friends also tended to be more recent and fluctuate more. Some participants described how they had known their current partners for their whole life: They were childhood friends and went to the same school before becoming a couple, Friends and partners were described as providing “unconditional, emotional support” while youth were struggling through the transition out of foster care.

So, we'll talk about what's on our mind. I recently had a problem with my siblings, so I vented. We like to call it venting. So, I vented to him about that. And we live together, so it's like we talk all the time. We'll wake up and talk about taking the puppy out, chores, responsibilities. And then we'll talk about our future, and then we'll talk about our past and our present, and everywhere in between. (Elena)

So, I met him initially in high school, but that was a long time ago. And we hadn't really talked when I went through all of the foster care, transition stuff. And I've been dating him for almost a year now. I feel like when I first started dating him, it was 100 percent the emotional support he gave me while I was going through the hard times and stuff. I felt like it was someone to talk to about how I was really feeling. And then now, it still feels like he's a good support, but it's in a different kind of way. He makes me laugh and stuff, he makes the challenges that I'm facing more bearable. (Terry)

I'm going to have to say, as much as I love my family, it has to be my friends. Because these friends, they were there for me when my family wasn't, when they couldn't be there for me. So, it's kind of like my friends were my family. (Guillermo)

SUMMARY

This chapter described the participants' transition out of foster care. We explored their attainment of legal permanency, sense of emotional support, relational permanency, and emotional wellbeing during the two-year time period between average age 16.5 and average age 18.5 ($n=88$).

During this two-year time period, youth made decisions about how and when to exit the foster care system: 21% of youth left foster care by attaining legal permanency through adoption, reunification, or a legal permanent caregiver; 39% of youth left foster care by aging out; 32% of youth opted to extend their time in foster care; and 8% of youth were still in care (younger than 18 years).

Lasting relationships at the transition out of foster care were characterized by unconditional emotional support and a deep bond and provided a sense of identity.

The presence of adults who were committed to a permanent, parent-like relationship was associated with having stronger emotional support.

Youth described strong, lasting connections with birth family members and long-term foster parents. These important relationships provided both continuous and unconditional support, and they were mutual. Relationships with long-term foster parents who had proven their commitment even when youth “messed up” provided a secure home and unbreakable bond that felt “like family.” Connections with birth family members provided a sense of identity and grounding in shared history and experience.

Mentors and other caring adults were mentioned infrequently, and only if they provided mutual, tested, and long-standing connections. Some youth suggested that relationships with adults in professional or mentorship roles tended to fade or did not provide a deep emotional bond.

The relationships with adoptive parents were somewhat unique, because although they represented a permanent legal bond, these relationships were still relatively new and untested. Youth were struggling to simultaneously integrate into a new “permanent” family while also developing increasing independence, starting college, and connecting with peers. Our findings highlighted the value of long-term foster care for some of the youth who had no or few connections with birth family and who did not prioritize adoption.

Our study also showed the detrimental impact of disrupted relationships during this developmental period. For some youth, unexpected conflicts with caregivers when they were turning 18 led to the disruption of placements and left them in limbo at this critical time in their development. In some cases, these were the very placements or people youth previously thought they could rely on as “permanent” support. Several youth reported phases of homelessness, seeking support from relatives, and having to rebuild their lives from scratch. While the reasons for the placement and relationship disruption varied, there was repeated mention of needing to redefine adult-youth relationships when a youth turned 18.

Challenges at the transition out of foster care, a drop in emotional support, and weakening relationships with caring adults were associated with negative mental health outcomes.

We noted a drop in emotional support from the time when youth were on average 17.5 years old to when they were on average 18.5 years old that appeared to be associated with a weakening of connections with adults who had made a parent-like commitment. It is likely that this weakening of connections was related to both youth development and the social isolation during the COVID-19 pandemic. As youth were getting older they wanted increased independence, redefined relationships with adults, and/or lost

some of the connections with important adults in their lives once they left care. Since their connections with caring adults were more fragile to begin with, these normal developmental tasks may have ruptured or weakened connections more easily. In addition, the isolating effect of the COVID-19 pandemic impacted youths' ability to stay connected with important people, including family members, mentors, and friends. Even if youth had had strong connections with caring adults earlier in adolescence, some of these connections seemed to fade under the present circumstances.

During that same time period we also found significant increases in sadness, stress, and anger. Fewer or weaker connections with relatives or other caring adults who could provide lifelong support when they were turning 18 were associated with significantly higher levels of sadness, stress, and anger.

Youth who were still in (extended) foster care experienced significantly less stress around age 18 than youth who had aged out or youth who had attained legal permanency.

When youth were on average 18.5 years old, youth in (extended) foster care experienced significantly less stress and more housing stability than youth who aged out or youth who had attained legal permanency. Our findings confirm research that has shown that there are benefits for youth to stay in extended care (Rosenberg & Abbott, 2019), even for a short period of time, and especially during this time of the COVID-19 pandemic. Youth in extended foster care, and specifically Supervised Independent Living programs, expressed their appreciation for continued support and housing and financial stability during this trying time.

In interviews youth described the “monumental” challenges of living independently, which for them meant facing tasks of adulthood on their own without relying on the child welfare system or caregivers. Independence, even if challenging, was an experience that many of them sought and believed to be important for personal growth. Specific stressors were financial and housing challenges, getting a job, starting college, and separating from people with whom they had formed close relationships. The COVID-19 pandemic exacerbated some of these challenges, especially social isolation and job losses during the phase of wide-spread lockdowns.

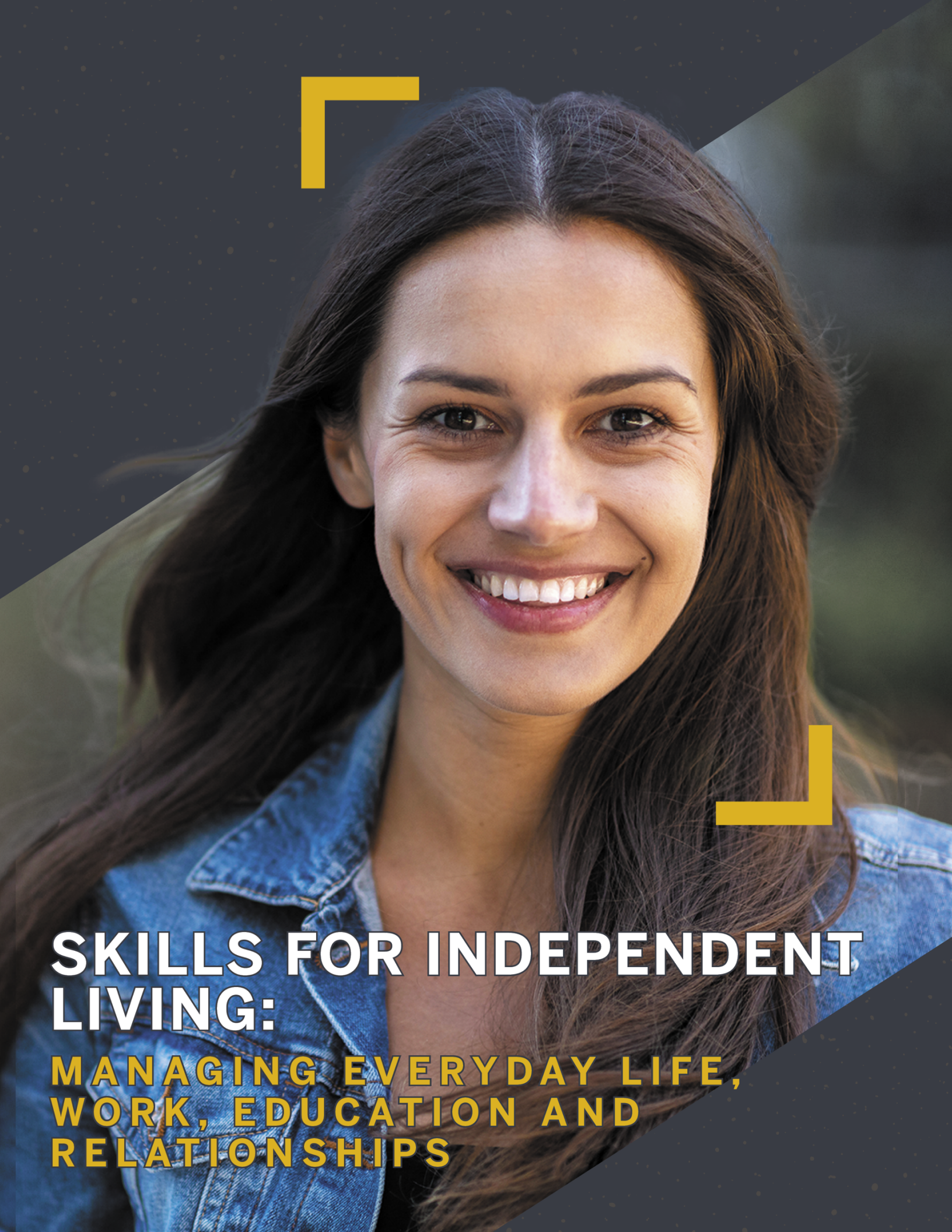
The impact of COVID-19 was evident in social isolation, mental health concerns, challenges with virtual learning, and financial setbacks.

The stresses associated with emerging adulthood noted by our participants need to be seen in conjunction with the long-term impact of the pandemic on the social emotional wellbeing of adolescents and young adults. In interviews, many youth cited specific mental and physical health challenges as a result of social isolation, online learning, and job losses. The widespread negative experiences with virtual learning environments, whether in high school or college, were especially concerning. Youth with gaps in their education, learning disabilities, or mental health challenges had the

most difficulties, saw their grades slip, or were close to giving up. While a majority of our study participants did graduate from high school or made it through their first year of college, there are still concerns about how this experience may affect their educational attainment in the long-term, especially given the already low high school and college graduation rates among youth in care (for example, Stott & Gustavsson, 2010).

Despite all the challenges due to COVID-19, transitioning out of foster care, and redefining relationships with important people in their lives, youth were also proud of their accomplishments, resilience, and personal growth. They defined their growth and success in terms of obtaining education and work, mastering adult tasks independently, deepening relationships, and improving physical and mental health.





SKILLS FOR INDEPENDENT LIVING:

MANAGING EVERYDAY LIFE,
WORK, EDUCATION AND
RELATIONSHIPS

INTRODUCTION

This chapter focuses on the independent living skills and challenges with living independently that youth experienced as they were turning 18. We explored the process in which youth decided to stay in extended care or leave foster care at age 18 years, how well prepared they felt for living independently, and how their expectations aligned with the reality of living independently. In addition, we examined several specific outcomes, including education, employment, and sexual health.

Each year, over 23,000 youth age out of foster care in the United States and 1,200 youth age out from foster care in Texas (Murphy, 2020; Child Trends, 2017). Several large studies have examined the outcomes of youth after they age out and leave foster care, including the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Courtney et al., 2005) and the Northwest Alumni Foster Care Alumni Study (Pecora et al., 2005). These and other studies demonstrated that youth who age out of the system struggle with education. About half do not obtain their high school diploma and only 10% complete a college degree (Brandford & English, 2004; Stott & Gustavsson, 2010). Unemployment rates for these youth range between 25–50%. Approximately 33% need government assistance and up to 40% experience housing instability or homelessness (Courtney, 2009; Hughes et al., 2008).

Rosenberg and Abbott (2019) showed that even a small dose of extended foster care is associated with better outcomes. Older youth in care at age 19 experienced better outcomes two years later in employment, high school diploma/GED completion, educational aid, homelessness, and young parenthood compared to their peers not in care at age 19.

The Texas Department of Family and Protective Services provides Transitional Living Services for youth ages 14 up to 23 with multiple complementary components (Texas Department of Family and Protective Services, September 2021). The following summary of services is not intended as a complete listing of all integrated Transitional Living Services and only serves as a background for the interpretation of study findings.

- Experiential Life Skills Training provided by foster parents and other providers through practical, daily activities. This includes meal preparation; nutrition education and cooking; use of public transportation when appropriate; financial literacy training, to include money management, credit history, and balancing a checkbook; and performing basic household tasks. In addition, foster parents and providers must connect youth and young adults to community resources such as post-secondary education, employment, and vocational/technical school opportunities.
- Preparation for Adult Living (PAL) Program provided by PAL Staff or PAL Contract Providers to eligible young adults ages 14 to 21 to become self-sufficient and productive. PAL services include a life skills assessment (Casey Life Skills Assessment) and life skills training (ages 16 to 18) in health and safety; housing and transportation; job readiness; financial management; life

decisions/responsibility; personal/social relationships; and educational/vocational and other supportive services.

- Engagement of youth in reviews of their plan of service and permanency planning meetings, such as Circles of Support and permanency conferences,
- Extended Foster Care Program for young adults who age out of foster care at age 18 provided there is an available placement. The Supervised Independent Living (SIL) program is a component of the Extended Foster Care program and allows young adults to live independently under a minimally supervised living arrangement provided by a DFPS contracted provider. A young adult in SIL is not supervised 24-hours a day and is allowed increased responsibilities, such as managing their own finances, buying groceries/personal items, and working with a landlord.

This chapter focuses on the following research questions:

1. To what extent do youth feel prepared for transitioning out of care and living independently?
 - a. Is having committed, caring adults in their lives associated with preparedness for living independently?
 - b. Are there differences in preparedness for living independently for youth in extended care vs. youth aging out at age 18?
2. How well are youth prepared for navigating relationships and taking care of their sexual and reproductive health?
3. To what extent do youth succeed in school and enroll in college or a technical school? And to what extent do they find employment?

FINDINGS

PREPARATION FOR INDEPENDENT LIVING

QUANTITATIVE FINDINGS

Preparation for Independent Living Program

We asked participants whether they had attended any independent living or life skills training programs or classes to help them prepare for leaving foster care. Among participants who were still in the study at Annual Survey 2 (age $M = 18.5$ years):

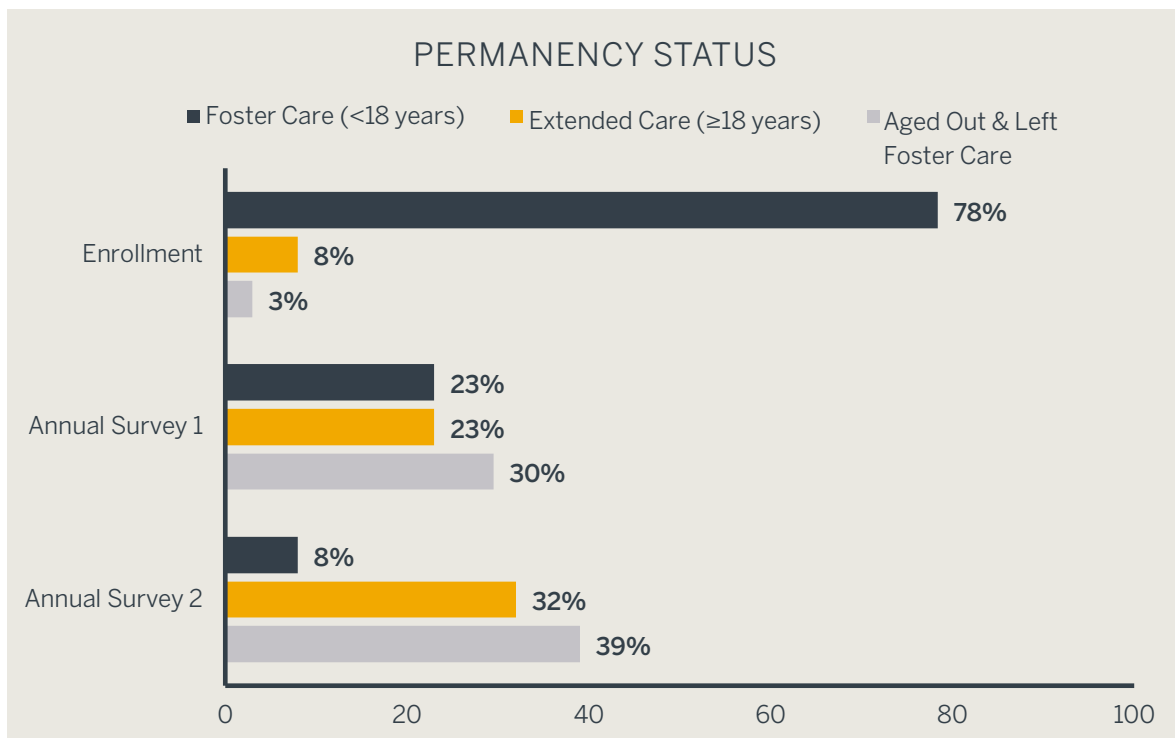
- 16% ($n = 14$) had not participated in any independent living or life skills training by the time of the Annual Survey 2.

- 84% ($n = 74$) had participated in independent living or life skills training by the time of the Annual Survey 2; the majority attended the program when they were about 16.5 years old:
 - 67% ($n = 59$) reported participating in a program at a mean age of 16.5 years old;
 - 47% ($n = 34$) reported (still) participating in a program at a mean age of 17.5 years old;
 - 15% ($n = 12$) reported (still) participating in a program at a mean age of 18.5 years old.
- We did not collect information about the type of independent living or life skills training the youth attended.

Extended Care or Leaving Care at Age 18

Extended care also provides an opportunity to develop skills while still having support and gradually taking on tasks independently. Out of our study population that was still active at the time of the Annual Survey 2 (mean age of 18.5 years old), 32% reported being in extended care.

Figure 13: Transition Out of Foster Care (Based on Sample with Data at All Three Time Points)



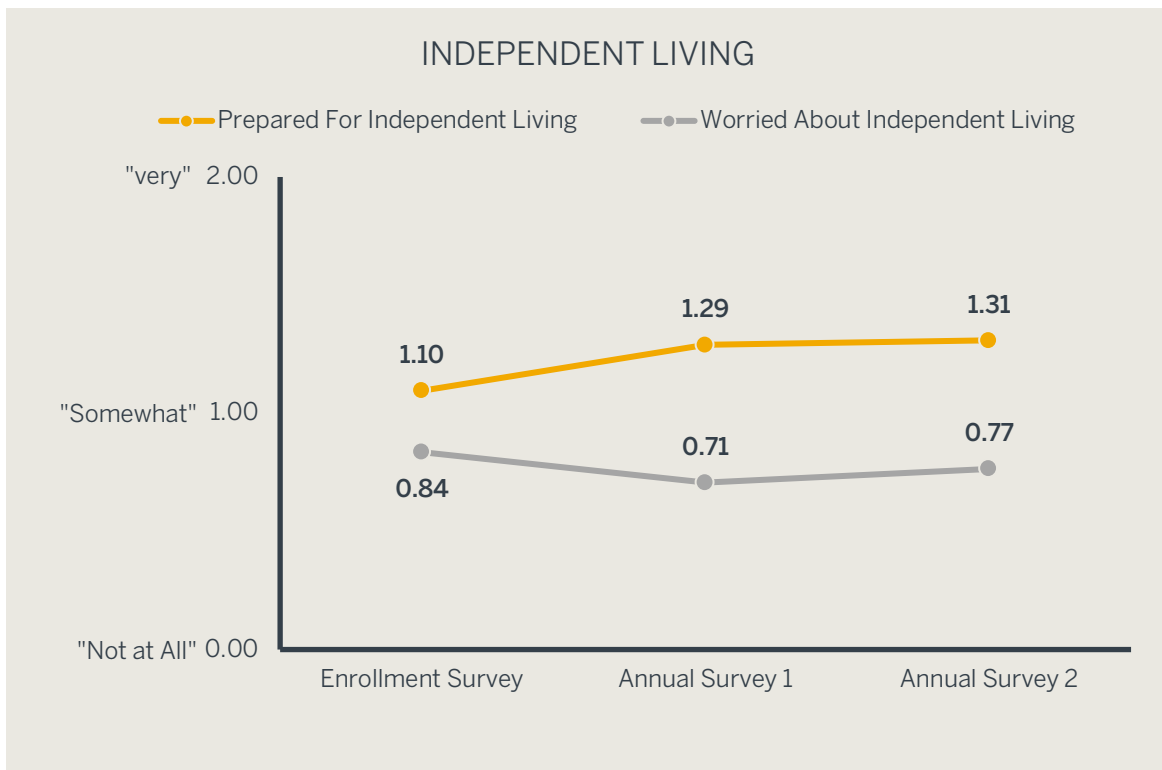
Enrollment Survey (Age M = 16.5 years); Annual Survey 1 (Age M = 17.5 years); Annual Survey 2 (Age M = 18.5 years)

Feeling Prepared for Living Independently

We then asked participants in the Enrollment and Annual Surveys how prepared they felt to live on their own and how worried they were about living on their own. Figure 10 shows the changes over time. **Notably, at an average age of 18.5 years, only 41% of youth felt very prepared, and 65% reported being somewhat or very worried about living independently.**

- The number of youth who reported feeling very prepared increased over time, from 27% at Enrollment (mean age of 16.5) to 42% at Annual Survey 1 (mean age of 17.5), stays steady at 41% at Annual Survey 2 (mean age of 18.5).
- The number of youth who reported feeling somewhat or very worried decreased over time, from 74% at Enrollment to 59% at Annual Survey 1, and slightly increasing again to 65% at Annual Survey 2.

Figure 14: Feeling Prepared or Worried about Living Independently (Based on Sample with Data at All Three Time Points)



Enrollment Survey (Age M = 16.5 years); Annual Survey 1 (Age M = 17.5 years); Annual Survey 2 (Age M = 18.5 years)

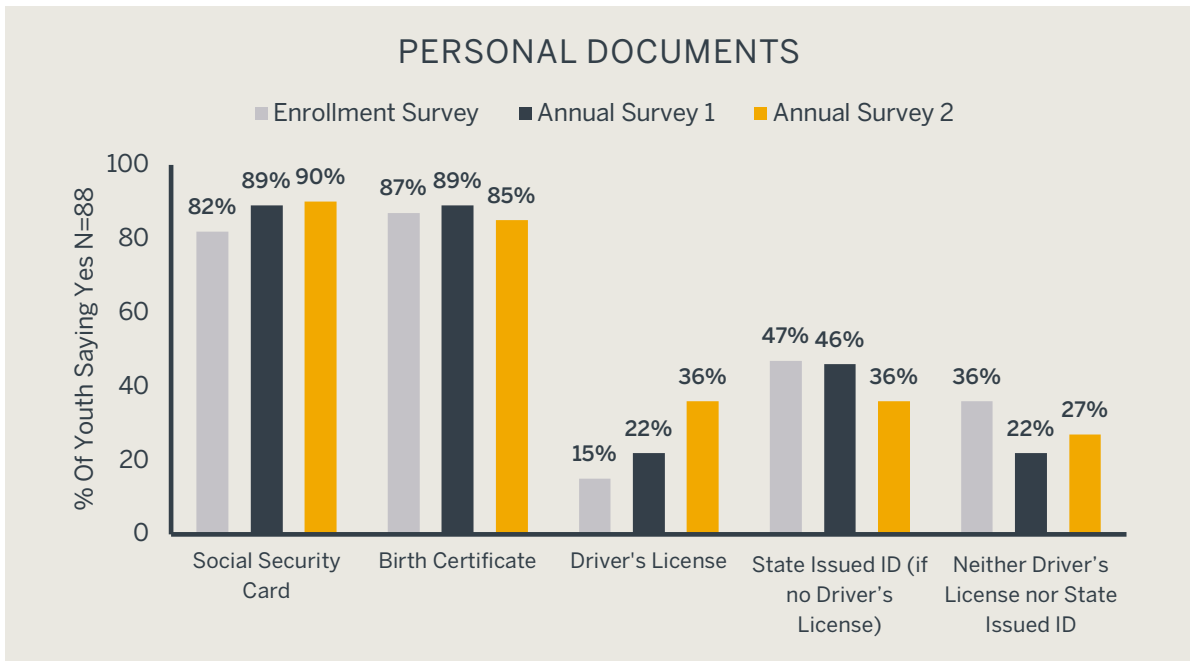
We developed multiple regression models to identify factors that may be associated with youths' level of preparedness or worry about living independently when they are about 18.5 years old. We found that neither participation in independent living programs, extended foster care, or the connection with parent-like committed adults were associated with the youths' preparedness for living independently.

Personal Documents

Youth in DFPS conservatorship ages 16 and older must be provided with a copy or original document of their birth certificate (Texas Department of Family and Protective Services, June 2022), social security card, and a Personal Identification Card issued by the Texas Department of Public Safety. Young adults who age out of care will be provided with a copy or original document of these and other documents. Driver License or State Identification Card Fee Waiver Driver license and State Identification Card fees are waived for youth in DFPS temporary or permanent managing conservatorship and for young adults at least 18 years of age, but younger than age 21, who reside in a DFPS paid foster care placement.

Obtaining these documents is critical for the youths' ability to gain employment, open a bank account, and access services.

Figure 15: Access to Personal Documents (Based on Sample with Data at All Three Time Points)



Enrollment Survey (Age M = 16.5 years); Annual Survey 1 (Age M = 17.5 years); Annual Survey 2 (Age M = 18.5 years)

Our findings (Figure 15) showed, that **10% of youth reported not having a social security card or number, and 27% of youth reported not having any state issued identification when they were on average 18.5 years old.**

Not having a social security card and not having any state-issued identification pose problems for living independently. Hispanic youth were overrepresented among youth who did not have a social security card or state-issued identification.

- Social Security Card:
 - At age 16.5, out of the 15 youth who didn't have a social security number, 10 were Hispanic.

- At age 18.5, out of nine participants who didn't have a social security number, eight youth were Hispanic.
- Driver's License or State Issued Identification:
 - At age 16.5, out of 32 youth who didn't have any identification, 22 were Hispanic.
 - At age 18.5, out of 24 youth who didn't have identification, 18 were Hispanic.

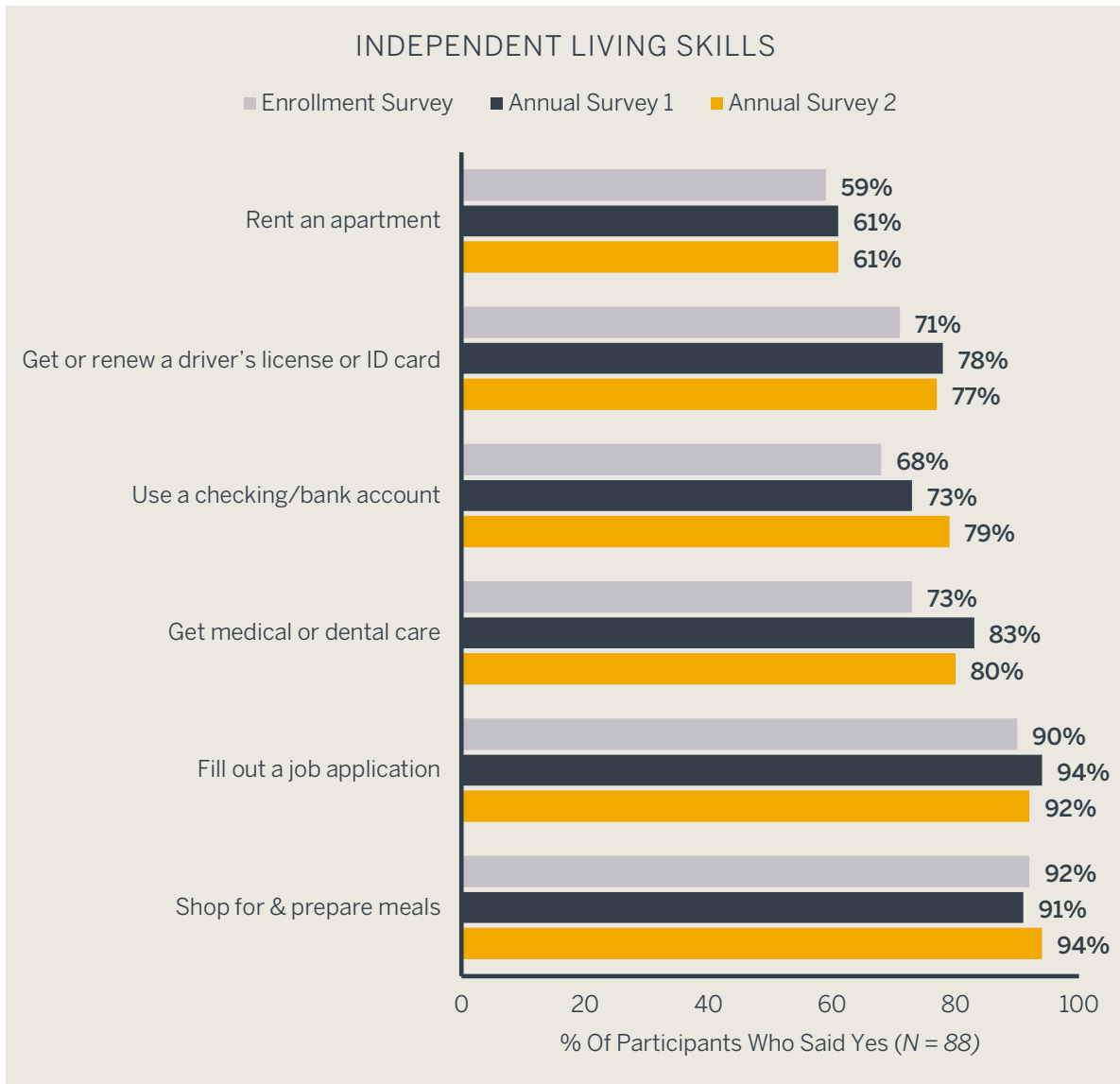
We did not find any differences in whether youth had these important personal documents when comparing youth with legal permanency, aged out youth, and youth still in (extended) foster care. There also was no association with having adults in their lives who commit to a parent-like relationship and who may have been a support for obtaining these personal documents.

Independent Living Skills

Lastly, we asked participants about whether they knew how to approach independent living tasks that are among those listed by DFPS in Experiential Life Skills Training and/or Preparation for Adult Living (PAL) programs.

Our survey results ([Figure 16](#)) showed very high agreement among participants that they knew how to shop for and prepare meals, or how to fill out a job application. However, agreement was much lower for using a checking/banking account, renting an apartment, accessing medical or dental care, or obtaining or renewing state-issued identification. **Our findings suggested some significant gaps in independent living skills when youth were on average 18.5 years old.**

Figure 16: Independent Living Skills (Based on Sample with Data at All Three Time Points)



Enrollment Survey (Age M = 16.5 years); Annual Survey 1 (Age M = 17.5 years); Annual Survey 2 (Age M = 18.5 years)

We explored factors that may be associated with knowing or not knowing how to tackle these important independent living tasks around age 18.5 years. Our hypothesis was that participants who were still in (extended) care, who had stronger connections with an adult who had committed to a parent-like relationship, and who had participated in independent living classes or programs would have more skills. [Table 33](#) provides an overview of the findings from Logistic Regression Models.

In general, we found no associations between independent living skills and youth participation in independent living programs, staying in (extended) foster care, legal permanency, or connections with adults who made a parent-like commitment. It is possible that our small sample size contributed to the lack of findings. In addition, we did not define the type and extent of the independent living skills program, nor the

amount of time youth had spent in extended care and the services they were receiving. Below we focus on two specific independent living skills that youth reported struggling with in our interviews.

Using a bank account

Other than skills increasing by age, we found that Hispanic youth and youth of color were less likely to know how to use a bank account. Living situation, permanency status, connections with adults who made a parent-like commitment, and participation in independent living skills program did not have a significant association. The details of the Logistic Regression Model are described in [Table 34](#).

- Hispanic youth were 9 times less likely to know how to use a bank account than non-Hispanic youth.
- Youth of color were 6.8 times less likely to know how to use a bank account than white youth.
- The disparities by ethnicity and race were explained in a second model by participants not having a social security card or social security number, which had been noted earlier in this report.

Knowing how to rent an apartment

Older youth and youth who had aged out were more likely to know how to rent an apartment. Connections with adults who made a parent-like commitment and participation in independent living skills program did not have a significant association. The details of the Logistic Regression Model are described in [Table 35](#).

- Youth who had aged out were 8.7 times more likely to know how to rent an apartment than youth who were still in foster care or youth who had attained legal permanency. They had clearly learned how to rent an apartment by making the step toward living independently.

QUALITATIVE FINDINGS

Year 2 interview questions included a set of questions that explored how much youth felt prepared for leaving foster care, how much say they had in the process, and what their experiences were once they started living independently.

Thirty-nine participants were interviewed about 540–630 days after enrollment (midway between Annual Survey 1 and Annual Survey 2), which represents 44% of the sample still active in the Annual 2 Survey. Out of the 39 interview participants, 31 had also participated in Year 1 Interviews. Interviews were conducted in summer of 2021 when COVID-19 related social distancing measures were still in effect.

All semi-structured interviews were conducted on the phone and lasted between 20 to 45 minutes. The following questions guided the interviews:

1. What are (or were) your plans for when you turn 18?

2. How supported do (or did) you feel in planning for leaving foster care?
 - a. How much say did you have in the planning process?
 - b. How did you decide to either leave care or stay in extended foster care?
3. What are your experiences with transitioning out of care so far?
 - a. How ready do you (did you) feel for life after foster care?
 - b. [If participant left foster care] In your experience, how is life after foster care?

Note: Pseudonyms are assigned in the presentation of findings.

Transition plan – “It is good to be in extended foster care, but I simply didn’t want to be bossed around anymore.”

At the beginning of the interviews, we asked participants about their legal permanency status and living situation. There were about equal numbers of youth who had decided to stay in extended foster care and who had decided to leave foster care at age 18.

- Nineteen interview participants were living in foster care (nine were living with a non-relative foster family, one lived with a relative, seven lived in Supervised Independent Living (SIL) settings, and one unspecified).
 - 14 interview participants were 18 and older and had decided to stay in extended foster care.
- Thirteen interview participants had aged out and left foster care.
- Four interview participants had been adopted in the past two years and were living with the adoptive family when they weren’t at college.
- Three interview participants had a legal permanent caregiver (two were living with their caregiver, one had moved out).

The following analysis focuses on the youth who were aging out of foster care and examines their reasoning for choosing extended care instead of leaving care at age 18. Participants generally agreed that they had had “a pretty good say” in planning for transitioning out of care. They asserted that the decision to leave care at age 18 or stay in extended foster care was ultimately their own, even if caseworkers strongly recommended staying in extended foster care. Making that decision was critically important, as it was often the first decision youth could make to regain control of their life.

“I would say everyone always strongly recommends that you sign the extended care agreement, because that’s how you get all your benefits and stuff. So, they’re pretty supportive. But I feel like it’s all up to the individual themselves. Because it’s their choice at the end of the day whether or not they want to go into extended care or not.” (Jade)

“I had a very good caseworker. But I told him that at first, I wanted to go into extended care, because I knew that I couldn’t do it on my own at first. I knew that I

would be scared. But I thought about it and once I got closer to 17 I started telling them that I don't want to be in extended care because I was really tired of being in foster care. I had been in and out my whole life and not had a choice. So, once I had a choice then I wanted to make my own choice. Of course, anybody and everybody who knew me and knew my case, they tried to talk me into staying into care." (Katrina)

Reasons for staying in extended care included continuing to live with a family that felt like a permanent home and accessing benefits and ongoing support through Supervised Independent Living (SIL) programs.

"I knew that the home that I'm in is very permanent, and that I would always have a place here. And so I think I wanted to take advantage of everything foster care has to offer up until I age out." (Alicia)

"Honestly, the decision, for me, it felt like it was the only option. I was like, 'Well, if I sign myself out of care, I'm not gonna have anywhere to go, I'm not gonna have anywhere to go. I'm not gonna have shelter, anywhere to live. I would be homeless.' So, the best option for me then was to sign myself into extended foster care." (Mary)

In the end Mary did change her mind. She did not have a strong connection to the family she was living with and ended up leaving foster care to live with a mentor in an informal living arrangement.

Several youth chose SIL options and generally liked the mix of independence while still having a support system.

"It's definitely more independent than regular foster care. Especially going off to school. It's easier, It's also good to have a support system. Just to make sure that you save money. And getting a job. Yeah, having a support system is important and knowing what you wanna do. And not letting nobody else dictate or let anybody else kinda get into your head." (Hope)

The most cited reason for leaving care at age 18 was wanting to get away from a system that seemed overprotective, controlling, and invasive. Youth wanted to have more freedom, and for some of them leaving the foster care system was essential for maturing and finding themselves.

"It is good to be in extended care. One of my best friends is in extended care. But I didn't want to do it because I simply just didn't want to be bossed around no more. Didn't want to be told what to do. So, I signed myself out at the age of 18. I don't care what nobody says. I'm gonna be 18 so no one can say no." (Katrina)

"After I moved out, I kinda felt like that foster care. invasive, overbearing environment, I was finally free of that. And honestly, it just feels a lot better being able to make my own decisions and not feel like guilty about them or feel like I'm gonna disappoint somebody. I feel very relieved." (Kaylee)

Several participants commented that being in foster care had skewed their perspective on life because the system sheltered and protected them from the world. On the flipside some had been struggling against the system to get more freedom and control.

After leaving care, they realized that they had to redefine who they were and what they might want for themselves.

"I feel like honestly leaving foster care, it's more up to you at the time. I'm not sure how to say it— 'cause life isn't like what it looks like. Your perspective of everything can change 'cause you don't know what life is at CPS at least that's what I think 'cause when I was there I wasn't able to go anywhere, I wasn't able to do anything. So, my whole idea of life was really screwed up." (Joe)

"I didn't realize that I didn't know who I was outside of CPS. I didn't know who I was outside of the staff members or the foster parents or anybody, like the care providers, the caseworkers. I didn't know what to do when I got out. So, I guess just finding who I am and becoming more independent than what I was. One major thing that I realized was that I can actually do things on my own and struggle with it and still accomplish it because I didn't think that I would be able to." (Katrina)

*"One thing I've learned about myself is that **I'm stronger than I thought I was**, I guess. Like I can handle more than I thought I could, if that makes sense. I really never expected myself, mental health-wise, to live past 18. When I was in foster care, I didn't really have the will to live. And after foster care, I had a conversation with my boyfriend, and it was a really deep conversation and I told him 'I'm grateful to be alive. I'm grateful to be here now. I love myself now.' And that's not something that I realized while I was in foster care." (Mary)*

Preparation for independent living – "No matter how many classes CPS put me through, I was not prepared at all."

Youth offered divergent thoughts on how well they felt prepared for leaving foster care. Several participants expressed that they thought they were ready to be on their own and to leave the system, but the reality was different.

"I thought I was completely ready. I thought I was more ready than I could ever be. But I was just ready mentally, and not financially. So, it kind of got me stuck." (Briana)

"I ended up moving to start my life off pretty much. Get a job, start saving up, stuff like that and at that point I had moved in with my best friend. But it didn't turn out as expected." (Joe)

Some youth stressed that independent living classes by themselves did not, or could not, prepare them for the experience of living independently.

"I didn't know what I was gonna do. I didn't know where I was gonna live. I didn't know how things would go. And honestly, it's taken me and thrown me around and shaken me up about being an adult now. I was not prepared for it. No matter how many classes CPS put me through because I've gone to every single one of them." (Katrina)

“Prepared-wise, I felt scared. I didn’t feel like I was prepared, but I felt like that was a decision that I had to make for my own mental health. Even though life is still tough now, I feel like it’s a lot easier to manage.” (Mary)

“You’re used to having your meals given to you, so you don’t have to cook. You’re used to having groceries, so you don’t have to go and buy groceries unless you wanted to. And you didn’t have to pay bills. And I think that I kind of got used to being given the silver spoon. But when I aged out, I’m just like, ‘Oh yeah. No, this is not exactly how I planned it to be.’” (Briana)

Youth noted specific challenges with renting an apartment, managing their finances, and staying on track with everyday tasks. Participants lacked not just skills for renting an apartment, but also the financial resources, especially during the COVID-19 pandemic when many lost their jobs.

“Some other things were like saving money; that was really a challenge. It was pretty hard to save money for me. I’ve known to get a large amount of money, blow it all one day, one week, so in a short period of time. I still try to overcome it. That’s one of the things I’m really working on.” (Jade)

“Honestly, it was challenging, especially with my credit background, ‘cause my credit’s not so good. And my grandparents, their credit isn’t so good either, so they couldn’t really I guess co-sign for me. But we found a way around it, and I was able to get a place of my own for my son, my husband. So, it’s a decent house, it’s got a big enough backyard where my dogs can play around in.” (Briana)

“Well, it’s just been challenging, we’ve been struggling to get our own place—I have a roommate now. We’re struggling to get our own place for a while but now we’ve finally settled down, we’re just saving up, trying to make it somewhere in the world. And then, once we do that, we’re gonna think about going to college. I don’t know.” (Joe)

Extended care did make the transition easier, but participants described that it was still challenging to take full responsibility for their lives.

“I was maybe 80% like, I was ready and the rest of it I was really just nervous. I think the source of being nervous is that because in extended care, the place I was living, they would never kick you out. Like you know, oh you’re late on rent? Okay, that’s fine. Just pay me the next day. In the real world, if you’re late on rent, they can kick you out the next day if they wanted to. So, yeah.” (Melissa)

Overall, the transition from living in a sheltered and structured environment to being on their own was sudden and abrupt. Although youth had wanted the freedom, it was a shock for many of them and required finding the strength to take responsibility for their own lives every day. Beyond knowing how to shop, pay bills, and manage their finances, skills that could be taught in independent living programs, they needed to discover their motivation and goals in life.

“It’s tough because I’m not used to having to do things on my own. But like I said, I’ll get used to it.” (Trixie)

"I felt like that was a challenge for me because being 18, 19, I felt like I never really got a chance to grow up and experience the adult world. I kind of just felt scared to leave a place where I was very sheltered because I didn't know anything about rent or credit or anything like that." (Sabina)

On the other end of the spectrum, some participants felt that independent living classes had prepared them well and that they had many skills to take care of themselves as adults.

"So, I felt pretty prepared. My Preparation for Adult Living worker helped me a lot with that. That program really helped me prepare for the basics of being an adult. I felt like I was less prepared mentally. I didn't know that you don't talk to your family every single day as an adult because you don't live with them, you know what I mean? I was used to seeing my siblings every day and I wasn't prepared to move away. And I ended up getting homesick because of that. But job-wise, resume-wise, taxes-wise, all that stuff, the logistics of being an adult, I was completely prepared for. I was ready for it." (Elena)

SEXUAL HEALTH, HEALTHY RELATIONSHIP SKILLS, AND TEEN PREGNANCY

Life skills training for youth (ages 16 to 18) includes content on health and safety, life decisions/responsibility, and personal/social relationships. These topics are especially important given the concerns about teen pregnancy and unhealthy relationships among youth and young adults with lived experience in foster care.

The rate of pregnant youth in Texas foster care has risen continuously, from 6.6 pregnant youth per 1000 youth in care in 2017 to 8.3 pregnant youth per 1000 in 2021; girls in Texas foster care are 5 times more likely to get pregnant than their same-age peers and more than 50% of girls who emancipate from foster care become pregnant before they turn 20 (Texans Care for Children, 2022). These outcomes are mirrored in national data sets (Dworsky & Courtney, 2010).

Youth in the foster care system also experience rates of physical and sexual dating violence victimization that are 3 times higher than their peers (Herrman et al., 2016). Nearly one third of young women ages 16–24 years with experience in care report a history of reproductive coercion (PettyJohn et al., 2021). Compared with youth in the general population, youth with lived experience in foster care have 2–14 times greater risk of contracting STIs, including HIV (for a review see Ahrens et al., 2016).

Some studies have found that the risk of becoming pregnant was related to the total number of foster homes and group care settings in which a youth had been placed. Placement instability may make it difficult for youth to develop the kind of relationships with adults that have been shown to be critical to helping adolescents avoid teenage pregnancy as well as other risky behaviors (Dworsky & Courtney, 2010). Other studies have shown that closeness to a caregiver regardless of placement type (Potter & Font, 2019) and remaining in extended foster care until the age of 21 (Ahrens et al., 2013) are protective factors.

The following section documents findings related to youth participation in sexual health education, skills for healthy relationships, and rates of teen pregnancies.

SEXUAL HEALTH EDUCATION AND HEALTHY RELATIONSHIP SKILLS

We asked participants about participation in sexual health education, which was defined as a “class or special program that talked about sexual activity and health. This could have been a class at school, at a church, or in the community.”

- At enrollment (mean age of 16.5 years), 87.5% had participated in some kind of sexual health program. The content varied considerably:
 - 66% of youth reported the program covered healthy and respectful relationships.
 - 60% of youth reported the program covered birth control methods.
 - 49% of youth reported the program covered abstinence only.
 - 40% of youth reported the program covered how to negotiate consent.
 - 13% of youth reported not participating in any program related to sexual activity and health.
- By the time of the Annual Survey 2 (mean age of 18.5 years), all but 2% of the youth reported having participated in a sexual health program at one point.

We then asked whether youth knew where to get family planning services to prevent pregnancy or sexually transmitted diseases.

- At Enrollment (mean age of 16.5 years), 79% of youth knew where to get services.
- By the time of the Annual Survey 2 (mean age of 18.5 years), 70% of youth knew where to get services. The reason for the drop is unclear. It could have been related to the COVID-19 pandemic and difficulties accessing services and care.

In a short quarterly survey conducted three months prior to the Annual Survey 2, we asked participants (mean age of 18.25 years) about their healthy relationship skills and knowledge about sexual health. Response options were *no, mostly no, somewhat, mostly yes, yes*. We dichotomized responses in high (*mostly yes, yes*) versus low confidence (*somewhat, mostly no, no*) and report the percentage of respondents who had low confidence in Table 38. Participants reported overall higher confidence in knowledge about warning signs of abusive relationships and STI and pregnancy prevention, but overall lower confidence in skills for healthy relationships.

Table 36: Healthy Relationship Skills (Annual Survey 2, Mean age 18.5 years)

	N= 88
VARIABLE	% Low confidence
I am good at letting others know how I feel and what I need	24
I can deal with anger without hurting others or damaging things	19
I stand up for myself	20.5
I know how to end a relationship in a safe and respectful way	20.5
I can deal with anger without hurting others or damaging things	19
I know how to get help if I feel threatened or hurt by a dating or sexual partner	18
I know what to do if someone sends me messages online that make me feel bad or scared	17
I know the signs of a hurtful or abusive relationship	13
I know how to protect myself from STIs	13
I know how to prevent getting pregnant or getting someone else pregnant	12

TEEN PREGNANCIES

As mentioned above, the rate of pregnant youth in Texas foster care has risen continuously, from 6.6 pregnant youth per 1000 youth in care in 2017 to 8.3 pregnant youth per 1000 in 2021. Pregnancy rates spike at the time of transitioning out of foster care, and more than 50% of girls who emancipate from foster care become pregnant before they turn 20 (Texans Care for Children, 2022).

We therefore asked participants at enrollment and in annual surveys about pregnancies or whether they had gotten a partner pregnant. Participants who identified as cisgender females reported pregnancies. However, participants who identified as cis-gender males did not report getting any partner pregnant. The following data are for cisgender females ($n = 52$) who were still active in the study at Annual Survey 2.

- Enrollment (mean age of 16.5 years): six participants had ever been pregnant
- Annual Survey 1 (mean age of 17.5 years): four participants had a pregnancy in the past year
- Annual Survey 2 (mean age of 18.5 years): six participants had a pregnancy in the past year

In summary, at age 18.5 years, 24% ($n = 10$) of cisgender females who were still in the study have had at least one pregnancy. We did not query whether the pregnancy resulted in the birth of a child, and if so, whether participants lived with their child(ren). Among cisgender females ($n = 52$):

- 5.5% have had one pregnancy ($n = 3$).
- 7% have had two pregnancies ($n = 4$).
- 5.5% have had three or more pregnancies ($n=3$).

Youth of color had more pregnancies than white youth when controlling for ethnicity and age. There was no significant association for permanency status, living situation, connections with adults, and knowing how to access family planning services.

When we interviewed youth, we did not specifically query about pregnancies and whether they were intended or not. The following two participants shared about their pregnancy experiences.

"I thought it was a really big accomplishment that my son made it to a year. I was like, 'Wow, we're new parents. We're young new parents, and we...' what's it called? 'We raised this baby, and he's a healthy baby, and he's a pretty smart baby.' He stayed with us for a year. So, that was our big woo-hoo moment."
(Daniela)

"I had had a miscarriage a few months before I got pregnant again, so I guess having a healthy pregnancy is one amazing accomplishment because it's hard, especially with everything going on with the world. Obviously, none of the sex education classes worked. I got pregnant really fast just because I knew I could, just because I knew I had that freedom." (Katrina)

EDUCATION AND WORK EXPERIENCE

EDUCATION

As noted above, several studies (Courtney et al., 2005; Pecora et al., 2005) suggest that youth who age out of the system struggle with education, with about half not obtaining their high school diploma and only 10% completing a college degree (Brandford & English, 2004; Stott & Gustavsson, 2010). Unemployment rates for these youth range between 25–50%.

In our Interim Report (Ball et al., 2021) we noted that most study participants had changed schools in middle school at least twice, and almost a quarter of our participants (23.5%) changed schools more than three times while in middle school. A similar picture emerged for high school. Over a quarter of our participants (27.8%) changed school more than 3 times while in high school. We found that frequent placement and school changes were associated with less connection to school, especially to teachers and other support staff. In interviews, participants described times when they were struggling to catch up with their peers, socially and

academically. While many developed supportive relationships with teachers when given the chance to stay long enough in one place (at least for one school year), it was notable that they struggled with peer relationships.

In addition, we noted earlier in this report the challenges of switching to virtual learning environments due to the COVID-19 pandemic. The vast majority of youth struggled with virtual learning, missed direct support from teachers and counselors, and lacked accommodations for learning disabilities and mental health issues. Nevertheless, our data show that they were on the path to graduate from high school or obtain a GED. At the time of the Annual Survey 2 (mean age of 18.5 years):

- 33% were still in high school
- 2% had dropped out and were currently working on a GED
- 58% had a high school diploma or GED
- 48% of the youth who had completed their high school diploma or GED, ($n = 24$) were enrolled in college at the time of the Annual Survey 2

Educational attainment in our study population appeared to be higher than in other studies. These findings are encouraging but not generalizable. Youth with higher educational engagement and attainment may have been more likely to remain active in the study.

Table 37: Educational Attainment (Annual Survey 2, Mean age 18.5 years)

	N= 88	
EDUCATION	<i>n</i>	%
10th	4	4.5
11th	10	11.4
12th	15	17.0
I dropped out of school am working on GED	2	2.3
I have a high school diploma/GED	51	58.0
Missing	6	6.8
Total	88	100.0

WORK

Previous research suggests that youth or young adults aging out of foster care in Texas face more unemployment than other youth their age, with rates up to 50% (Schoenfeld & McDowell, 2016). Additionally, the COVID-19 pandemic resulted in widespread job losses when lockdown and social distancing measures were in effect. In earlier sections of this report, we described in detail how youth were impacted when businesses closed.

At the Annual Survey 2 (mean age of 18.5 years, $N = 88$), which reflected the phase of the pandemic when businesses gradually reopened:

- 49% of all youth reported they were working.
- 68% of youth with a high school diploma or GED were working.
- 52% of youth who were in college were working at the same time.

We did not collect information on either number of hours worked or pay, or whether youth sought employment but couldn't find any.

We also examined the participants' work experience from Enrollment through Annual Survey 2 based on their responses to quarterly surveys.

- 14% had never worked during this two-year period,
- 35% had worked between 3 to 6 months during this two-year period,
- 22% had worked between 6 and 12 months during this two-year period, and
- 30% had worked 12 – 24 months during this two-year period.

When we examined demographic factors associated with work history, we found an expected association with age and an association with ethnicity. See [Table 38](#) for details.

- **Hispanic youth had less work experience than non-Hispanic youth when controlling for age, race, gender, and sexual orientation.**
- **Taken together with our finding that Hispanic youth were 9 times less likely to know how to use a bank account than non-Hispanic youth, these are troubling disparities in outcomes for Hispanic youth.**
- We checked whether having a social security card or number contributed to these findings, but there was no significant association.

SUMMARY

Some youth are missing critical personal documents.

Youth in DFPS conservatorship ages 16 and older must be provided with a copy or original document of their birth certificate (Texas Department of Family and Protective Services, June 2022), social security card, and a Personal Identification Card issued by the Texas Department of Public Safety. We found that 10% of youth reported not having a social security card or number, and 27% of youth reported not having any state issued identification when they were on average 18.5 years old. Hispanic youth were overrepresented among youth who did not have a social security number or state-issued identification. It was unclear whether youth were never issued these documents, or whether they had lost track of them. In either case, not having a social

security card and not having any state-issued identification poses problems for living independently.

Youth are not well prepared for living independently.

In our study sample, 84% of youth had participated in independent living or life skills training by the time they were about 18.5 years old; the majority attended the program when they were about 16.5 years old.

The number of youth who reported feeling very prepared increased over time, from 27% at an average age of 16.5 years to 41% at an average age of 18.5 years. However, 65% of youth continued to be somewhat or very worried about living independently at an average age of 18.5 years.

Our findings suggested some significant gaps in independent living skills when youth were on average 18.5 years old. Our survey results showed very high agreement (more than 90%) among participants that they knew how to shop for and prepare meals, or to fill out a job application. However, agreement was much lower for knowing how to use a checking/banking account (79%), rent an apartment (61%), access medical or dental care (80%), or obtain or renew state-issued identification (77%).

In interviews, youth offered divergent thoughts on how well-prepared they felt for leaving foster care. Several youth who had aged out expressed that they had thought they were ready to be on their own and to leave the system, but the reality proved to be different. Some youth stressed that independent living classes by themselves did not, or could not, prepare them for the experience of living independently. The transition from living in a sheltered and structured environment to being on their own was sudden and abrupt. Although youth had wanted the freedom, it was a shock for many of them and required finding the strength to take responsibility for their own lives every day.

In spite of challenges with virtual learning environments during COVID-19, youth are making progress in their education and work experience.

Educational attainment in our study population appeared to be higher than in other studies. At an average age of 18.5 years, only 2% of youth had dropped out of school and were working on their GED, 33% were still in high school, and 58% had a high school diploma or GED; 48% of the youth who had completed their high school diploma or GED, were enrolled in college. Again, these findings may not be generalizable, as youth with higher educational engagement and attainment may have been more likely to remain active in the study.

When we examined their work experience, we found that 86% of youth in our study population had some work experience by the time they were on average 18.5 years old.

- 14% had never worked during this two-year period,
- 35% had worked between 3 to 6 months during this two-year period,

- 22% had worked between 6 and 12 months during this two-year period, and
- 30% had worked 12–24 months during this two-year period.

At an average age of 18.5 years:

- 49% of all youth reported they were working.
- 68% of youth with a high school diploma or GED were working.
- 52% of youth who were in college were working at the same time.

We found disparities by ethnicity for independent living skills and work experience that require further exploration and intervention.

Hispanic youth were 9 times less likely to know how to use a bank account than non-Hispanic youth which was related to not having a social security card or number.

Hispanic youth also had less work experience than non-Hispanic youth when controlling for age, race, gender, and sexual orientation. This finding was not related to whether they had a social security card or number.

Nearly 1 in 4 girls had at least one pregnancy when they were on average 18.5 years old.

When youth were on average 18.5 years old, all but 2% of the youth reported having participated in a sexual health and healthy relationship program at one point, however the extent and content varied considerably. Nearly a quarter of participants reported low confidence in setting boundaries in relationships or negotiating conflicts.

At age 18.5 years, 24% ($n = 10$) of cisgender females who were still in the study had at least one pregnancy. We did not query whether the pregnancy was intended or unintended, and whether it resulted in the birth of a child. Youth of color had more pregnancies than white youth controlling for ethnicity and age. There was no significant association with potential protective factors including legal permanency, living in extended care, connections with adults, and knowing how to access family planning services.





**DISCUSSION, LIMITATIONS,
AND RECOMMENDATIONS**

DISCUSSION

The Texas Youth Permanency Study followed a cohort of youth in foster care 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?
 - a. To what extent do legal permanency, placement characteristics, and relationship dynamics with caregivers contribute to a sense of belonging and emotional wellbeing?
 - b. How does normalcy - the ability to participate in age appropriate social, educational, and extracurricular activities - impact relationships with caregivers and emotional wellbeing?
2. To which extent do youth develop and maintain stable and nurturing connections with adults, including birth families, foster and adoptive parents, kin, and child welfare professionals?
 - a. Do legal permanency and relational permanency, respectively, contribute to emotional support, wellbeing and competency when youth transition to living independently?
 - b. How stable are connections with caring adults and emotional support during the time when youth transition to living independently?
3. How prepared are youth for living independently?
 - a. To what extent are youth prepared for taking on adult tasks, such as managing their finances, obtaining housing, going to college, and getting employment?
 - b. How well are youth prepared for navigating relationships and taking care of their sexual and reproductive health?

Participants in this three-year longitudinal study 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.

This report captured a critical period in the lives of youth in foster care, beginning when they were on average 16.5 years old. At the end of the study period, 21% of youth had left foster care by attaining legal permanency through adoption, reunification, or a legal permanent caregiver; 39% had aged out and left care; 32% had opted to extend their time in foster care; and 8% were still in care (younger than 18 years).

Our findings highlighted the interconnectedness of relational permanency, normalcy, competency, and social emotional wellbeing. Each of these concepts are discussed below in light of the insights from our study.

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.

Similarly, having adults in their lives who made a commitment to lifelong support and a parent-like relationship provided important emotional support as youth were transitioning out of care. Fewer or weaker connections with caring adults were associated with significantly elevated levels of anger, stress, and sadness at the transition out of care.

While we found a strong association for the quality of youth-caregiver relationships and relational permanency with emotional wellbeing, there was no association for placement type or legal permanency with emotional wellbeing.

TRUST AND CONFIDENCE IN A CAREGIVER'S RESPONSIVENESS IS ASSOCIATED WITH EMOTIONAL WELLBEING

At the outset of the study, when youth were on average 16.5 years old, a majority (72%) reported that they felt a sense of belonging in their current living situation and high levels of connection with caregivers regardless of the type of living situation.

Furthermore, a majority of participants endorsed attachment patterns that were characterized by trust and confidence that their caregivers were available to them and that indicated a mutual partnership. Confident attachment relationships promote healthy developmental outcomes in every area of child wellbeing (Samuels, 2009). These positive findings are noteworthy given the prevalence of adverse experiences, including trauma and loss, among youth in foster care that are often associated with an increase in avoidant, angry, and distressed attachment patterns (West et al., 1998).

RELATIONAL PERMANENCY CONTRIBUTES TO EMOTIONAL SUPPORT AND WELLBEING DURING THE TRANSITION OUT OF FOSTER CARE

Our study showed that the presence of adults who were committed to a permanent, parent-like relationship was associated with having stronger emotional support, both while in foster care and at the transition out of care, thus confirming the important role of relational permanency.

Leaving home or transitioning out of foster care is a turbulent developmental period that challenges and redefines the relationships between youth and caring adults. Youth

noted that lasting relationships at the transition out of foster care were those that had been tested over time and that entailed a strong and mutual connection. They most often identified family members and long-term foster parents as providing unconditional emotional support. Family members afforded needed continuity and a sense of identity. Long-term foster parents who had proven their commitment even when youths “messed up” offered a secure home and unbreakable bond that “felt like family.” These findings highlighted the value of long-term foster care for some of the youth who had no or few connections with family and who did not prioritize adoption.

Conversely, relationships with other caring adults, such as mentors, teachers, and child welfare professionals were mentioned less frequently and some youth noted that these relationships faded once they left care, possibly because they were tied to a professional role and didn’t develop naturally.

Youth also noted the importance of friends and romantic partners in providing emotional support, especially at time when they were struggling to trust adults and the child welfare system. In adolescence and emerging adulthood, relationships with peers and romantic partners are increasingly important and contribute to social emotional wellbeing and a sense of self-worth and competence. Indeed, young adults with a history in foster care report that having a romantic partner is the social connection that most significantly increases their perception of social support and wellbeing (Zinn et al., 2017). Yet in child welfare and in conversations about relational permanency, the importance of lasting relationships with peers is often overlooked.

ADOPTION AS AN OLDER YOUTH CAN BE CHALLENGING

Youth generally agreed that they had a voice in setting their permanency goal. The youth who were aging out of care expressed that they did not want to consider adoption because of prior negative experiences and because they still had connections to their birth family, had a strong relationship to their foster family, or preferred to be independent.

A small number of participants were adopted after age 16, and most of these adoptions were through non-relatives who had no prior history with the youth. Although relationships with adoptive parents represented a permanent legal bond, these relationships were still new and untested. Some participants noted that they were still struggling to find their place in their new family; they were simultaneously building a new parent-child relationship, negotiating parental expectations, and preparing for living independently. They noted that these competing demands were a challenge not only for themselves but for their adoptive families.

While we cannot draw definite conclusions due to the small sample size, these findings are nevertheless important and warrant further, systematic study considering the push toward adoption within the child welfare system.

NORMALCY

Our study affirmed the critical role of normalcy for developing positive relationships with caregivers and lasting placements, for the youths' emotional wellbeing and social development, and for building skills that are essential in emerging adulthood (Annie E. Casey Foundation, 2015).

NORMALCY, CHARACTERIZED BY BELONGING, SUPPORT, AND A SENSE OF FREEDOM, IS AN ESSENTIAL ELEMENT OF POSITIVE RELATIONSHIPS WITH CAREGIVERS

Findings provided important insights into the experiences of older youth in care and demonstrated the critical role of normalcy in developing positive relationships with caregivers and lasting placements. When identifying characteristics of positive 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, not feeling heard, limited trust with the caregiver, and restrictive placement rules—most often associated with residential treatment centers—were signs of a stressful, adversarial living situation, often accompanied with anger and sadness.

LIMITED NORMALCY AND OVERPROTECTIVE ENVIRONMENTS MAKE THE TRANSITION TO LIVING INDEPENDENTLY CHALLENGING

Our study also illustrated the challenges when youth do not experience normalcy, and therefore do not have an opportunity to practice skills needed for living independently. As they were leaving foster care, youth not only struggled with obtaining housing and managing their finances, but also with managing their daily lives, identifying interests, and making choices. As one of the participants said, "Aging out of foster care in itself is a monumental change, going from having all of my most basic needs met to having to take care of myself." Youth described the transition from being in a very sheltered, overprotective, and sometimes controlling environment to suddenly being on their own as a shock that required "finding that strength" to take care of everyday needs and—for the first time—set their own goals in life.

These findings highlight the importance of advancing the implementation of normalcy, especially for older youth in care. Normalcy is intended to allow youth exploration of age-appropriate social activities, relationships, and employment opportunities. Developing social skills, building a support network, exploring their identities, and learning through decision-making are essential steps toward independence (Pokempner et al., 2015). A lack of normalcy in the formative phase of adolescence curtails not only social emotional development, but also the development of skills needed for living independently.

Despite all their struggles and hardship, youth were proud of their resilience and independence and defined their growth and success in terms of obtaining education

and work, mastering adult tasks independently, deepening relationships, and improving their physical and mental health.

COMPETENCY

We expected that participation in independent living skills programs or in extended foster care and strong connections with adults who committed to a parent-like relationship would be associated with a stronger sense of preparedness and higher skill levels. Contrary to expectations we did not find any associations, possibly due to the small sample size. While the presence of adults who made a parent-like commitment did provide significant emotional support, it did not appear to prepare youth for living independently or provide instrumental support.

YOUTH HAVE SIGNIFICANT GAPS IN INDEPENDENT LIVING SKILLS

In our study sample, 84% of youth had participated in independent living or life skills training by the time they were about 18.5 years old. However, only 41% of youth reported feeling very prepared and 65% of youth continued to be somewhat or very worried about living independently.

Furthermore, our findings suggested some significant gaps in independent living skills. Our survey results showed very high agreement (more than 90%) among participants (mean age of 18.5 years) that they knew how to shop for and prepare meals, or to fill out a job application. However, agreement was much lower for knowing how to use a checking/banking account (79%), rent an apartment (61%), access medical or dental care (80%), or obtain or renew state-issued identification (77%).

Several youth who had aged out expressed that they had thought they were ready to be on their own and to leave the system, but the reality proved to be different. They stressed that independent living classes by themselves did not, or could not, prepare them for the experience of living independently.

Taken together, independent living classes, extended care, and parent-like, committed adults in their lives do not appear to sufficiently prepare youth to live independently. Youth might benefit from a stronger and intentional focus on experiential learning, as opposed to classroom-based learning.

YOUTH MAKE EDUCATIONAL GAINS AND GATHER WORK EXPERIENCE

Educational attainment in our study population appeared to be higher than in other studies. At an average age of 18.5 years, only 2% of youth had dropped out of school and were working on their GED, 33% were still in high school, and 58% had a high school diploma or GED; 48% of the youth who had completed their high school diploma or GED, were enrolled in college. While these findings are encouraging, they are not generalizable. Youth with higher educational engagement and attainment may have been more likely to remain active in the study.

When we examined their work experience, we found that 86% of youth in our study population had some work experience by the time they were on average 18.5 years old. However, we found disparities by ethnicity for independent living skills and work experience that require further exploration and intervention. Ten percent of youth reported not having a social security card or number, and 27% of youth reported not having any state issued identification when they were on average 18.5 years old. Hispanic youth were overrepresented among youth who did not have a social security number or state-issued identification. It was unclear whether youth were never issued these documents, or whether they had lost track of them. In either case, not having a social security card and not having any state-issued identification poses problems for living independently. Hispanic youth were 9 times less likely to know how to use a bank account than non-Hispanic youth which was related to not having a social security card or number. Hispanic youth also had less work experience than non-Hispanic youth when controlling for other demographic factors.

EXTENDED FOSTER CARE EASES THE TRANSITION TO INDEPENDENCE

Regardless of positive relationships with current caregivers, a majority of youth were planning to move out once they turned 18. A smaller group of youth intended to stay in extended care, either with a current foster or kinship family or in a Supervised Independent Living program.

When they were on average 18.5 years old, youth who had aged out and left foster care or attained legal permanency experienced significantly more stress compared with youth who were in extended foster care. Youth who had left foster care identified specific stressors including financial and housing challenges, difficulties getting a job, and separating from people they had formed close relationships with. The COVID-19 pandemic exacerbated some of these challenges, especially due to social isolation and job losses during the phase of wide-spread lockdowns.

Youth in extended foster care experienced significantly less stress and more housing stability and were appreciative of the supportive environment. Our findings confirm research that has shown that there are benefits for youth to stay in extended care (Rosenberg & Abbott, 2019), even for a short period of time, and especially during this time of the COVID-19 pandemic.

INCONSISTENT SEXUAL HEALTH AND RELATIONSHIP EDUCATION IS REFLECTED IN HIGH RATE OF TEEN PREGNANCY AND DEFICITS IN HEALTHY RELATIONSHIP SKILLS

When youth were on average 18.5 years old, all but 2% of the youth reported having participated in sexual health education, however the extent and content of education varied considerably. Notably, 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% ($n = 10$) of cisgender females who were still in the study had at least one pregnancy. We did not query whether the pregnancy was intended or

unintended, and whether it resulted in the birth of a child. Youth of color had more pregnancies than white youth controlling for ethnicity and age.

These findings confirm the critical need for trauma-informed sexuality and relationship education and improved access to sexual and reproductive health care.

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. In the course of 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.

DECREASE IN EMOTIONAL SUPPORT AND INCREASE IN MENTAL HEALTH CONCERNS AT THE TRANSITION OUT OF FOSTER CARE

Around the time when they were turning 18, youth experienced a decrease in emotional support. Fewer or weaker connections with relatives or other caring adults who could provide lifelong support were associated with significant increases in sadness, stress, and anger.

For some youth, unexpected conflicts with caregivers led to the disruption of placements and left them in limbo just around the time when they were turning 18. In some cases, these were the very placements or people youth previously thought they could rely on as permanent support. Several youth reported phases of homelessness, seeking support from relatives, and having to rebuild their lives from scratch. While the reasons for placement and relationship disruption varied, youth repeatedly expressed the need to redefine relationships and expectations with caregivers/parents when they turned 18.

In addition, the isolating effect of the COVID-19 pandemic impacted youths' ability to stay connected with important people, including family members, mentors, and friends. Even if youth had had strong connections with caring adults earlier in adolescence, some of these connections seemed to fade under the present circumstances.

COVID-19 IMPACTS MENTAL HEALTH, EDUCATION, SOCIAL CONNECTIONS, AND FINANCIAL STABILITY

The challenges and stress associated with emerging adulthood noted by our participants need to be seen in conjunction with the long-term impact of the pandemic on the social emotional wellbeing of adolescents and young adults. Many youth cited specific mental and physical health challenges as a result of social isolation, online learning, and job losses. For the majority of participants, loss of social contacts due to

the pandemic added another layer on top of the pervasive losses they had already been experiencing, and some cited feeling depressed. For those youth who had aged out and left foster care, job loss and social isolation increased housing instability.

The widespread negative experiences with virtual learning environments, whether in high school or college, are especially concerning. Youth with gaps in their education, learning disabilities, or mental health challenges had the most difficulties, saw their grades slip, or were close to giving up. While a majority of our study participants did graduate from high school or made it through their first year of college, there are still concerns how this experience may affect their educational attainment in the long-term, especially given the already low high school and college graduation rates among youth in care (e.g., Stott & Gustavson, 2010).

LIMITATIONS

This study has several limitations, and the findings are not generalizable. Limitations include the (1) recruitment strategy that resulted in an overrepresentation of youth who were actively participating in child welfare court; (2) small sample size and attrition due to the COVID-19 pandemic; and (3) measurement bias.

COVID-19

The emergence of the COVID-19 pandemic impacted and shifted this study in multiple ways. First, the pandemic-related lock down stopped our in-person recruitment efforts and any further in-person follow up with participants. As a result, we only enrolled 197 instead of our envisioned 500 participants. Second, the pandemic affected the health and mental health of adolescents and young adults across the country (e.g., Temple et al., 2022). In our study population, the pandemic coincided with the youths' transition out of foster care. Therefore, all study findings need to be seen in the context of these intersecting challenges.

We had anticipated to develop models to identify factors that predict outcomes over time. However, the smaller sample size due to limited recruitment and attrition impacted the statistical power for the analyses. In addition, without either a pre-pandemic control group or a matching control group of youth who were not in foster care, we were not able to clearly disentangle the impact of the pandemic from other unique challenges youth in foster care face as they master developmental tasks and transition to living independently. Therefore, we focused on developing snapshots that describe the youths' wellbeing, living situation, legal and relational permanency, emotional wellbeing, and independent living skills prior to transitioning out of care, and when they are in the process of transitioning out of care.

ATTRITION

Our work demonstrated that we could successfully recruit a cohort of youth in foster care through participating child welfare courts. The resulting sample consisted primarily of youth who were attending court and received information about the study directly from a member of the research team.

As expected, there was significant attrition from enrollment follow up surveys over the three-year study period. While enrollment primarily occurred in person in court, contact for subsequent surveys was made via text, phone, email, social media, and mail. It appears that the shift from in-person contact for the enrollment survey to virtual contact for quarterly surveys contributed to the drop in participation. When the COVID-19 pandemic made in-person follow ups impossible, we had to rely on outreach via email, text, phone, and mail to follow up with participants in quarterly surveys, which likely contributed to attrition especially in the beginning of the three-year study.

We conducted an attrition analysis and found that demographic variables (age, gender, sexual orientation, racism and ethnicity), placement history (age at first removal; number of placements), and legal permanency status (adoption, reunification, permanent legal guardianship versus foster care) were not associated with retention in the study.

MEASUREMENT BIAS

This study centered the experiences and voices of youth in care, which is both a strength and limitation. Listening to youth in foster care, who often feel stigmatized and powerless, is essential for ongoing improvement efforts in child welfare. However, we were not able to triangulate the youth' self-reports and perspectives with other data sources, such as case files or surveys and interviews with the adults that care for them.

TYPS, like other self-report studies, needs to consider response biases.

- Social desirability may have played a role in participants' overwhelmingly positive responses on measures of support by adults at school and adults involved with their legal case.
- Response fatigue may also be clouding our findings. Although we adapted existing survey measures to match a 6th grade reading level, developed a mobile-friendly format, and designed short surveys taking no more than 5–10 minutes to complete, it is possible that participants' attention and motivation to answer questions dropped, especially because they were completing surveys online.
- We sought to address response biases in interviews. Interviews were conducted by a researcher with lived experience in foster care who was able to relate to the participants' experiences. The researcher was attentive to creating a safe environment and probed for both positive and negative experiences youth may have had with caregivers, peers, at school, and in child welfare court.

A strength of our study is the mixed-methods design and our ability to explore participants' experiences in greater depth through interviews following the survey.

RECOMMENDATIONS

A NEW MODEL PRIORITIZING RELATIONAL PERMANENCY, NORMALCY, AND COMPETENCY

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. Accordingly, success is measured in the attainment of legal permanency for as many children as possible.

The traditional child welfare model assumes that legal permanency naturally leads to youth wellbeing.

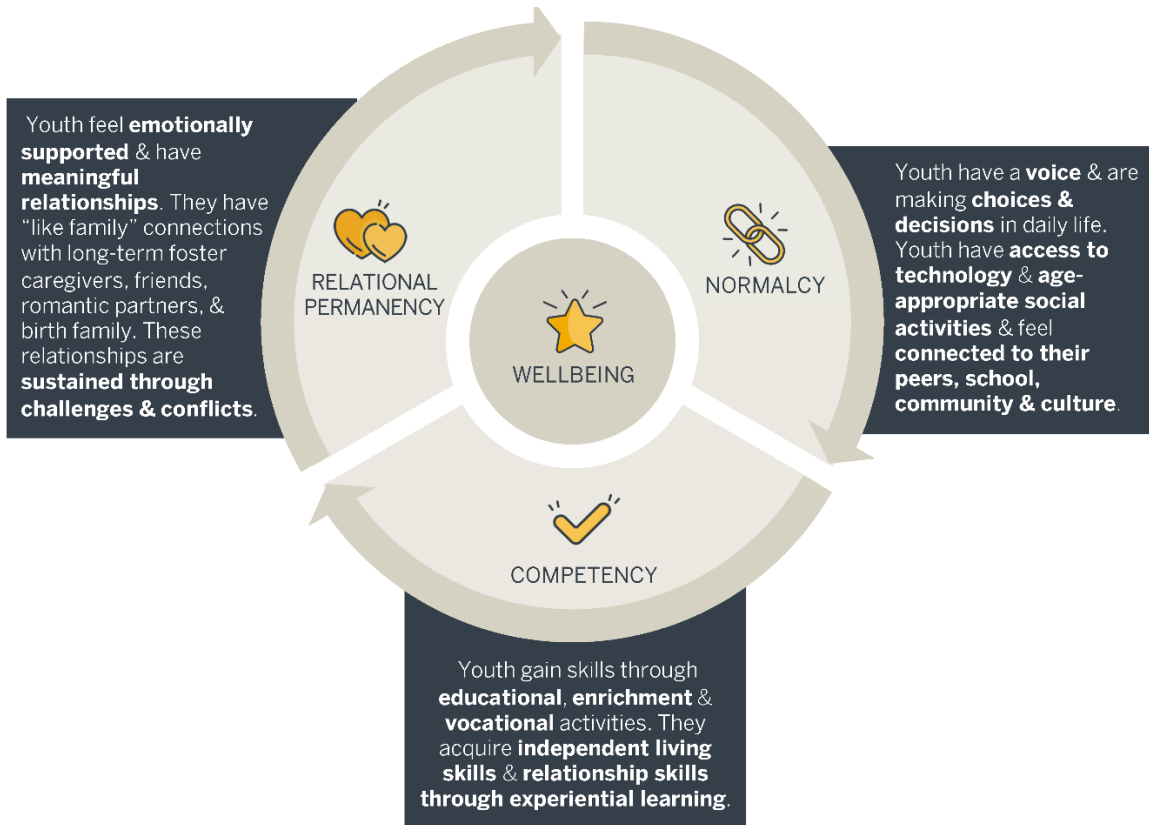
Figure 17: Child Welfare Model Prioritizing Legal Permanency



Our research with youth in foster care, aged 14 years and older, did not support the expectation that youth who attain legal permanency experience higher levels of wellbeing than youth aging out of foster care. Instead, we realized that relational permanency and normalcy are the foundation for developing competency and social emotional 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.

Figure 18: Child Welfare Model Prioritizing Relational Permanency, Normalcy, and Competency



FOCUS ON RELATIONAL PERMANENCY OVER LEGAL PERMANENCY

INCREASE YOUTH VOICE IN PLACEMENT DECISIONS AND BUILD A STRONG FOUNDATION FOR POSITIVE RELATIONSHIPS WITH FOSTER CAREGIVERS

The quality of relationships between caregivers and youth has a strong impact on the youth's overall wellbeing and placement stability. Youth value being able to have a voice in important decisions that affected their lives. Facilitating smoother transitions between placements and increasing youth voice in placement decisions can start relationships on a more stable foundation.

- Judges should encourage youth participation in court and stronger engagement in placement decisions. The Texas Children’s Commission supports several specialty courts for youth in Permanent Managing Conservatorship that have developed models for youth engagement.
- Residential and Child Care Licensing should be required to gather residential pictures and compile biographical information about new caregivers to be shared with the youth prior to making placement decisions.
- Preliminary introductions with new caregivers could be facilitated over Zoom/phone prior to youth changing placements. Having information and being able to visualize a new placement can help ease youths’ anxiety and facilitate transitions.

IDENTIFY IMPORTANT PEOPLE IN THE YOUTHS’ LIVES AND SUPPORT ONGOING CONNECTIONS

New approaches to permanency planning, such as SOUL Family Permanency Options For Older Youth In Foster Care (The Annie E. Casey Foundation, May 9, 2022) or the Recommendations for Improving Permanency and Wellbeing developed by the Youth Engagement Team (Administration for Children and Families, 2020) broaden the conversation about permanency.

TYPS showed that long-term foster caregivers, family members, and friends are among the most important people cited by youth when they transition out of foster care. Although youth in foster care are separated from their birth families, many still consider them to be the most significant people in their lives and some youth plan on reconnecting with their birth families once they leave foster care. Family, community, and cultural connections matter.

- Caseworkers and judges should work with youth and identify ways to maintain or re-establish family connections, especially as youth reach the time for leaving care. Youth need support with setting realistic expectations, redefining relationships, and building a support network.
- Likewise, relationships with peers and romantic partners that have increasing importance in adolescence and emerging adulthood should be nurtured and valued and taken into consideration in placement and permanency planning.

ADVANCE NORMALCY BY MOVING BEYOND ACTIVITIES

STRENGTHEN YOUTH-CAREGIVER RELATIONSHIPS

The implementation of normalcy practices can be both challenging and subjective as it requires caregivers to balance potential risks with the health, safety, and developmental growth of a child. Furthermore, normalcy needs to be individualized

according to each child's maturity and needs. While the benefits are clear, including stronger relationships with caregivers and more stable placements, caregivers need additional training and guidance.

- Training on normalcy should include child and adolescent development, especially topics of expected social and sexual development, and trauma-informed parenting strategies that foster connection and independence.
- Training on normalcy should provide strategies for caregivers to allow youth more room for exploration and self-determination.

SUPPORT CULTURAL IDENTITY AND CONNECTIONS

Normalcy should be considered within a cultural context and allow youth to develop and express their identities and seek out communities where they feel a sense of belonging.

- Caregivers should support youth in expressing their identities, including culture, ethnicity, and religion. Youth should be allowed to choose which social activities they want to explore and participate in.

ALLOCATE FUNDING FOR EXTRACURRICULAR ENRICHMENT ACTIVITIES

The participation in age-appropriate activities is one of the cornerstones of normalcy and provides an important avenue for youth to not only build skills, but connections with peers, community, and culture.

- Sufficient funding should be allocated for in-school and out-of-school activities, including extracurricular and cultural enrichment activities.
- Youth should be provided access to computers and smartphones to facilitate social connections, education, and employment.

PRIORITIZE SEXUALITY AND RELATIONSHIP EDUCATION

Youth need support with developing skills for relationships and taking care of their sexual and reproductive health.

- Youth should have 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.
- In addition, caseworkers and caregivers should receive training on how to engage youth in conversations about sexuality and relationships, access sexual and reproductive health resources and information, and problem solve in challenging situation.

INCREASE ACCOUNTABILITY THROUGH NORMALCY REVIEWS IN COURT

New funding also requires accountability to ensure that normalcy is prioritized in the child's service plan.

- Normalcy reviews should be incorporated into the permanency status hearings to ensure that judges, caseworkers, caregivers, and youth are all informed about the importance of normalcy and have access to appropriate resources.
- Normalcy reviews should elicit both youth and caregiver voices and needs and develop directions for increasing the social emotional wellbeing of youth.

INCREASE COMPETENCY THROUGH REAL WORLD OPPORTUNITIES FOR INDEPENDENCE

RESTRUCTURE PREPARATION FOR ADULT LIVING

Many TYPS participants lacked the skills needed to live independently and did not believe that they were adequately prepared for life after foster care. Preparation for Adult Living's current structure does not meet the needs of youth aging out of foster care. Services are largely contracted out and consist of a series of classroom-style learning activities. Youth in care often do not have the opportunity to apply these lessons until they have aged out and left foster care.

- Preparation for Adult Living should be reexamined in context of advancing normalcy practices. If youth have more freedom to explore age-appropriate activities, they can also develop more skills that are essential for independent living.
- An experiential learning model where youth are engaged in developmental activities and reach important milestones, such as gaining employment, securing a driver's license, and exploring higher education opportunities, may be more conducive to mastering adult skills.
- Youth in foster care should be encouraged to find employment or internships to develop independent living skills in the work environment.

INCREASE FUNDING AND ACCESS TO EXTENDED CARE AND SUPERVISED INDEPENDENT LIVING PROGRAMS

Extended Care provides considerable support and stability for young adults during their journey towards independence.

- Extended Care should be supported through increased funding and include more flexibility. Evidence from TYPS suggests that some youth may leave foster care at age 18 but reconnect with a former foster caregiver in times of crisis and lean on

them for instrumental support. It is important to offer financial support to foster parents who provide crisis support for a youth previously placed in their home.

- Additional funding should be allocated to expand on-campus SIL options and support Foster Care Liaisons to supervise these programs.



TABLES

Table 3: Demographics for Participants at Time of Enrollment, Annual Surveys 1 and 2

PARTICIPANT DEMOGRAPHICS						
	Enrollment Survey		Annual Survey 1 (1 year)		Annual Survey 2 (2 years)	
	(N= 197)		(N= 98)		(N= 88)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Age	<i>M</i> = 16.49 <i>SD</i> = 1.40		<i>M</i> = 17.46 <i>SD</i> = 1.39		<i>M</i> = 18.52 <i>SD</i> = 1.55	
14	21	10.7	1	1		
15–16	67	34.1	21	21.5	8	9
17–18	95	48.4	60	61.2	32	36.3
19+	13	6.7	16	16.4	44	54.5
Prefer not to answer	1	.5				
Gender Identity	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Male	76	38.6	35	35.7	32	36.4
Female	113	57.4	58	59.2	53	60.2
Transgender	1	.5	1	1	2	2.3
Other gender	2	1	3	3.1	1	1.1
Prefer not to answer		2.5	1	1		
Sexual Orientation	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Straight	152	77.2	74	75.5	57	66.3
Gay or lesbian	6	3	3	3.1	3	3.5
Bisexual	22	11.2	14	14.3	21	24.2
Other or undecided	6	3	4	4.1	5	5.8
Prefer not to answer	11	5.6	3	3.1		
Education	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
7 th – 8 th grade	12	6.1	1	1		
9 th – 10 th grade	64	32.5	15	15.3	4	4.5
11 th – 12 th grade	90	45.7	39	39.8	25	28.4
Dropped out	2	1	2	2.0	2	2.3
High school diploma/GED	26	13.2	37	37.8	51	58.0
Enrolled in college/technical school	12		20		24	
Prefer not to answer	3	1.5	4	4.1	6	6.8
Ethnicity	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Hispanic	127	66.8	62	63.3	54	61.4
Non-Hispanic	63	33.2	35	35.7	34	38.6
Prefer not to answer			1	1		
Race	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
White/Caucasian	87	44.2	44	44.9	41	46.6
Black/African American	34	17.3	18	18.4	18	20.5
Multi-racial	33	16.8	18	18.4	16	18.2
Other	7	3.5	2	2	1	1.1
Prefer not to answer	36	18.3	16	16.3	12	13.6

Table 4: Placement History for Participants at Enrollment

PARTICIPANT CHARACTERISTICS		
	Enrollment Survey	
	(N= 197)	
	<i>n</i>	%
Age at First Removal		
5 years old or younger	33	16.8
6 – 10 years old	50	25.5
11 – 15 years old	89	45.3
16 – 18 years old	19	9.7
Prefer not to answer	6	3
Number of Placements Since Entering Foster Care		
1	28	14.2
2 – 3	52	16.9
4 – 6	48	24.4
7 – 9	17	8.6
10 or more	43	21.8
Prefer not to answer	8	4.1
Permanency History		
Ever reunified	77	45
Ever adopted	30	15.5
Permanency Status		
Adopted	5	2.5
Reunified	7	3.6
Legal Permanent Caregiver	15	7.6
In Foster Care	159	80.7
Aged Out, Left Care	8	4.1
Prefer not to answer	3	1.5
Living Situation of Youth in Foster Care	(N= 158)	
Foster Family	83	52.5
Group Home	27	17.1
RTC	15	9.5
Shelter	9	5.7
Family Member	11	7
TLP/SIL	13	8.2

Table 5: Cross Tabulation of Permanency History and Permanency Status Reported at Enrollment

PERMANENCY HISTORY	PERMANENCY STATUS AT ENROLLMENT						
	Adopted	Reunified	Legal Permanent Caregiver	Foster Care	Extended Care	Aged Out	Total Responses
Ever Reunified	4	5	11	46	5	6	77
% within Ever Reunified	5.2%	6.5%	14.3%	59.7%	6.5%	7.8%	100%
Ever Adopted	4	1	2	20	1	2	30
% within Ever Adopted	13.3%	3.3%	6.7%	66.7%	3.3%	6.7%	100%

Note: Ever adopted and ever reunified are not mutually exclusive categories. Twelve participants responded they were “ever adopted” and also “ever reunified”.

Table 6: Risk Behaviors Reported at Enrollment

RISK BEHAVIORS		
	(N= 197)	
	n	%
Run- Away Episodes		
Ever Run-away	86	45.5%
Once	27	13.7%
Twice	16	8.1%
Three times	7	3.6%
Four times	5	2.4%
Five times	25	12.7%
Juvenile Justice Involvement		
Probation ever	39	19.8%
Probation current	9	4.6%
Substance Use		
Substance use treatment ever	33	16.8%
Substance use treatment current	8	4.1%
Mental Health		
Mental health counseling current	129	69.7%
Mental health medication current	78	43.3%
Pregnancy		
Never/Never gotten a partner pregnant	142	74.6%
One pregnancy/Gotten a partner pregnant once	13	6.6%
More than one pregnancy/Gotten a partner pregnant more than once	6	3%

Table 7: Contingency Table with Odds Ratios for Risk Behaviors: Running Away Ever and Having Been on Probation Ever

		RUN AWAY EVER	RUN AWAY NEVER	TOTALS
		<i>n</i>	<i>n</i>	
PROBATION	Ever	24	15	39
	Never	51	82	133
	Odds for having been on probation ever	24/51=.47	15/82=.18	.47/.18=2.61

$\chi^2(1)=6.59, p=.010$

Table 8: Contingency Table with Odds Ratios for Risk Behaviors: Running Away Ever and Having been in Substance Use Treatment Ever.

		RUN AWAY EVER	RUN AWAY NEVER	TOTALS
		<i>n</i>	<i>n</i>	
SUBSTANCE USE TREATMENT	Ever	27	6	33
	Never	47	91	138
	Odds for having been in substance use treatment ever	27/47=.57	6/91=.07	.57/.07=8.14

$\chi^2(1)=24.75, p=.000$

Table 9: Regression Coefficients of Participant Characteristics Associated with Retention in the Study at Annual Survey 1 and Annual Survey 2

VARIABLE (Reference Category)	ANNUAL SURVEY 1 (1 YEAR RETENTION)				ANNUAL SURVEY 2 (2 YEAR RETENTION)			
	Model 1: Demographics		Model 2: All Variables		Model 1: Demographics		Model 2: All Variables	
	Exp(B)	95% CI	Exp(B)	95% CI	Exp(B)	95% CI	Exp(B)	95% CI
Age	1.095	.88 – 1.397	1.035	.79 – 1.340	1.127	.882 – 1.440	1.058	.815 – 1.374
Male or other gender (Female)	.738	.376 – 1.451	.796	.393 – 1.612	.739	.375 – 1.458	.799	.395 – 1.618
Other Sex Orientation (Straight)	1.063	.464 – 2.435	1.047	.441 – 2.485	1.349	.558 – 3.097	1.362	.572 – 3.244
Non-white (White)	.971	.509 – 1.853	1.085	.549 – 2.145	.784	.409 – 1.504	.807	.408 – 1.597
Hispanic (Non-Hispanic)	.810	.407 – 1.609	.792	.376 – 1.668	.804	.404 – 1.601	.816	.386 – 1.722
≥11 yrs old at first removal (<11 yrs old at first removal)			1.813	.860 – 3.820			1.963	.935 – 4.123
≥5 placements (<5 placements)			1.376	.619 – 3.059			1.488	.665 – 3.334
No legal permanency (legal permanency)			2.880	.806 – 10.288			1.568	.456 – 5.390
History of running away (never ran away)			.658	.321 – 1.346			.548	.265 – 1.130
Want living situation to be permanent (Do not want)			2.158*	1.022 – 4.559			1.444	.693 – 3.006
Living in congregate care (With family)			1.518	.676 – 3.408			1.443	.642 – 3.240
MODEL SUMMARY	-2LL=209.902 Cox & Snell R ² = 0.013 Nagelkerke R ² =0.018 Model Chi Sq=2.037		-2LL=201.410 Cox & Snell R ² = 0.067 Nagelkerke R ² =0.089 Model Chi Sq=-10.529		-2LL=208.275 Cox & Snell R ² = .023 Nagelkerke R ² =0.030 Model Chi Sq=3.508		-2LL=2-1.466 Cox & Snell R ² = .065 Nagelkerke R ² =0.087 Model Chi Sq=10.316	
<ul style="list-style-type: none"> • p≤.05 								

Table 10: Logistic Regression Model – Sense of Belonging Reported at Enrollment

SENSE OF BELONGING (N = 126)						
	Model 1: Demographic Variables		Model 2: Demographic & Placement Variables		Model 3: Demographic & Placement Variables & Caregiver Connection	
VARIABLE (Reference Category)	Exp(B)	95% CI	Exp(B)	95% CI	Exp(B)	95% CI
Age	1.502	.932 – 2.434	1.467	.010 – 2.343	1.265	.761 – 2.104
Male or Other Gender (Female)	.722	.216 – 2.418	.665	.194 – 2.272	.579	.146 – 2.299
Other Sex Orientation (Straight)	1.464	.277 – 7.735	1.901	.346 – 10.451	1.584	.270 – 9.278
Non-white (White)	2.283	.662 – 7.876	2.582	.721 – 9.248	2.274	.577 – 8.958
Hispanic (Non-Hispanic)	1.949	.557 – 6.822	1.968	.548 – 7.074	.664	.130 – 3.94
No Legal Permanency (legal permanency)			1.897	.317 – 11.341	1.572	.240 – 10.317
Living in Congregate Care (With family)			.232*	.059 – .914	.254	.055 – 1.167
Connection with Caregiver					4.742***	1.738 – 12.944
MODEL SUMMARY	-2LL=77.268 Cox & Snell R ² = 0.050 Nagelkerke R ² =0.102 Model Chi Sq=6.397 p=.269		-2LL=72.867 Cox & Snell R ² = 0.082 Nagelkerke R ² =0.169 Model Chi Sq=10.797 p=.148		-2LL=62.261 Cox & Snell R ² = .156 Nagelkerke R ² = .322 Model Chi Sq=21.404 p=.006**	

* p≤.05 ** p≤.01 *** p≤.005

Table 11: Attachment Subscales

ATTACHMENT SUBSCALE	N	Min	Max	Mean	SD
Attachment Angry/Distressed	135	1.00	5.00	1.9415	.88528
Attachment Available/Confident	136	1.00	5.00	4.2206	.89647
Attachment Mutual/Partnership	137	1.00	5.00	4.2993	.76833

Table 12: Bivariate Correlations - Connection with Caregiver, Attachment, and Sense of Belonging

VARIABLES	1.	2.	3.	4.	5.	6.
1. Communication with Caregiver	1					
2. Connection with Caregiver	.297**	1				
3. Attachment Angry/ Distressed	-.143	-.238**	1			
4. Attachment Available/ Confident	.310**	.566**	-.254**	1		
5. Attachment Mutual/ Partnership	.175*	.568**	-.277**	.736**	1	
6. Sense of Belonging	.336**	.298**	-.085	.260**	.125	1
**. Correlation is significant at the 0.01 level (2-tailed).						
*. Correlation is significant at the 0.05 level (2-tailed).						

Table 13: Emotional Wellbeing Reported at Enrollment

EMOTIONAL WELLBEING	N	Minimum	Maximum	Mean	SD
Anger T-Score	186	31.50	80.30	52.0763	11.11703
Sadness T-Score	181	34.10	80.20	55.2983	10.89336
Stress T-Score	183	39.50	78.40	59.6055	8.54544
Positive Affect	183	6.00	25.00	19.3934	4.14150

Table 14: Multiple Regression Model – Association of Demographic, Placement, and Attachment Variables with Anger at Enrollment

VARIABLE (REFERENCE CATEGORY=0)	MODEL 1			MODEL 2			MODEL 3		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	48.38 ***	12.85		49.89 ***	13.02		36.90 ***	13.8 7	
Age	0.28	0.77	0.03	0.11	0.77	0.018	0.34	0.77	0.04
Hispanic (Non-Hispanic)	-3.25	2.01	-0.15	-3.72	2.03	-0.17	-3.76	1.99	-0.17
Non-White (White)	-2.02	1.91	-0.10	-2.24	1.93	-0.11	-1.88	1.88	-0.09
Male or Other Gender (Female)	-0.61	1.88	-0.03	-0.40	1.88	-0.02	-0.35	1.83	-0.02
Other Sexual Orientation (Straight)	6.48 ***	2.27	0.26	5.52 *	2.33	0.22	4.65 *	2.30	0.18
Living in Congregate Care (Family)				3.74	2.27	0.16	3.705	2.22	0.15
No Legal Permanency (Legal Permanency)				-0.002	2.65	0.00	-0.43	2.60	-0.02
Attachment Angry/ Distressed							3.25 ***	1.07	0.28
Attachment Available/ Confident							0.91	1.46	0.08
Attachment Mutual/ Partnership							0.07	1.79	0.01
* $p \leq .05$; ** $p \leq .01$; *** $p \leq .005$;	$R = .32$; $R^2 = .10$; $p = .027$			$R = .35$; $R^2 = .12$; $p = .030$			$R = .44$; $R^2 = .19$; $p = .006$		

Table 15: Multiple Regression Model – Association of Demographic, Placement, and Attachment Variables with Sadness at Enrollment

VARIABLE (REFERENCE CATEGORY=0)	MODEL 1			MODEL 2			MODEL 3		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	52.00 ***	13.18		51.92 ***	13.34 7		41.99***	14.23	
Age	0.37	0.79	0.04	0.25	0.79	0.03	0.27	0.79	0.03
Hispanic (Non-Hispanic)	-3.32	2.06	-0.15	-3.69	2.08	-0.16	-3.86	2.04	-0.17
Non-White (White)	-3.84	1.95	-0.177	-3.84	1.97	-0.18	-3.55	1.93	-0.16
Male or Other Gender (Female)	-0.63	1.93	-0.03	-0.36	1.92	-0.02	-0.12	1.88	-0.01
Other Sexual Orientation (Straight)	5.48*	2.33	0.21	4.66	2.39	0.18	3.61	2.35	0.14
Living in Congregate Care (Family)				3.15	2.33	0.13	3.30	2.28	0.13
No Legal Permanency (Legal Permanency)				1.83	2.71	0.06	1.00	2.67	0.03
Attachment Angry/ Distressed							3.19***	1.10	0.27
Attachment Available/ Confident							-1.27	1.50	-0.10
Attachment Mutual/ Partnership							2.20	1.84	0.15
* $p \leq .05$; ** $p \leq .01$; *** $p \leq .005$;	$R = .31$; $R^2 = .094$; $p = .038$			$R = .34$; $R^2 = .12$; $p = .041$			$R = .43$; $R^2 = .18$; $p = .008$		

Table 16: Multiple Regression Model – Association of Demographic, Placement, and Attachment Variables with Sadness at Enrollment

VARIABLE (REFERENCE CATEGORY=0)	MODEL 1			MODEL 2			MODEL 3		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Constant	52.112	10.067		51.423	10.214		43.110	10.806	
Age	0.567	0.602	0.082	0.490	0.604	0.070	0.535	0.596	0.077
Hispanic (Non- Hispanic)	-1.837	1.576	-0.103	-2.025	1.590	-0.114	-2.137	1.548	-0.120
Non White (White)	-1.412	1.492	-0.083	-1.328	1.510	-0.078	-1.063	1.466	-0.063
Male or Other Gender (Female)	-3.377*	1.470	-0.201	-3.184*	1.472	-0.189	-2.988	1.429	-0.178
Other Sexual Orientation (Straight)	4.505*	1.776	0.223	4.036*	1.831	0.200	3.172*	1.788	0.157
Living in Congregate Care (Family)				1.766	1.784	0.092	1.862	1.728	0.097
No Legal Permanency (Legal Permanency)				1.910	2.076	0.083	1.265	2.025	0.055
Attachment Angry/ Distressed							2.677**	0.836	0.286
Attachment Available/ Confident							-0.880	1.139	-0.091
Attachment Mutual/ Partnership							1.547	1.396	0.135
* $p \leq .05$; ** $p \leq .01$; *** $p \leq .005$;	$R = .36$; $R^2 = .13$; $p = .005$			$R = .39$; $R^2 = .15$; $p = .007$			$R = .48$; $R^2 = .23$; $p < .001$		

Table 17: Multiple Regression Model – Association of Demographic, Placement, and Attachment Variables with Positive Affect at Enrollment

VARIABLE (REFERENCE CATEGORY=0)	MODEL 1			MODEL 2			MODEL 3		
	B	SE	β	B	SE	β	B	SE	β
Constant	12.870***	4.534		12.553**	4.645		6.996	4.463	
Age	0.339	0.271	0.109	0.347	0.274	0.112	0.203	0.246	0.066
Hispanic (Non-Hispanic)	1.884**	0.710	0.236	1.934**	0.723	0.243	1.624*	0.639	0.204
Non White (White)	0.604	0.672	0.080	0.648	0.687	0.086	0.393	0.605	0.052
Male or Other Gender (Female)	0.508	0.662	0.068	0.499	0.669	0.066	0.189	0.590	0.025
Other Sexual Orientation (Straight)	-1.606*	0.800	-0.178	-1.515	0.833	-0.168	-1.298	0.738	-0.144
Living in Congregate Care (Family)				-0.358	0.811	-0.042	-0.291	0.714	-0.034
No Legal Permanency (Legal Permanency)				0.237	0.944	0.023	0.323	0.836	0.031
Attachment Angry/ Distressed							-0.396	0.345	-0.094
Attachment Available/ Confident							1.531***	0.470	0.354
Attachment Mutual/ Partnership							0.574	0.576	0.112
* $p \leq .05$; ** $p \leq .01$; *** $p \leq .005$;	$R=.35$; $R^2=.12$; $p=.01$			$R=.35$; $R^2=.12$; $p=.03$			$R=.58$; $R^2=.34$; $p<.001$		

Table 21: Number of Places Lived in the Past Year at Annual Survey 1 and Annual Survey 2

NUMBER OF PLACES LIVED in the past year (type of place or placement not defined)	ANNUAL SURVEY 1 (age M = 17.5) N = 98		ANNUAL SURVEY 2 (age M = 18.5) N = 88	
	<i>n</i>	%	<i>n</i>	%
1	53	54.1	51	58
2	23	23.5	16	18.2
3	12	12.2	8	9.1
4	3	3.1	3	3.4
5	2	2.0	3	3.4
>5	5	5.1	7	8
Total	98	100.0	88	100

Table 22: Cross Tabulation - Permanency Status by Number of Places Lived in Past Year for Annual Survey 2 (age M = 18.5 years)

PERMANENCY STATUS	NUMBER PLACES LIVED IN THE PAST YEAR						
	1	2	3	4	5	>5	Total
	%	%	%	%	%	%	%
Foster Care (Incl. Extended Care)	60	14.3	11.4	5.7	5.7	2.9	100
Aged Out	52.9	20.6	5.9	2.9	2.9	14.7	100
Legal Permanency	63.2	21.1	10.5	0.0	0.0	5.3	100
Total	58.0	18.2	9.1	3.4	3.4	8.0	100

Table 23: Connections with Caring Adults at Time of Enrollment

VARIABLE	<i>N</i>	Min	Max	Mean	SD
An adult has made a commitment to provide a permanent, parent-like relationship to you.	168	0	4	2.76	1.226
You feel very disconnected from caring adults.	169	0	4	1.39	1.186
You have connected with relatives or caring adults who will support you throughout your life.	172	0	4	2.98	1.116

Table 24: Connections with Caring Adults at Enrollment, Annual Survey 1, and Annual Survey 2

VARIABLE	Survey	Mean	N	SD	Std. Error Mean
An adult has made a commitment to provide a permanent, parent-like relationship to you.	1	2.79	68	1.22	0.15
	2	2.96	67	1.04	0.13
	3	2.70	67	1.17	0.14
You feel very disconnected from caring adults.	1	1.45	64	1.25	0.14
	2	1.31	64	1.25	0.15
	3	1.52	64	1.21	0.15
You have connected with relatives or caring adults who will support you throughout your life	1	3.14	69	1.06	0.13
	2	3.01	69	1.06	0.13
	3	2.75	69	1.2	0.15
Survey 1= Enrollment Survey (Age M = 16.5 years); Survey 2= Annual Survey 1 (Age M = 17.5 years); Survey 3=Annual Survey 2 (Age M = 18.5 years)					

Table 25: Multiple Regression Model – Relational Permanency at Enrollment

HAVING AN ADULT WHO IS COMMITTED TO A PARENT-LIKE RELATIONSHIP IN YOUR LIFE									
VARIABLE	Model 1			Model 2			Model 3		
	B	SE	β	B	SE	β	B	SE	β
(Constant)	3.985	1.521		3.875	1.506		3.025	1.476	
Age	-0.067	0.092	-0.067	-0.055	0.091	-0.055	-0.099	0.089	-0.098
Hispanic (Non-Hispanic)	0.218	0.242	0.083	0.241	0.240	0.092	0.028	0.241	0.011
Non White (White)	-0.192	0.228	-0.078	-0.167	0.226	-0.068	-0.233	0.219	-0.095
Male or Other Gender (Female)	0.008	0.226	0.003	-0.031	0.225	-0.013	0.004	0.217	0.002
Other Sexual Orientation (Straight)	-0.389	0.277	-0.129	-0.267	0.282	-0.089	-0.328	0.272	-0.109
Living in Congregate Care (Family)				-0.471	0.256	-0.173	-0.372	0.248	-0.136
Caregiver Connectedness							0.483	0.153	***0.290
* $p \leq .05$; ** $p \leq .01$ *** $p \leq .005$	$R = .199$; $R^2 = .04$; $p = .445$			$R = .259$; $R^2 = .067$; $p = .227$			$R = .377$; $R^2 = .142$; $p = .013$		

Table 26: Multiple Regression Model – Level of Emotional Support at Annual Survey 2

LEVEL OF EMOTIONAL SUPPORT (MEAN AGE=18.5 YEARS)									
VARIABLE	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SD</i>	β	<i>B</i>	<i>SD</i>	β	<i>B</i>	<i>SD</i>	β
(Constant)	2.982	1.578		3.643	1.759		1.199	1.468	
Age	0.027	0.080	0.039	-0.017	0.097	-0.025	0.019	0.078	0.028
Hispanic (Non-Hispanic)	-0.784	0.270	-0.347***	-0.766	0.275	-0.339**	-0.615	0.222	-0.272**
Non White (White)	-0.275	0.271	-0.123	-0.290	0.276	-0.130	-0.282	0.221	-0.126
Male or Other Gender (Female)	0.253	0.284	0.106	0.248	0.296	0.105	0.314	0.238	0.132
Other Sexual Orientation (Straight)	-0.502	0.287	-0.213	-0.519	0.303	-0.221	-0.178	0.250	-0.075
Aged out (Foster Care; Legal Permanency)				0.329	0.402	0.142	0.285	0.323	0.123
Foster Care (Aged out; Legal Permanency)				0.111	0.370	0.048	0.040	0.297	0.018
Adult committed to permanent, parent-like relationship							0.564	0.093	0.567****
* $p \leq .05$; ** $p \leq .01$ *** $p \leq .005$ **** $p \leq .001$	$R = .42$; $R^2 = .17$; $p = .02$			$R = .43$; $R^2 = .18$; $p = .05$			$R = .70$; $R^2 = .48$; $p < .001$		

Table 27: Emotional Wellbeing at Enrollment, Annual Survey 1, and Annual Survey 2

VARIABLE	Survey	<i>n</i>	Minimum	Maximum	Mean	<i>SD</i>
Emotional Wellbeing	1	183	6.00	25.00	19.39	4.14
	2	96	7.00	25.00	18.17	4.51
	3	80	10.00	25.00	21.90	3.03
Anger (t score)	1	186	31.50	80.30	52.08	11.12
	2	96	31.50	77.50	51.06	10.97
	3	81	47.60	80.30	63.71	8.49
Sadness (t score)	1	181	34.10	80.20	55.30	10.89
	2	96	34.10	77.00	55.05	11.66
	3	79	53.60	84.70	67.31	7.48
Stress (t score)	1	183	39.50	78.40	59.61	8.55
	2	95	39.50	78.40	59.97	9.63
	3	81	54.20	78.40	68.50	6.18

Survey 1= Enrollment Survey (Age M = 16.5 years); 2= Annual Survey 1 (Age M = 17.5 years); 3=Annual Survey 2 (Age M = 18.5 years)

Table 28: Multiple Regression Model – Perceived Stress at Annual Survey 2

PERCEIVED STRESS (AGE M= 18.5 YEARS)									
VARIABLES	Model 1			Model 2			Model 3		
	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β
(Constant)	67.832	8.936		70.173	9.566		75.934	9.330	
Age	-0.024	0.454	-0.006	0.001	0.524	0.000	0.009	0.499	0.002
Hispanic (Non-Hispanic)	0.230	1.519	0.018	0.078	1.472	0.006	-0.946	1.447	-0.075
Non White (White)	0.244	1.508	0.020	0.072	1.457	0.006	-0.374	1.396	-0.030
Male or Other Gender (Female)	-1.437	1.515	-0.112	-2.468	1.511	-0.192*	-2.238	1.441	-0.174
Other Sexual Orientation (Straight)	3.707	1.589	0.286*	2.524	1.595	0.195	1.595	1.553	0.123
Aged out (Foster Care; Legal Permanency)				-0.638	2.109	-0.050	-0.778	2.009	-0.061
Foster Care (Aged out; Legal Permanency)				-4.274	1.946	-0.338*	-4.430	1.854	-0.350*
Relatives or caring adults support throughout your life							-1.650	0.579	-0.310**
* <i>p</i> ≤.05; ** <i>p</i> ≤.01 *** <i>p</i> ≤.005 **** <i>p</i> ≤.001	<i>R</i> =.33; <i>R</i> ² =.10; <i>p</i> =.14			<i>R</i> =.44; <i>R</i> ² =.19; <i>p</i> =.03			<i>R</i> =.53; <i>R</i> ² =.28; <i>p</i> =.003		

Table 29: Multiple Regression Model – Anger at Annual Survey 2

ANGER (AGE M= 18.5 YEARS)									
VARIABLES	Model 1			Model 2			Model 3		
	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β
(Constant)	73.192	11.806		73.686	13.13		84.49	12.126	
Age	-0.474	0.599	-0.089	-0.385	0.72	-0.072	-0.369	0.649	-0.069
Hispanic (Non-Hispanic)	-0.89	2.007	-0.052	-1.02	2.02	-0.06	-2.941	1.881	-0.172
Non White (White)	-1.225	1.992	-0.073	-1.329	2	-0.079	-2.165	1.814	-0.129
Male or Other Gender (Female)	-3.451	2.001	-0.197	-4.128	2.074	-0.236*	-3.698	1.873	-0.211
Other Sexual Orientation (Straight)	4.665	2.099	0.264*	3.902	2.189	0.221	2.159	2.018	0.122
Aged out (Foster Care; Legal Permanency)				-0.944	2.896	-0.055	-1.207	2.611	-0.07
Foster Care (Aged out; Legal Permanency)				-3.06	2.671	-0.178	-3.351	2.409	-0.195
Relatives or caring adults support throughout your life							-3.094	0.753	-0.427****
* <i>p</i> ≤.05; ** <i>p</i> ≤.01 *** <i>p</i> ≤.005 **** <i>p</i> ≤.001	<i>R</i> =.40; <i>R</i> ² =.16; <i>p</i> =.03			<i>R</i> =.42; <i>R</i> ² =.18; <i>p</i> =.05			<i>R</i> =.59; <i>R</i> ² =.34; <i>p</i> <.001		

Table 30: Multiple Regression Model – Sadness at Annual Survey 2

SADNESS (AGE M= 18.5 YEARS)									
VARIABLES	Model 1			Model 2			Model 3		
	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β
(Constant)	65.253	10.268		66.444	11.509		72.872	11.278	
Age	-0.030	0.521	-0.007	-0.021	0.631	-0.005	-0.009	0.604	-0.002
Hispanic (Non-Hispanic)	2.250	1.770	0.151	2.171	1.784	0.145	1.041	1.760	0.070
Non White (White)	0.059	1.761	0.004	-0.023	1.775	-0.002	-0.506	1.709	-0.034
Male or Other Gender (Female)	-2.431	1.768	-0.158	-2.893	1.827	-0.188	-2.661	1.751	-0.173
Other Sexual Orientation (Straight)	5.194	1.827	0.338**	4.621	1.909	0.300*	3.566	1.870	0.232
Aged out (Foster Care; Legal Permanency)				-0.319	2.573	-0.021	-0.465	2.463	-0.031
Foster Care (Aged out; Legal Permanency)				-2.121	2.374	-0.140	-2.248	2.273	-0.149
Relatives or caring adults support throughout your life							-1.862	0.699	-0.296**
* $p \leq .05$; ** $p \leq .01$ *** $p \leq .005$ **** $p \leq .001$	$R = .42$; $R^2 = .18$; $p = .02$			$R = .44$; $R^2 = .19$; $p = .04$			$R = .52$; $R^2 = .27$; $p = .006$		

Table 31: Multiple Regression Model – Positive Affect at Annual Survey 2

POSITIVE AFFECT (AGE <i>M</i> = 18.5 YEARS)									
VARIABLES	Model 1			Model 2			Model 3		
	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β	<i>B</i>	<i>Std. Error</i>	β
(Constant)	15.929	4.103		15.296	4.63		11.918	4.386	
Age	0.321	0.208	0.172	0.358	0.254	0.191	0.354	0.235	0.189
Hispanic (Non-Hispanic)	0.056	0.703	0.009	0.05	0.714	0.008	0.651	0.682	0.108
Non White (White)	0.654	0.7	0.11	0.668	0.711	0.113	0.934	0.662	0.157
Male or Other Gender (Female)	1.087	0.705	0.175	1.132	0.735	0.182	1.005	0.681	0.162
Other Sexual Orientation (Straight)	-1.705	0.73	-0.274*	-1.648	0.769	-0.265*	-1.108	0.728	-0.178
Aged out (Foster Care; Legal Permanency)				-0.243	1.037	-0.04	-0.174	0.959	-0.029
Foster Care (Aged out; Legal Permanency)				0.048	0.955	0.008	0.128	0.883	0.021
Relatives or caring adults support throughout your life.							0.961	0.271	0.377****
* <i>p</i> ≤.05; ** <i>p</i> ≤.01 *** <i>p</i> ≤.005 **** <i>p</i> ≤.001	<i>R</i> =.43; <i>R</i> ² =.19; <i>p</i> =.01			<i>R</i> =.44; <i>R</i> ² =.19; <i>p</i> =.04			<i>R</i> =.56; <i>R</i> ² =.32 <i>p</i> <.001		

Table 33: Overview of Factors Associated with Independent Living Skills

INDEPENDENT LIVING SKILLS				
	Use a bank account	Get or renew a driver's license	Rent an apartment	Get medical or dental care
VARIABLES (Reference)				
Age (M = 18.5 years)	x		x	x
Hispanic (non-Hispanic)	x	x		
Non-White (White)	x			
All other genders (Female)				
Other sexual Orientation (Straight)				
Aged out (in foster care or legal permanency)			x	
In (extended) foster care (aged out or legal permanency)				
Adult committed to parent-like relationship				
Did not attend independent living skills program (Attended)				

Table 34: Logistic Regression Model – Knowing How to Use a Bank Account at Annual Survey 2

KNOWING HOW TO USE A BANK ACCOUNT												
VARIABLES	Model 1			Model 2			Model 3			Model 4		
	Exp (B)	95% C.I.for EXP(B)		Exp (B)	95% C.I.for EXP(B)		Exp (B)	95% C.I.for EXP(B)		Exp (B)	95% C.I.for EXP(B)	
		LL	UL		LL	UL		LL	UL		LL	UL
Age	2.55 ****	1.43	4.53	2.30 *	1.13	4.68	2.22 *	1.08	4.54	2.14 *	1.02	4.50
Hispanic (non Hispanic)	0.14 *	0.02	0.98	0.13 *	0.02	0.96	0.12 *	0.01	0.94	0.11*	0.01	0.93
All other genders (female)	1.09	0.23	5.09	0.92	0.18	4.65	1.00	0.19	5.19	1.05	0.20	5.66
Other sex orientation (straight)	0.30	0.05	1.78	0.25	0.04	1.63	0.23	0.03	1.55	0.24	0.03	1.68
Non- white (white)	0.15*	0.03	0.74	0.15*	0.03	0.74	0.15*	0.03	0.75	0.15*	0.03	0.75
Aged out (in foster care or legal permanency)				2.27	0.19	27.65	2.55	0.20	32.35	2.24	0.15	32.30
In foster care (aged out or legal permanency)				0.78	0.12	5.19	0.86	0.12	5.96	0.78	0.10	5.99
Adult committed to parent-like relationship							0.82	0.41	1.64	0.81	0.40	1.63
Not attended ind. living program (attended)										1.44	0.18	11.21
MODEL SUMMARY	-2LL=53.45 Cox & Snell R ² = .31 Nagelkerke R ² = .48 Model Chi Sq=29.31 p<.001			-2LL=52.10 Cox & Snell R ² = .32 Nagelkerke R ² = .49 Model Chi Sq=30.66 p<.001			-2LL=51.78 Cox & Snell R ² = .32 Nagelkerke R ² = .50 Model Chi Sq=30.98 p<.001			-2LL=51.66 Cox & Snell R ² = .32 Nagelkerke R ² = .50 Model Chi Sq=31.10 p<.001		

* p≤.05; **p≤.01; *** p≤.005; **** p≤.001

Table 35: Logistic Regression Model – Know How to Rent an Apartment at Annual Survey 2

KNOW HOW TO RENT AN APARTMENT									
VARIABLES	Model 1			Model 2			Model 3		
	Exp (B)	95% C.I.for EXP(B)		Exp (B)	95% C.I.for EXP(B)		Exp (B)	95% C.I.for EXP(B)	
		LL	UL		LL	UL		LL	UL
Age	2.39 ****	1.48	3.85	1.91 ***	1.14	3.23	2.34 ***	1.29	4.22
Hispanic (non Hispanic)	0.77	0.25	2.34	0.73	0.23	2.33	0.76	0.23	2.49
All other genders (female)	0.67	0.21	2.15	0.54	0.16	1.86	0.41	0.11	1.52
Other sex orientation (straight)	0.85	0.23	3.06	0.51	0.12	2.11	0.45	0.10	1.98
Non- white (white)	0.61	0.21	1.83	0.57	0.18	1.77	0.50	0.15	1.65
Aged out (in foster care or legal permanency)				5.65*	0.98	32.63	8.76*	1.28	60.12
In foster care (aged out or legal permanency)				1.98	0.46	8.49	2.37	0.50	11.39
Adult committed to parent-like relationship							1.45	0.86	2.44
Not attended ind. living program (attended)							4.20	0.59	29.89
MODEL SUMMARY	-2LL=84.34 Cox & Snell R ² = .25 Nagelkerke R ² =.34 Model Chi Sq=23.34 p<.001			-2LL=80.07 Cox & Snell R ² = .29 Nagelkerke R ² =.40 Model Chi Sq=27.61 p<.001			-2LL=76.03 Cox & Snell R ² = .33 Nagelkerke R ² =.44 Model Chi Sq=31.66 p<.001		

* p≤.05; **p≤.01; *** p≤.005; **** p≤.001

Table 38: Multiple Regression Model – Work Experience

WORK EXPERIENCE (from Enrollment through Annual Survey 2)							
						95.0% CI for B	
VARIABLES	<i>B</i>	<i>Std. Error</i>	β	<i>t</i>	<i>Sig.</i>	<i>LL</i>	<i>UL</i>
Constant	-2.47	2.86		-0.86	0.39	-8.16	3.22
Hispanic (non-Hispanic)	-1.09	0.52	-0.23	-2.10	0.04	-2.12	-0.06
Non-white (white)	-0.26	0.49	-0.06	-0.53	0.60	-1.24	0.72
Age	0.40	0.16	0.26	2.48	0.02	0.08	0.73
All other genders (female)	-0.24	0.51	-0.05	-0.46	0.65	-1.26	0.79
Other sexual orientation (straight)	-1.01	0.60	-0.18	-1.66	0.10	-2.21	0.20

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