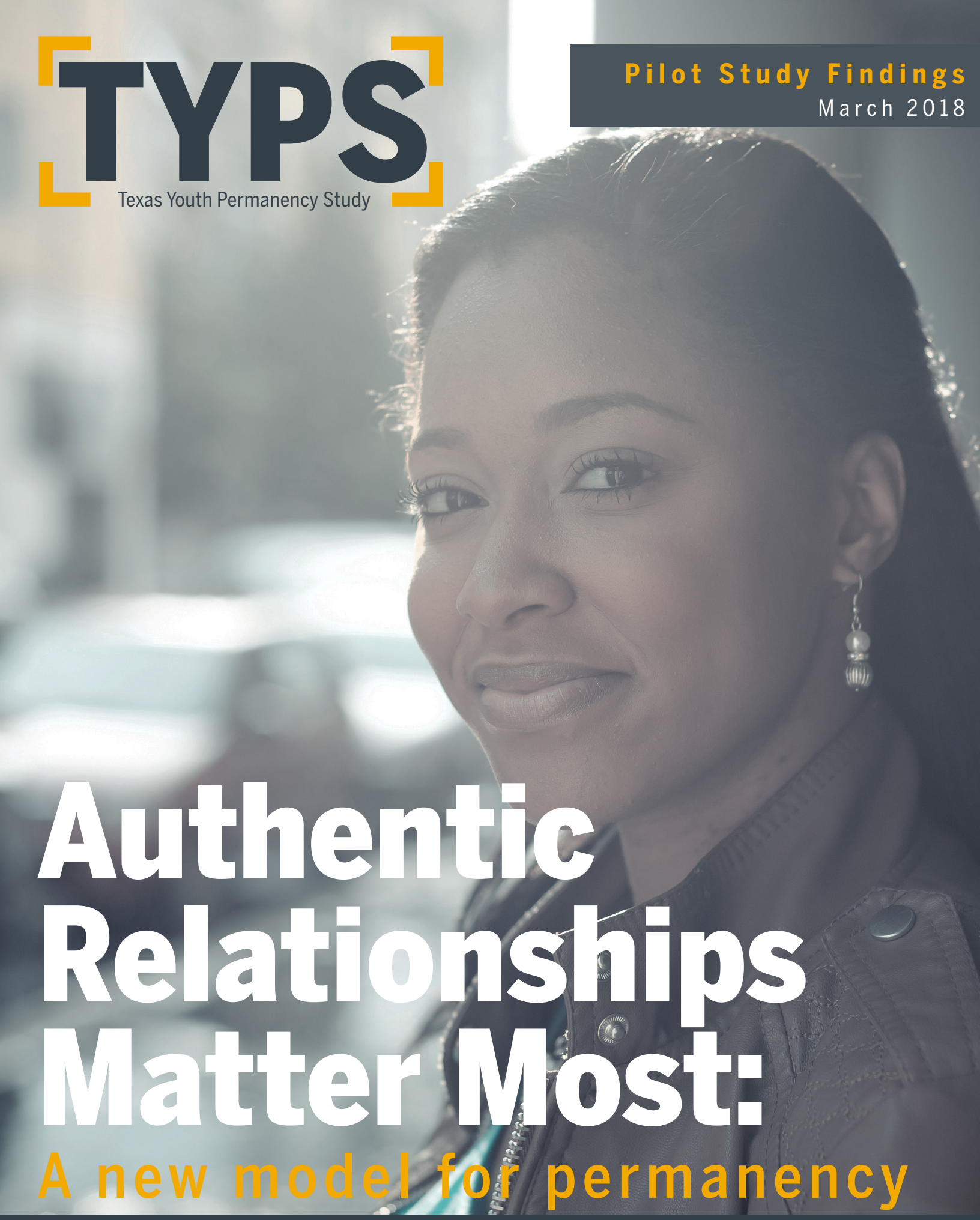
TYPS

Texas Youth Permanency Study

Pilot Study Findings

March 2018



Authentic Relationships Matter Most:

A new model for permanency

Authentic Relationships Matter Most:

A new model for permanency

Texas Youth Permanency Study
Pilot Study Findings
March 2018

RESEARCH TEAM
Monica Faulkner, Ph.D., LMSW, Principal Investigator
Tym Belseth, MA, Research Coordinator
Tina Adkins, Ph.D., Co-Investigator
Alfred Perez, Ph.D., Researcher

Katelyn McKerlie, MSSW, MPH, Data & Graphic Design

The University of Texas at Austin
Texas Institute for
Child & Family Wellbeing
Steve Hicks School of Social Work

SPONSOR/FUNDER
This project was sponsored by Upbring with support from the Reissa Foundation and Simmons Foundation. Points of view in this document are those of the authors and participants and do not necessarily represent the official position or policies of any sponsor.

ACKNOWLEDGEMENTS
The research team would like to thank the youth who took time to share their personal experiences with us.

RECOMMENDED CITATION
Faulkner, M., Belseth, T., Adkins, T., & Perez, A. (2018). Texas Youth Permanency Project: Preliminary Findings. Austin, TX: The University of Texas at Austin.

Table of Contents

3 Executive Summary

4 Introduction

10 Permanency Experiences

12 Authentic relationships matter most.

17 Every child needs to feel normal.

21 Authenic relationships & feeling normal foster wellbeing in adulthood.

23 A New Model for Permanency

25 Conclusion

26 References

28 Appendix A: Methods (Interview Guide, Survey, Interview Data, Survey Data)

Executive Summary

If parental rights are terminated, the child welfare system has a monumental task of finding permanency for that child. Permanency in the child welfare field is often spoken of in terms of a "forever family." The assumption is that legal permanence (adoption or guardianship) will provide all the components that a child needs to have lifelong permanent connections. However, emerging research and anecdotal evidence suggest that many youth enter adulthood with severed ties regardless of whether they age out of foster care, were adopted from foster care or were placed with relatives.

The Texas Youth Permanency Study is building evidence to better understand the realities of former foster youth entering young adulthood by examining the outcomes of youth who age out of foster care, are adopted, are reunified or are placed with relatives. In doing so, we seek to find new ways of understanding permanency that will create foundations for youth to thrive in young adulthood regardless of how they leave foster care. This pilot study is our first step in understanding the complexities of permanency.

We interviewed 30 youth who had been in foster care. The majority of study participants (n=24) reported aging out of foster care at 18 years old without a permanent legal guardian. Of these, five participants reported failed reunifications with their birth family that had allowed them to exit foster care temporarily. Another five participants experienced disrupted adoptions resulting in three of these participants returning to foster care. Two participants reported adoption discontinuity after age 18. With both participants, the state assumed that the adoption would provide a forever family, but the youth entered young adulthood with no support.

The idea that youth are leaving adoptive homes in the same way they leave foster care - without support, security and relationships - is noteworthy considering the remedy to aging out of care is often adoption. Thus, our three main findings are that:

1) Authentic relationships matter most;

2) Every child needs to feel normal; and

3) Authentic relationships and feeling normal foster wellbeing in young adulthood.

We used these three findings to create a conceptual model that presents a new way of thinking about permanency. Normalcy is the core of our model. Normalcy is the feeling of being 'like everyone else.' This feeling of being normal allows a youth to create relationships that, in many cases, transcend legal permanency in young adulthood, and is essential for achieving wellbeing conceptualized by five key markers: safety, education, health, life skills, and vocation for youth.

Our plan is to continue to test this conceptual model by following a cohort of foster youth into young adulthood. We plan to follow a cohort of youth ages 14 and older to see what happens with their permanency outcomes over five years. Thus, the Texas Youth Permanency Study will continue to build evidence to inform policies and practices that improve outcomes for all foster youth, regardless of their permanency outcomes.

Introduction

The Texas Youth Permanency Study builds evidence to better understand the realities of former foster youth entering young adulthood. In doing so, we seek to find new ways of understanding permanency that will create foundations for youth to thrive in young adulthood regardless of how they leave foster care.

Permanency in child welfare is largely envisioned as an end result of ongoing legal proceedings between CPS and the court which determines who has legal responsibility of the child. For most children in the U.S., children, permanency is assumed and thus, it is a concept that needs no definition. We assume that parents are a permanent influence in their children's lives and that children are a permanent part of the family. When a child welfare system removes a child from an unsafe environment, permanency is disrupted, and regardless of whether a child returns home, that attachment that provides a foundation for permanency is no longer as solid as it was before.

If parental rights are terminated, the child welfare system has a monumental task of finding permanency for that child. Permanency in the child welfare field is often spoken of in terms of a "forever family." The assumption is that legal permanence (adoption or guardianship) will provide all the components that a child needs to have permanency. However, anecdotal and emerging research suggests that permanency cannot be viewed as a legal outcome. Rather, we have to consider relational and physical permanence, particularly as youth transition into adulthood. In the remainder of this introduction, we present summaries of legal, relational and physical permanency. We also discuss the concept of normalcy and prior research in all these areas. We will look at previous findings on youth wellbeing, including outcomes in the areas of safety, education, health, life skills, and vocation for youth who exited the child welfare system through reunification, adoption, guardianship, or because they aged out. Some research has shown that building protective factors in these five key marker areas can help break the intergenerational cycle of child maltreatment by ensuring youth grow up to be successful adults and healthy parents. Hereafter, we refer to these five areas as the "5 key markers of wellbeing."

LEGAL PERMANENCE

For decades now, legal permanency has been seen as a panacea for foster youth, to prevent the negative effects of foster care and to prevent older youth from aging out of care. In 1980, permanency became a clear priority within child welfare with the passage of the Adoption Assistance and Child Welfare Act (P.L. 96-272). One of the goals of this law was to increase permanent placements in the form of reunifications or adoptions (Taussig, Clyman & Landsverk, 2001). This law emphasized reunification of children with their biological parents based on the belief that children are at risk for poor developmental outcomes the less interaction they have with their families of origin (Gelles, 1993; Lau, A., Litrownik, A., Newton, R., et al., 2003). Reunification was also seen as a way to prevent children from experiencing all the negative effects of growing up in foster care (Newton, Litrownik, & Landsverk, 2000). Due to high rates of re-entry into care after reunifications, the law was amended to the

Adoption and Safe Families Act of 1997 (P.L 105-89). The focus of this new law was to redirect the priority to the well-being of the child (as opposed to the family) when considering permanency. In practice, this meant a pressure to move children towards permanency as quickly as possible (Taussig et al., 2001).

Child welfare policy and practice has emphasized reunification when possible, based on the assumption that this is the best outcome for children placed in foster care, despite the fact that has been little to no research to support this claim (Berliner, 1993; Gelles, 1993; Taussig et al., 2001). In fact, very little research has even explored whether children who have been reunified have better outcomes than those who are not reunified (Taussig et al., 2001). There are a few studies that have actually discovered that children who were not reunified had better IQ scores, higher well-being indicators and less criminal involvement than those foster children reunified with their families (Fanshel & Shinn, 1978; Lahti, 1982; Jonson-Reid & Barth, 2000). In 2001, Taussig and her team conducted the first known prospective study to compare outcomes of children in foster care who were reunified with their family with those who were not reunified. Surprisingly, their findings went against conventional beliefs about reunification in that 6 years after taking baseline measures, reunified youth had more behavioral and emotional problems than those children who remained in foster care (Taussig et al., 2001).

Adoption is another permanency option that is often thought of as a best possible outcome for foster children if they cannot be reunified with their family of origin. Adoption is seen as a way to give children a new set of committed, life long parents who are presumed to be a healthier and more stable option than foster care. This makes intuitive sense, but much of the research on adoption focuses on comparing children adopted an infancy with average children never involved with the child welfare system. This research supports the notion that adopted children fare just as well as non-adopted children. However, very little research has compared adopted children from child welfare with children who have remained in foster care, and adoption as an intervention for maltreated children is quite understudied as well (Vinnerljung & Hjern, 2011). The few studies that have compared adoption with long term foster care, found positive outcomes from adoption versus foster care, However, these studies focused only on adopted children who were adopted as infants (Barth & Lloyd, 2010; Vinnerljung & Hjern, 2011). The research done in this area has shown that adoption at an early age appears to have positive long term developmental impact on children that come from adversity, however children who are adopted at an older age tend to have poorer long term outcomes (Vinnerljung & Hjern, 2011). Furthermore, it is unclear how older adopted children fare compared to children who remain in long-term foster care.

Although children who remain in foster care tend to have many long-term poor outcomes as they age, there is some research to indicate that high quality foster care can produce significantly better long term outcomes for such children (Kessler,

et al., 2008). In fact, some experts believe that sensitive long term fostering can produce better outcomes by providing an opportunity for children to recover from trauma (Schofield, Beek and Sargent, 2000). Given the gaps in research and conflicting evidence, there needs to be more research to compare outcomes between different types of permanency, especially for older children who are at the most risk of having poor outcomes.

This becomes even more crucial when considering the risks for youth aging out of foster care. Could high quality, sensitive foster care produce better outcomes than adoption for this age group? The assumption is that adoption is the best outcome for youth, even adolescents, despite the lack of research evidence. In fact, research indicates older children (ages 10 years and older) who are adopted have higher rates of adoption disruption with anywhere from 30-50% experiencing discontinuity within three to five years (Triseliotis, 2002). Earlier findings suggest that permanency for older foster youth needs to be thought of and researched differently. These youth are at high risk and the current permanency policies do not appear to yield positive results as they move into young adulthood.

RELATIONAL PERMANENCE

In recent years, a new type of permanency for older youth is gaining recognition in the child welfare community: relational permanence. It is based on the developmental needs of adolescents who need supportive and permanent parent-like connections as they enter young adulthood (Brown, Leveille & Gough, 2006). Relational permanence is defined as a sense of belonging and security with an adult who can provide life-long guidance when needed. Relational permanence with an adult is often experienced by the 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). It is based on research that demonstrates the variety of benefits to having such a connection, such as positive long term impacts on the five key markers of wellbeing, and more, such as, 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). It has already been demonstrated that foster youth without such connections have higher rates of mental health and behavioral issues (Barth, 1990).

Typically, legal permanence in child welfare happens through reunification, adoption or guardianship. However, it may be that a change in legal status alone cannot provide children with the needed attachment or belonging that they crave (Bamba & Haight, 2007). For youth who age out, although they have not found legal permanence, they can achieve relational permanence by finding adults that can provide a sense of belonging and support as they exit care. Although it is thought that adoption fills this need, the research suggests mixed results for older youth. Additionally, many older youth who leave care seek out their biological families for

support, despite the history of abuse or neglect in their family of origin (Samuels & Pryce, 2008). In one study, many of these youth reported they still had relational needs that were not met by reconnecting with their family (Samuels, 2009). The reality is that youth do and will seek out family members when aging out of care, so it could be quite beneficial to help such youth find the family members, or other adults in which they can build relational permanence. It is also important to pay attention to whether adolescents truly want to be adopted and whether this is in their best interest. Research has also provided much evidence that creating secure parent-child attachment relationships promotes healthy developmental outcomes in every area of child well-being (Samuels, 2009). Many child welfare scholars are also starting to emphasize that it is supportive and attached relationships that are the key to permanence, despite who these adults are or what type of legal permanence has been chosen for the child.

PHYSICAL PERMANENCE

In child welfare, physical permanence isoften discussed in the context of placement changes while a child is in foster care. Disruptions in a youth's physical environment may sever connections and relationships with others, impede social development, and hinder a youth's chances of success after leaving foster care (Stott & Gustavsson, 2010). It is well known that instability in foster care is associated with negative outcomes for youth. The more placements a child experiences is one of the strongest factors in predicting poor outcomes after exiting foster care (Courtney & Barth, 1996). It is possible that achieving physical permanency provides protective factors which promote wellbeing in the five key marker areas, particularly healthy youth development, relationship building, and the formation of self-identity. According to some, a youth's understanding of physical permanence directly relates to the stability and quality of life in their environment

Legal Permanency

is the **legal outcome** of the case, such as adoption, reunification, or another planned permanent living arrangement, known as "aging-out". The legal outcome is the point at which the child welfare system is no longer responsible for the child. That responsibility is assumed to be transferred to the caregivers who will provide **relational** and **physical** permanency.

Physical Permanency

is a **physical space** that an individual considers home and/or a place of **acceptance** and **security**. One youth described physical permanency as having a place where you "can take your shoes off."

Relational Permanency

is the existence of one or more **strong**, **sustainable and supportive relationships** between a youth and caregivers, siblings and other individuals that a youth considers part of his or her **family**.

(Sanchez, 2004). Youth who secure physical permanence are likely to have more opportunities to focus on education, become connected with their communities, participate in social activities, and have a better chance of planning appropriately for their future.

NORMALCY

Recently, normalcy has emerged as an important concept in child welfare policy and practice. Changes to federal and state law encourage child welfare organizations to promote normalcy as a means to ensure that youth have a more fulfilling life while in foster care. Normalcy is defined as a child's ability to have similar life experiences as children who are not in foster care. This includes a sense of belonging within a family, stability during childhood and adolescence, a positive sense of wellbeing, and social development through participation in age-appropriate activities. A key idea underpinning the importance of normalcy emphasizes the effects it may have on improving wellbeing. A positive sense of wellbeing is necessary for children to excel in all aspects of life such as the five key marker areas of safety, education, health, life skills, and vocation. Recent research presents evidence that foster children who participate in extracurricular school activities have increased academic performance and greater educational aspirations compared to foster children who do not participate in extracurricular activities. (White, Scott, & Munson, 2017).

Although normalcy is a new concept to child welfare, it is clear that it may have a significant impact on children and youth. It is critical for children to believe they are loved, accepted, and considered part of a family. Children who are socially isolated or otherwise prohibited from experiencing childhood in a natural and genuine manner may face difficulties with relationships due to inexperience and underdeveloped social skills. Normalcy is essential to wellbeing for children in foster care and more research is required to fully understand the benefits this emerging practice may have for children and youth in care.

PRIOR RESEARCH

Longitudinal studies

There have been several large-scale studies that have thoroughly examined the outcomes of youth after they age out and leave foster care: 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 well-designed and frequently cited studies outline many ways in which outcomes are bleak for this population.

Older Foster Youth in Texas: The LifeWorks Study

Unfortunately, there is very little data on what happens to youth as they age out of foster care in Texas, or even what happens to older foster youth in Texas, including those that achieve legal permanency. LifeWorks, a non-profit in Travis County (Austin and surrounding areas), recently conducted their own study of youth ages 16 to 24 who used their services in 2015 (Schoenfeld

& McDowell, 2016). LifeWorks provides housing, counseling, education and workforce development to adolescents in Texas. They frequently interact with at-risk youth, such as youth who are homeless and youth struggling with mental health or substance use issues. In this study, of the 1,023 youth they served last year, about 44% (488) were identified as foster youth. Almost 25% had either aged out of care or left care for various reasons. Interestingly, just under 4% were legally adopted. Although we do not know how many of these youth were no longer with their adopted parents, given that a large portion of these foster youth were enrolled in their "Street Outreach" program, we can assume a fair number of those 20 or so youth were no longer in their adoptive home.

The LifeWorks study compared at-risk youth to foster youth on outcomes such as education, employment, housing, mental health, etc. (Schoenfeld & McDowell, 2016). Results suggest that compared with at-risk youth in central Texas, foster youth fared worse in the five key marker areas. More school-aged foster youth failed to complete High School (11.36% versus 1.39%) and fewer enrolled in school (40.91% versus 68.49%). The same trend held true for employment, with only about 27% of foster youth reporting to have a job versus about 45% of at-risk youth. Additionally, foster youth reported much more instability in housing, with a greater number living in shelters or temporarily with friends. Lastly, compared with at-risk youth, foster youth struggled more with drug abuse (25.32% versus 16.16%) and mental health issues such as depression and suicide, with twice as many foster youth reporting mental health hospitalizations and three times as many foster youth having attempted suicide.

SUMMARY

Child welfare systems focus efforts on increasing the number of children who leave foster care through legal permanence meaning the child has been adopted, reunified or placed in the care of relatives. The assumption is that legal permanence will provide lifelong relationships, security and support equivalent to that of a biological child of the family. While this assumption is logical, anecdotal evidence continues to suggest that legal permanence does not guarantee a former foster youth will have support in young adulthood.

Several studies have examined the experiences of youth who age out of care, but research has not provided information about how aging out compares to adoption, kinship care and reunification. In order to truly understand permanency, we seek to understand the outcomes of all youth. This pilot study is our first step. Using a mixed-methods approach, we interviewed 30 youth who had ever been in foster care. Youth completed a survey and an interview lasting approximately one hour. [1]

1. A complete overview of methods and sample demographics is available in Appendix A.

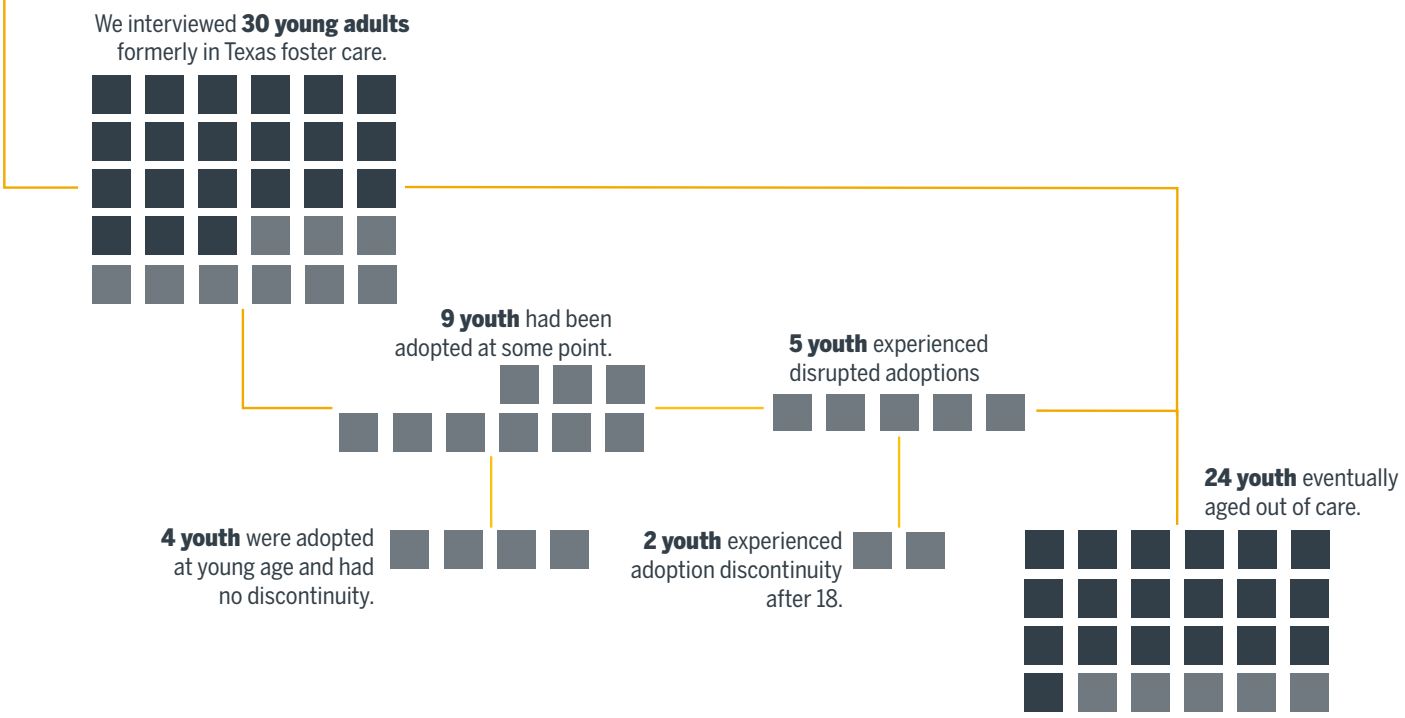
Permanency Experiences

We interviewed 30 youth who had been in foster care. The majority of study participants (n=24) reported aging out of foster care at 18 years old without a permanent legal guardian. Of these, five participants reported temporary reunifications with their birth family that allowed them to exit foster care. However, all five of these participants were placed back into foster care and subsequently aged out at age 18. These participants all reported that reunification did not work out because of ongoing abuse or neglect in the home.

Most participants were in long-term foster care and had their parental rights terminated, thereby making them eligible for adoption. Nine participants reported being adopted at some point during their childhood or adolescence. Four participants had positive experiences with adoption. Most of those had been adopted at young ages, while one participant was adopted out of foster care as an older teenager.

Five participants experienced disrupted adoptions. Three participants had failed adoptions prior to age 18 that required reentry into foster care. Reasons contributing to the failed adoption varied. One participant stated that their adoptive family was physically and sexually abusive. Reports of this abuse were made to CPS resulting in them being placed back into foster care.

Permanency Outcomes



Another participant, who was adopted alongside a sibling at age 12, stated the adoption failed because the parents were not ready for adoption.

Two participants reported adoption discontinuity after age 18. One participant endured sexual abuse by an adoptive family member and that the adoptive family refused to acknowledge the issue. She severed ties with the family after turning 18. Another participant who experienced adoption discontinuity was kicked out of his adoptive home shortly after turning 18 years old. In this case, the adoptive mother had a pattern of telling adoptive children to leave once they turned 18. The mother claimed that her obligations to the children were over at that point.

This type of discontinuity after age 18 is particularly relevant to our study as it is not captured in any data system. With both participants, the state assumed that the adoption would provide a forever family, but the youth entered young adulthood with no support. The idea that youth are leaving adoptive homes in the same way they leave foster care - without support, security and relationships - is noteworthy considering the remedy to aging out of care is often adoption. This idea leads to our first finding which is that authentic relationships matter most.

The remainder of this report details our findings beginning with a summary of the permanency experiences of youth in our sample. We then present our three main findings: 1) Authentic relationships matter most; 2) Every child needs to feel normal; and 3) Authentic relationships and feeling normal foster wellbeing in young adulthood. We used these three findings to create a conceptual model that presents a new way of thinking about permanency. Our plan is to continue to test this conceptual model by following a cohort of foster youth into young adulthood.

Authentic
relationships
matter most.

Child welfare systems operate with the assumption that adoption and/or reunification with birth families ensures lifelong connections and support. In some cases, we did find adoption was a positive experience for youth that created those attachments into young adulthood. However, the more common experience was that youth sought authentic relationships on their own regardless of legal permanence. Youth most commonly discussed relationships with their biological family, foster families, caseworkers and mental health professionals. Although youth had negative experiences with each of these types of relationships and we feel youth voicing those experiences needs to be honored, in this section we highlight the positive steps adults took to develop relationships with youth. These positive examples are critical in highlighting how relationships should be developed.

Honest communication about and with birth family is crucial.

Youth often maintained or sought to develop connections with their birth family. Study participants discussed the type of relationships they had with their biological family after placement into foster care. Most youth (n=26) knew who their biological parents were, while only four did not.

A common theme associated with good relationships included open and honest communication with their birth family. Many participants stated they had maintained open communication with their birth family throughout their stay in foster care or reconnected with them as adolescents. Perhaps a common misconception is that youth in foster care do not have contact with birth families, especially if parental rights are terminated. Our study supports anecdotal evidence that not only are older youth in contact with their families, they often age out of care and go back to their families. Unfortunately, birth families are generally not provided support to improve or heal while the youth is in foster care. Thus, many youth had self-imposed boundaries as a condition for their ongoing relationship. Participants made it clear that they would sever these connections if the birth family crossed boundaries, such as emotional abuse or trying to make decisions for them.

> "I think every year [my adoptive mom] would do two things. She would ask me 'would you like us to continue trying to find your mom or any information on your family?' I'd be like, 'yeah, sure.' Then each year she would have us write a letter to our mom to, I guess, release those emotions or just put it on paper. [my adoptive parents] were always really open, which I actually think was beneficial for us because I didn't realize how important that was until I was older."

Most participants who had been adopted were provided access to information about their birth families and opportunities to communicate with their birth families,

particularly their birth mothers. For most youth, these were positive experiences that strengthened their understanding of themselves and their connections with the adoptive family. However, three adopted participants stated their adopted family prohibited discussions surrounding their biological family. Two of these participants experienced failed adoptions. One participant expressed ambivalence due to wanting to know more about their birth family but not being allowed to establish a connection due to the adoptive parents' wishes.

Some participants stated that they had strong relationships with the families and have maintained connection with them for an extended time after leaving their home. The treatment they received by the family was a primary reason why the relationships lasted. In these situations, the treatment youth received in the home included getting emotional support and life-guidance as well as simple material goods, such as school clothes and other items they wanted. Most importantly, youth who had positive relationships with foster families felt cared for and that they were treated the same as biological, adopted and other foster children in the home. These youth did not feel as though the foster parent was caring for them as a job.

Relationships with foster families are built through caring treatment.

> And that foster mom – I mean she has been my angel. She's godmother to my two children now. And the difference with her is that she normally took younger children, but she took me in. She really treated me with just basic decency and respect. She wanted to get to know me.

Most participants said they lived in multiple placements during their stay in foster care. Placement changes reported by participants in this study varied greatly. Some participants experienced numerous placement changes, while some only experienced a few. Some participants claimed they had "too many placements to count". However, 12 participants could confidently recall the exact number of placements. The average number of placements for this group was 6. Total number of placements ranged from as few as one, to a maximum of 10.

An important factor which facilitated good relationships with youth and their foster families was the family's focus on personal growth. This growth was achieved by promoting socialization with peers, teaching personal responsibility, and pushing for educational success in school. Participants expressed beliefs that families who promoted their personal growth were supportive and

that they took an active role in the youth's life. Similarly, one participant claimed that he learned leadership by taking a more active role in the foster home and that the skills and knowledge learned advanced his social development and led to success in key marker areas such as education and vocation.

Positive experiences with caseworkers are built on honesty and accountability.

> the good thing about [him] was like he wasn't like your average caseworker. You get a caseworker, they'll show up and 'oh, how are you doing? Are you having feelings?' – the real thing about it – he was the most straight up person I knew. I've had a lot of bullsh** a** beat around the bush caseworkers. And [this one] was not that. He didn't beat around the bush. He told me if I was being stupid. Like that is something I've needed throughout my whole life.

The majority of youth had multiple caseworkers and had both positive and negative observations. Several participants in this study reported having good experiences with their caseworkers. Factors that contributed to these experiences included open and honest communication, frequent visitation, assisting the youth with their transition to independent living, and connecting with the youth in an authentic manner. Participants who had fewer caseworkers tended to have better experiences and positive relationships with them, perhaps due to the increased likelihood of maintaining a bond with their worker that engendered trust and facilitated open communication.

Open communication with caseworkers was one theme that participants claimed influenced their relationship in a positive way. Participants who could reach their caseworker and have honest discussions with them claimed that they were able to have their voices heard and that the caseworker would do their best to meet the wishes of the youth. Interestingly, good caseworkers held them accountable for their actions and emphasized individual responsibility which led to a stronger bond and an increased likelihood of a youth taking more of an active role in their life.

Participants claimed that a caseworker's role in helping the youth transition into adulthood contributed to their positive view of them. Participants felt as if their caseworker was truly interested in seeing the youth succeed in life after foster care and worked diligently to secure the necessary resources and opportunities for youth to have a successful transition into adulthood.

Surprisingly, many participants recognized the burden that caseworkers had with high caseloads and understood that their caseworkers may have not had the necessary time to engage the youth properly. However, in contrast with one case where the caseworker explained to the youth the

realities of being a CPS caseworker, participants who did not have communication with their caseworker were dissatisfied with the quality of care they were receiving.

Mental health professionals treat youth as a person, not a file.

> One therapist in particular – I remember very clearly that she helped me to uncover a rape that I had experienced. I had not vocalized it or talked about it, but she was able to successfully help me to unravel and cry about that and, you know, just begin that acceptance.

As with caseworkers, youth reported having multiple mental health professionals in their lives. Many of these experiences were negative, particularly those related to psychiatric hospitalizations. The single most important factor participants reported as determining positive experiences with a mental health professional was how they were treated during their interactions. Participants emphasized the importance of being treated "like a person" and not "like a file." Youth responded well to therapists who respected boundaries and who maintained confidentiality. Often youth felt that anything said in therapy or in a group session would be reported back to their caseworker. Trust with the therapist was crucial. Youth also appreciated therapists allowing ample time to open up and feel comfortable before discussing intimate details of the abuse or neglect they endured.

RELATIONSHIPS MATTER

In this section we have discussed the findings related to the formal relationships in the life of a foster youth. These formal relationships are based on obligations to support the wellbeing of the youth. Youth are keenly aware that these adults have obligations to meet their needs and in the case of foster families, caseworkers and mental health professionals, that they are paid to meet the needs of youth. Even so, positive relationships can be developed through caring connections.

Also important in the life of a youth are informal relationships. These are the people who are in the youth's life without obligation. These relationships are what help a youth feel normal. Thus, our second finding is that every child needs to feel normal.

Every child needs to feel normal.

Treat youth like they are part of the family.

> But when their kids, their daughters are over, and they have grandkids, they can all go in the refrigerator. But if I want to go in there, I have to ask. Then we have two separate refrigerators and stuff, two separate toilet paper, two separate everything. And I just feel like it's awkward for me. I just don't want to have two – it just feels weird to me. Why do I have to have separate things if I'm a part of the family? Why can't I do certain things if I'm a part of the family? It just feels weird to me. I don't really address it. Because I'm like, 'oh, it's just nothing. Whatever.' But after a while, it just doesn't feel right to me.

Youth described many instances when they felt as though they did not belong, were treated differently or just generally did not feel like a normal child. The clear message from youth is that they needed to be treated like a normal child in the family, be able to do normal youth activities, have relationships, have space to make mistakes and feel that they were more than a diagnosis.

Participants often believed that they did not fit into their foster home or family. Some participants claimed that they were incompatible with their caregiver's personality or that their environment was foreign and varied too much from the social dynamics they were accustomed to. Others felt as if they were stigmatized as foster youth and treated poorly because of it. These factors contributed to placement disruptions, risky behavior such as drug use and running away, and, most importantly, prevented youth from forming bonds with their caregivers.

Some participants expressed difficulty in forming close relationships with their foster families due to being unable express or experience typical compassion found in families. One participant explained how they attempted to show love to their foster parents and were rejected by the parents which led to a poor relationship.

The belief that foster families showed preferential treatment for biological children was a theme for participants who had poor experiences in foster homes. Some participants believed that foster families treated biological children much better than foster youth. Of these, all expressed attitudes of resentment towards these families and the perceived difference in treatment that prevented youth from feeling close to the family. Some participants claimed that the biological children would receive better quality goods compared to youth, would eat better meals, and did not have to follow certain protocol to engage the foster parents.

Allow youth access to normal activities.

> I was kinda thrust into a leadership position which was weird because at that point in my life, I hadn't had a lot of social interaction with people my age. I mean, it was very formative for me, and I'd like to think I could go into a leadership position today and do well and succeed. It gave me a work ethic. I mean, there's chores in a foster home, so, I mean, for me to kind of be the one to say, "Okay, let's clean the bathroom now," it was definitely very important for me personally. I definitely wouldn't be the person I am today without it, without that time of leadership and everything. [...] Because of her, I started making friends, and going and doing stuff, and living normally, instead of just being cooped up in my room.

Another factor contributing to poor experiences in foster homes was a lack of freedom. Many participants claimed that they were not allowed to have a normal childhood and form relationships with others, participate in age-appropriate activities, or venture out of the home unless it was for limited reasons like school, appointments, or CPS related meetings. Participants overwhelmingly reported the lack of freedom as a source of unhappiness and attributed this to poor relationships and experiences with their foster family. Understandably, the inability to participate in these activities was viewed negatively by participants. Some claimed how this interfered with their social development and negatively impacted their relationship with others outside of the foster home.

Allow youth to have informal relationships.

> I wasn't allowed to go to parties, and I wasn't – you know, it wasn't like a late-night party or anything like that. No school events that my foster mom wasn't present at, like football games. It was a lot. Even just taking my car to go to the park and put my headphones in and go to sleep, which is just something – it sounds really weird, but it sounds like, oh no, that's a 17-year-old trying to go mess up. That's just who I was as a person. Maybe she was just being like a strict mom. I don't know how to look at it. But I didn't feel like – I feel like that's something that normal kids got to do and that I wasn't allowed it.

Part of the access to normal activities involves allowing youth to develop friendships with peers and adults that extend beyond their formal relationships. Youth noted that romantic relationships were not supported within their placements. Without access to normal activities like sports or music, youth were also not able to develop relationships with other adults who might provide support.

Allow youth to make mistakes.

> Well, they did everything that, I guess, a parent would. I don't know how to explain it. And they always showed that they cared. They took us places. They got us stuff we needed, wanted, stuff that they didn't have to. Whenever we was going through, like, a hard time or whatever, they would sit and talk to me and try to get my head on straight. And, like, every time that I was sent off, like, no matter what I did they would want me back. So, I mean, I knew they cared about me.

In talking about relationships with foster families, youth expressed that they did not feel the same level of compassion and caring that biological siblings received. A large part of this was lack of openness to forgiveness and growth. Youth had multiple placements because their behavior issues forced placement changes. In many cases, normal adolescent behavior resulted in placement changes whereas for a biological child, the parents would not force their child to live somewhere else.

Treat youth as more than a diagnosis.

> They always wanted to shove some kind of med down my throat. They were always quick to label you. 'Oh, you're bipolar. Oh, you're ADHD.' No, I'm just a f***-up kid who misses his mother who was literally forced and ripped away and then thrown into this thing called foster care. You're getting yanked out of one world and then thrown into another. It's not fair, especially at 7... I went through a point where I had to be hospitalized because I stopped taking my meds – just stopped cold turkey because I didn't want to take them anymore....Have you ever played Xbox on a slow internet connection? That's what I felt like.

Youth very clearly discussed the fact that taking psychotropic medications made them feel like something was wrong and abnormal about them. Seventy-six percent (n=23) of study participants reported having taken psychotropic medication during their childhood or adolescence. With the exception of a few, participants overwhelmingly disliked psychotropic medication and expressed strong emotions regarding this topic. Some themes contributing to these attitudes included: the belief that medication was used as punishment, undesired side effects, medication interfering with school, and a belief that medication was used instead of addressing outstanding issues.

Secretly discontinuing or hiding psychotropic medication without medical approval was mentioned by several different participants. There was a sense of rebellion commonly expressed by participants who did this. Another participant claimed they would hide their medication and would be amused when mental health professionals remarked on the "progress" being made after the youth was supposedly taking the medication for a prolonged time.

Fifty percent (n=15) of study participants reported one or more psychiatric hospitalizations during their stay in foster care. The most often cited reason for entry into psychiatric hospitals was reported as behavior related issues.

NORMALCY BUILDS WELLBEING

Feeling normal is important for youth, but youth had more examples of not feeling normal than they had of feeling normal. When they had authentic relationships with caregivers, they were able to have more normal activities and relationships. As youth entered young adulthood, the sense of not being normal dramatically impacted their wellbeing in the five key markers of safety, education, health, life skills and vocation. However, in discussing their futures, youth clearly articulated that their future hopes still involved building authentic and normal relationships.

Because the research team anticipated that participants would potentially uncover strong emotions when sharing their histories, we structured our interviews to end on a more positive topic and asked how the participant envisioned their life in 5 years. Many participants were incredibly optimistic about their futures and believed they would be successful as older adults.

Participants hoped to have healthy families and stability. Some participants in this study had children, envisioned a better life for their family, and expressed interest in reconnecting with members of their birth family. However, some of them were hesitant and expressed uncertainty about if these relationships would work because their birth families might still engage in unhealthy behaviors, like substance use.

Most participants had graduated high school and enrolled in, or had already graduated from, college. Interestingly, many of these participants wished to pursue careers in child welfare and claimed they were motivated by their own experiences to improve the lives of children and youth in foster care. Some claimed they wanted careers in CPS, wanted to become foster parents, or wanted to volunteer as CASA workers. Others wished to pursue careers in helping professions, such as medicine, social work, and law. A few participants claimed they planned to start a business.

Although nearly all participants had optimistic views of their future and were full of hope, some expressed fears. Most of the fears they held were related to the pressures many young adults face, such as not doing well in college or having difficulty getting a good career afterwards.

Listening to participants describe their future and how they envisioned their life was inspiring. Despite the negative experiences that many of them had faced, it was clear that they still had hope. Our findings suggest that many youth had strong career goals and were eager to return to child welfare in some professional capacity to use their experience to improve others' lives.

Based on the data collected, it appears that authentic relationships and normalcy lead to wellbeing. From this small sample, it seems that youth with stronger relationships and a sense of normalcy were doing relatively better in the five key markers of wellbeing, and the research team intends to explore this relationship in the larger cohort study.

Authenic relationships and feeling normal foster wellbeing in young adulthood.

A New Model for Permanency

Taken together, these findings provide a new way of thinking about permanency. Our current child welfare system assumes that once a child is no longer in the foster care system, either due to adoption or reunification, that the child has achieved lifelong, permanent relationships. However, our findings suggest that: Either relationships must precede legal permanency to be successful, or relationships must develop without legal permanency.

Both formal and informal relationships help a child feel normal and once a child feels normal, he or she is able to maintain relational permanency regardless of whether he or she was adopted, reunified or aged out of foster care. The model in Figure 1 illustrates these concepts.

In the conceptual model, relationships are divided into formal and informal relationships. Throughout our study, youth were clear that they appreciated everyone who was not paid to be a part of their lives. They expressed mistrust of formal relationships, but were able to point out positive ways each formal relationship should function. For instance, foster parents should honor the child's cultural background, treat foster children the same as biological children and allow the child freedom to be a child. In looking at informal relationships, youth noted their appreciation for the effort adults made to be a part of their lives simply because the adult cared. Friendships and romantic relationships with peers were incredibly important. Youth did note that foster care limited their ability to have normal peer relationships. The lack of experience engaging with peers haunted youth in young adulthood. In our model, these peer relationships and the experiences that come with engaging in peer activities create normalcy for youth.

In our model, normalcy is more than a child being allowed to go to a movie or sports event. Instead, normalcy is about how the child feels about herself. Relationships are the key to building that feeling of being normal. Adults who have formal roles in the child's life can provide a sense of caring and support despite their obligations. Informal relationships can help a child feel valued and included.

The sense of normalcy predicates the lifelong relationships and social support needed to be a healthy young adult. In our model, legal permanency is not needed to create wellbeing in young adulthood. We are not suggesting that legal permanency is not important, but rather, that healthy transitions into young adulthood should focus on relationships regardless of the legal case.

The final part – or goal - of our model is wellbeing in young adulthood. Based on our study, the wellbeing of these youth in young adulthood is tenuous. However, youth with the strongest relationships tended to report better outcomes in the five key markers of wellbeing: safety, education, health, life skills and vocation.

TYPS
Texas Youth Permanency Study

Positive Permanency Model

Through **formal** and non-obligatory **informal relationships** youth begins to feels normal which creates **relational permanency**.

Informal Relationships

Youth has honest & open communication with **birth family.**

Youth has supportive adults in their life like **teachers** who encourage personal growth.

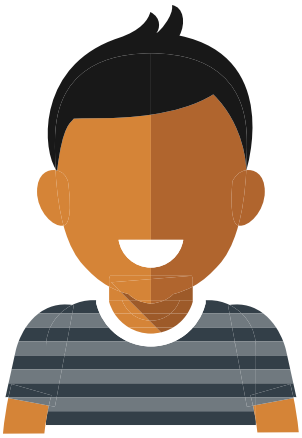
Youth is allowed to have **friends** and participate in age-appropriate social activities.

Youth is allowed to have age-appropriate **romantic relationships.**

Youth feels normal

Youth feels normal

Lifelong relational permanency



When **relational permanency** is established, youth is able to fully pursue and achieve the **five key markers of well-being**:

Safety
Education
Health
Life Skills
Vocation

Lifelong relational permanency

Foster caregivers treat youth as one as their own, allowing freedom and honoring cultural history.

Caseworkers prioritize youth voice in case planning and challenge and hold youth accountable when appropriate.

Mental health professionals maintain confidentiality and honor youth voice about medication.

Youth has support from adults like a **CASA volunteer** who will advocate for them when needed.

Formal Relationships

Conclusion

Formal & Informal Relationships ▶ **Lifelong Relational Permanency** ▶ **Youth Feels Normal** = **Can achieve 5 key markers of wellbeing**

Youth who age out of foster care are at a high risk for negative outcomes, but we do not currently have data that has compared youth who age out of care to youth who are adopted or reunified. Youth who are adopted or reunified are also at high risk of negative outcomes due to their trauma histories, but their outcomes are largely unknown. To date, no cohort study has tracked current/former foster youth who achieved permanency during adolescence. Only youth aging out of the system have been tracked as cohorts. While this information is important, more comparison is needed to understand how other permanency outcomes impact former foster youth as they transition into adulthood. Because all youth who have been in foster care have been shown to have a high risk of negative outcomes, including the potential of their own children entering foster care, it is important to understand how to direct resources to achieve the most cost-efficient and beneficial outcomes.

The findings presented here and the conceptual model we have developed will provide the foundation for a larger cohort study in Texas. Currently, there are outcomes we do not know including what happens when older youth are adopted from foster care, what happens when older youth return home, and how the long-term outcomes of adopted and reunified youth compare to youth who age out of foster care. Over the next year, we will test the conceptual model to answer the following questions: 1) How do youth develop relationships in foster care?; 2) To what extent do older youth who are adopted, reunified or age out maintain stable and nurturing relationships in adulthood?; and 3) How do those relationships impact wellbeing? We intend to explore these questions with 500 study participants, who will be followed over a five year period to better understand their trajectories through the child welfare system and to measure their wellbeing outcomes into adulthood.

References

Bamba, S., & Haight, W. (2007). Helping maltreated children to find their Ibasho: Japanese perspectives on supporting the well-being of children in state care. Children and Youth Services Review, 29(4), 405-427.

Barth, R. (1990). On their own: The experiences of youth after foster care. Child and Adolescent Social Work, 7(5), 419-440.

Barth, R. P., & Lloyd, C. (2010). Five-year developmental outcomes for young children remaining in foster care, returned home, or adopted. How Does Foster Care Work?: International Evidence on Outcomes, 47.

Berliner, L. (1993). Is family preservation in the best interest of children? Journal of Interpersonal Violence.

Brandford, C. & English, D. (2004). Foster youth transition to independence study: Final report. Seattle, WA.

Brown, I., Leveille, S., & Gough, P. (2006). Is permanence necessary for resilience? Advice for policy makers. Promoting resilience in child welfare, 94-115.

Clausen, J., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. Journal of Child and Family Studies, 7(3), 283-296.

Courtney, M. E., Barth, R. P. (1996). Pathways of older adolescents out of foster care: Implications for independent living services. Social Work. 41(1), 75-83

Courtney, M., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

Courtney, M. E. (2009). The Difficult Transition to Adulthood for Foster Youth in the US: Implications for the State as Corporate Parent. Social Policy Report. Volume XXIII, Number I. Society for Research in Child Development.

Fanshel, D., Shinn, E., & Eugene, B. (1978). Children in foster care: A longitudinal investigation (No. 316.6 (73)). Columbia University Press.

Gelles, R. (1993). Through a sociological lens: Social structure and family violence.

Hughes, D., Condron, B., Jackson, N., Pitchal, E., Garton, N. & Elliott, S. (2008). Preparing our kids for education, work and life: A report of the task force on youth aging out of DSS care: The Boston Foundation.

Jones, A., & LaLiberte, T. (2013). Measuring youth connections: A component of relational permanence for foster youth. Children and Youth Services Review, 35(3), 509-517.

Jonson-Reid, M. & Barth, R (2000). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. Child Youth Services Review, 22, 493-496.

Kessler, R., Pecora, P., Williams, J., Hiripi, E., O'Brien, K., English, D., et al. (2008). Effects of enhanced foster care on the long-term physical and mental health of foster care alumni. Archives of General Psychiatry, 65(6), 625-633.

Lahti, J. (1982). A follow-up study of foster children in permanent placements. The Social Service Review, 556-571.

Lau, A., Litrownik, A., Newton, R., & Landsverk, J. (2003). Going home: The complex effects of reunification on internalizing problems among children in foster care. Journal of abnormal child psychology, 31(4), 345-358.

Lawrence, C., Carlson, E., & Egeland, B. (2006). The impact of foster care on development. Development and Psychopathology, 18, 57-76.

Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A., English, D., White, J. et al. (2005). Improving family foster care: Findings from the Northwest foster care alumni study. Seattle, WA: Casey Family Programs.

Samuels, G. (2009). Ambiguous loss of home: The experience of familial (im)permanence among young adults with foster care backgrounds. Children and Youth Services Review, 31(12), 1229-1239.

References

Samuels, G., & Pryce, J. (2008). "What doesn't kill you makes you stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. Children and Youth Services Review, 30(10), 1198-1210.

Sanchez, R. M. (2004). Youth perspectives on permanency.

Schofield, G., Beek, M., & Sargent, K., & Thoburn, J., (2000). with Thoburn. J Growing Up in Foster Care.

Schoenfeld, E. & McDowell, S. (2016). Vulnerabilities and opportunities: Profiles of foster and non-foster youth served by LifeWorks: Austin, TX: Youth and Family Alliance dba LifeWorks.

Shpiegel, S. (2016). Resilience Among Older Adolescents in Foster Care: the Impact of Risk and Protective Factors. International Journal of Mental Health and Addiction, 14(1), 6-22.

Stott, T., & Gustavsson, N. (2010). Balancing permanency and stability for youth in foster care. Children and Youth Services Review, 32, 619-625.

Taussig, H. N. (2002). Risk behaviors in maltreated youth placed in foster care: A longitudinal study of protective and vulnerability factors. Child Abuse & Neglect, 26(11), 1179-1199.

Taussig, H., Clyman, R., & Landsverk, J. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. Pediatrics, 108(1), e10- e10.

Texas Department of Family and Protective Services (2016). 2015 Annual report and data book. Retrieved from: https://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2015/.

Triseliotis, J. (2002). Long-term foster care or adoption? The evidence examined. Child & Family Social Work, 7(1), 23-33.

United States Department of Health and Human Services (2015). The AFCARS report preliminary FY 2014 Estimates as of July 2015 (22). Available at: http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf.

Vinnerljung, B., & Hjern, A. (2011). Cognitive, educational and self-support outcomes of long-term foster care versus adoption. A Swedish national cohort study. Children and Youth Services Review, 33(10), 1902-1910.

White, T., Scott, L., & Munson, M. (2017) Extracurricular activity participation and educational outcomes among older youth transitioning from foster care., Children and Youth Services Review, 85(1), 1-8.

Appendix A

The purpose of this pilot study was to: 1) gather preliminary information around our conceptualizations of legal, relational and physical permanence; and 2) test our survey and interview protocols. This study was approved by the Institutional Review Board, The University of Texas at Austin (protocol #2016-10-0140).

SAMPLE

Thirty former foster youth participated in this pilot study. The only requirements for participation were that participants: 1) were age 18 or older; 2) had ever been in foster care; and 3) appeared to have no mental health, substance use or developmental impediments that would prevent them from completing an interview and survey.

Participants were recruited through word of mouth, foster youth listserves, referrals from community organizations that serve former foster youth and liaisons at community colleges and universities.

DATA COLLECTION

Participants contacted the Research Coordinator, a former foster youth himself, by phone or email to express their interest in participating. The Research Coordinator explained the study and set interview times. Interviews took place in person or via skype. In person interviews were most often conducted in the Research Coordinator's office. Some in-person interviews took place at agencies or universities.

Interviews were conducted by the Research Coordinator and/or Principal Investigator. Prior to beginning an interview, a research team member reviewed the study and obtained written consent for participation. Participant identification numbers were assigned to link the participant interview to the survey.

Participants completed a survey independently on a tablet and participated in an interview. We estimated that the total participation time would be one hour, but found that the interviews lasted closer to 45 minutes and the survey took about 30 minutes to complete. In most cases, the survey was completed after the interview. We felt this was ideal as it allowed time for the participant to develop rapport and trust with the research team. However, there were a handful of times when the survey was completed first.

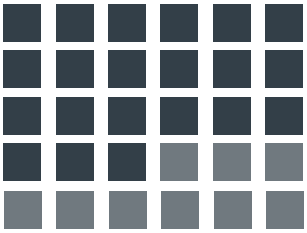
Surveys were completed independently on a tablet, computer or phone. For in-person interviews, the research team had a tablet with the survey. For skype interviews, participants were sent a survey link with their identification code.

Participants were provided $30 gift cards for completion of the interview and survey. No unexpected issues occurred during data collection.

TYPS Pilot Study Demographics

TYPS
Texas Youth Permanency Study

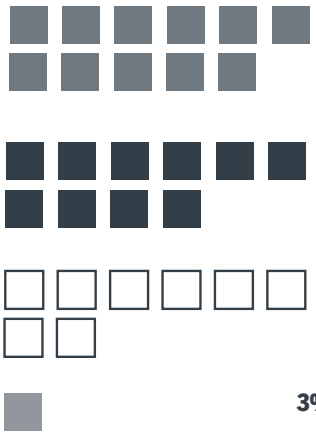
We interviewed **30 young adults** formerly in Texas foster care.



see **page 10** of report for **permanency outcomes**.

Average Age:
20

Race/ ethnicity



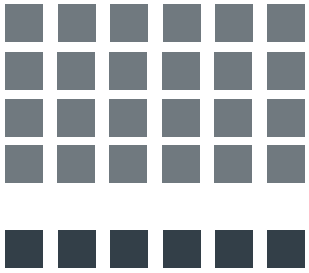
37% Hispanic

33% Black

27% White

3% multiracial

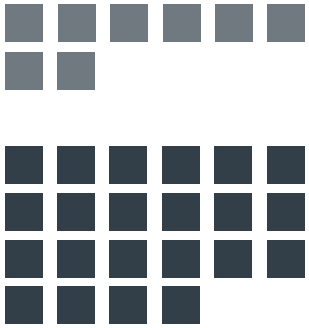
Gender



80% Female

20% Male

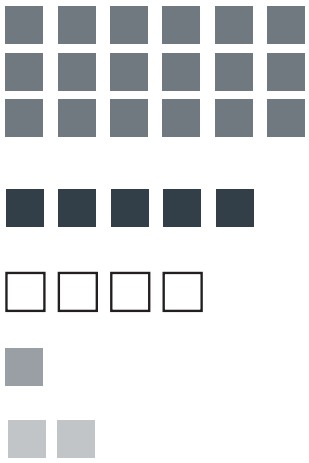
Sexual Orientation



27% GLBTQ

73% Heterosexual

Current Living Situation



60% live in their own home/apartment

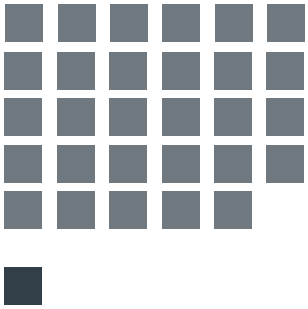
17% live in a shelter/group home

13% live in a adoptive home.

3% live in a foster home.

7% indicated "other"

High School Diploma/GED



97% have diploma/GED

3% don't have diploma/GED

MEASURES

INTERVIEW GUIDE. The researcher followed a semi-structured interview guide. The guide asked youth for about their history before they came into care, experiences in foster care, their relationship with caregivers and their future hopes and goals. The interview guide was designed for youth who were currently in care. For the pilot, we modified the questions to ask youth to think about their life now in relation to who they would consider their permanent caregiver.

SURVEY. Participants were also asked to complete a survey that contains both study-developed questions similar to other studies that longitudinally tracked aging out youth (i.e. Midwest and NSCAW studies) as well as additional validated measures to increase rigor. A list of measures is provided below.

Assessment	Measures	Notes
Adolescent Attachment Questionnaire (AAQ; West et al, 1998)	9 Item survey of general attachment for adolescents	Extensive psychometric validation Very short and easy Corresponds with gold standard of adult attachment: AAI
Relationship Questionnaire (RQ; Bartholomew, 1991)	4 item survey designed to measure adult attachment style	Well used and discussed in the literature Corresponds with other adult attachment measures Can compare older youth with caregiver ratings on this same survey
Reflective Functioning Questionnaire – Youth (RFQ-Y; Fonagy et al, in press)	This is a new 46 item survey that measures the mentalizing ability of youth – which has been linked to attachment in that those with secure attachment are usually successful mentalizers. Poor mentalizing skills are linked to a a variety of negative outcomes including Borderline Personality Disorder	Can compare to attachment measures Adds to the existing literature Never been done with foster youth
Medical Outcome Study (MOS) Social Support Survey	A 19-item, self-administered social support survey that cover four domains (emotional support, tangible [also called instrumental] support, positive social interaction, and affection)	Used in Midwest study Shorter 8 item version very well validated
ACE Study Questions (www.acestudy.org)	10 questions given that measures adverse childhood experiences	From the CDC's ACE study Can compare to many studies and data sets Different perspective of abuse/neglect than CPS records
Life & Independent Living Skills	Study developed questions that cover the following areas: Housing/Money, Relationships/Communications, Career/Education Planning, Work/Study Life, the Future	Drawn from Midwest Drawn from Casey Life Skills assessment
Closeness to Caregivers	Study developed questions that assess closeness of youth to various caregivers	Drawn from NSCAW study
Closeness to Family Members	Study developed questions that assess closeness of youth to their family of origin	Drawn from Midwest study
Relational Permanence	Study developed questions that assess if youth have an adult in their life they can depend on	Drawn from Youth Connections Scale
Sexual Activity/Behaviors	Study developed questions around sexual behaviors such as partners, birth control and STDs	Drawn from NSCAW and Midwest studies
Delinquency Behavior	Study developed questions around criminal activity, violent behaviors and substance use	Drawn from NSCAW study
Demographics	Study developed questions such as gender, age, race, sexual orientation etc.	
Current Medications	Study developed questions to track various prescription medications linked to depression, anxiety, ADHD etc..	
Resilience/Hope	8 questions that assess how much hope youth have and how resilient youth are to the stresses of life	Drawn from Casey Life Skills assessment

DATA ANALYSIS

INTERVIEW DATA. Data from the focus groups, interviews and open-ended survey questions were analyzed using content analysis. The research coordinator who conducted the interviews developed an initial coding scheme based off the interview guide. All interviews were coded in Dedoose. The coding team consisted of the Research Coordinator who conducted the interviews and a Co-Investigator. The coding team met to review each initial coding, and revised the coding scheme based on discussions. After initial codings were complete, the coding team met weekly to review codes until all 30 interviews were complete.

When coding was completed, all excerpts and codes were exported to Excel spreadsheets for additional summarization and organization of themes. The Research Coordinator and Principal Investigator summarized the excerpts from transcripts. In some cases codes were combined or moved to provide the best summary of information. Codes were further reviewed to identify quotes that provided good examples of themes.

SURVEY DATA. Data from the surveys were cleaned and consolidated to produce descriptive statistics using R and Excel. Given the sample size of the study, more inferential statistics are not appropriate. The primary purpose of the survey in this pilot study was to test our instrument, thus inferential statistics were not our goal in this particular study.

The University of Texas at Austin
Texas Institute for
Child & Family Wellbeing
Steve Hicks School of Social Work