

Memo from CalYOUTH: Differences in Social Support at Age 19 by Extended Foster Care Status and Placement Type

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Introduction

For young people in foster care, social support is important for promoting resiliency and self-esteem and decreasing the impact of negative life events during the transition to adulthood (Collins, Spencer, & Ward, 2010; Hiles, Moss, Wright, & Dallos, 2013; Stein, 2008; Van Breda & Dickens, 2015). Late adolescence and the early years of emerging adulthood is a critical time for foster youth. During this time, youth are finishing high school, starting a college education or vocational training, searching for full-time employment, and preparing to live on their own. Unlike most young people in their late teens and early 20s who fall back on their parents for emotional and material support, young people transitioning out of foster care may not have parents to turn to (Fowler, Toro, & Miles, 2009; Toro, Dworsky, & Fowler, 2007). Instead, foster youth primarily rely on support from their peers, siblings, and extended family, as well as individuals they encounter in the foster care system, such as foster parents, program staff, social workers, and advocates (Collins, Paris, & Ward, 2008; Collins et al., 2010; Courtney et al., 2005; Daining & DePanfilis, 2007; Jones & Kruk, 2005; Perez & Romo, 2011; Samuels & Pryce, 2008; Toro et al., 2007). In this context, giving youth the option to remain in foster care past age 18 may impact the amount and quality of social support they have at their disposal as they transition to adulthood. Beyond meeting their material needs for housing and other necessities, extended foster care may put youth in continued contact with adults who they can turn to for emotional support, practical assistance, and advice.

To date, about half of U.S. states have opted to extend the age limit of foster care from 18 to 21. California was an early adopter of federally subsidized extended foster care. Beginning in 2012, youth who were still in foster care in California on their 18th birthday

had the option of remaining in care until their 21st birthday. Since federally funded extended care is relatively new, researchers have yet to examine how the extra time in care may impact foster youths' social support. The CalYOUTH Study provides a unique opportunity to examine differences in social support between those who remained in care past age 18 and those who were no longer in care.

The amount, types, and sources of social support of foster youth in extended care may also be influenced by the type of placement in which they are living. In California, two new types of placements were created for youth who remained in care past age 18 (nonminor dependents). In addition to the typical types of placements available to children and adolescents in foster care (e.g., relative and nonrelative foster homes, congregate care facilities), nonminor dependents are also eligible to reside in Supervised Independent Living Placements (SILPs) and Transitional Housing Placements (THPs). SILPs offer the most autonomy, where foster youth reside on their own or with roommates in a residence approved by their caseworker (e.g., an apartment or college dormitory). THPs provide more structure, supervision, and support to youth who may not be ready to live independently. Youth in THPs live in shared or scattered-site apartments and are provided with a range of psychoeducational and independent living skills training to prepare them for greater autonomy. In this regard, the amounts and types of social support available to foster youth may vary depending on the type of placement they are living in. However, to our knowledge, these differences have yet to be examined.

This memo investigates two questions that pertain to extended foster care and social support. First, are there differences in the types and sources of social support between young people who remain in care past age 18 and young people who exit care? Second,

among nonminor dependents, are there differences in the types and sources of social support between youth living in different placement types? To answer these questions, we analyzed data collected from CalYOUTH participants when they were 19 years old. This memo draws on findings from a more extensive peer-reviewed journal article published in a special issue of the *Longitudinal and Life Course Studies (LLCS): International Journal* (Okpych, Feng, Park, Torres-García, & Courtney, 2018). In the article, social support differences by placement type were also examined when participants were 17 years old. We encourage readers interested in a more thorough and detailed account of the research methods and findings reported in this memo to read the *LLCS* article.

Study Methods

Data for this memo come from participants in the California Youth Transitions to Adulthood Study (CalYOUTH; Courtney, Charles, Okpych, Napolitano, & Halsted, 2014). CalYOUTH includes a representative sample of adolescents in California foster care who were between the ages of 16.75 and 17.75 years old in late 2012 and who had been in care for at least 6 months. The first wave of interviews was conducted in 2013, when most respondents were 17 years old ($n = 732$) and the second wave of interviews was conducted in 2015 when most respondents were 19 years old ($n = 611$). The sample used for the current memo includes young people who participated in both interview waves ($n = 611$).¹ Information gathered from CalYOUTH interviews was linked to state child welfare administrative data to cross-check youths' self-reported foster care status and placement type. See Courtney et al. (2014) and Courtney

¹ We did not find any statistically significant differences in any of the measures examined in this memo between the youths who we were able to interview at both waves and the youths who only completed Wave 1 interviews.

et al. (2016) for more information on the Wave 1 and Wave 2 interviews, respectively.

The main outcomes for this memo were measures of respondents' social support at age 19 that were collected during the Wave 2 interviews. First, youth were asked about the *adequacy* of different types of social support. Respondents were asked whether they had enough people to turn to for the following three types of social support: (1) emotional support (e.g., having individuals to talk about personal or private matters or things that worried them); (2) tangible support (e.g., having individuals who would run an errand for them, lend them money, food or clothing, or take them somewhere they needed to go); and (3) advice/guidance. The original response choices included “enough people you can count on,” “some but not enough people you can count on,” and “no one you can count on.” In this analysis, measures of the adequacy of support were created for each support type, which distinguished between youths reporting “enough support” and youths reporting “not enough support” or “no support.”

The second set of outcomes pertained to the *sources* of social support—that is, the kinds of people that youth turned to for support. Information on sources of social support was gathered from a modified version of the Social Support Network Questionnaire (SSNQ; Gee & Rhodes, 2007). During the CalYOUTH interviews, we asked participants to identify specific individuals they can turn to if in need of emotional support, tangible support, and advice/guidance. We then asked youth to classify their relationship to each individual they nominated. For each of the three support types, youth could nominate up to three individuals, and an individual could be nominated for more than one support type. In total, a respondent could name up to nine distinct individuals across social support types. In this analysis, we classified nominees into three groups: (1) *professionals* (caseworkers, foster parents and group home staff, teachers,

school counselors, therapists/counselors, mentors, and other professionals), (2) *relatives* (siblings, biological parents, stepparents, aunts/uncles, cousins, and grandparents), and (3) *peers* (friends, coworkers, classmates, and romantic partners). For each of the three groups of nominees, a variable was created to indicate whether or not the youth nominated at least one person from that group.

In the analyses presented below, we examine whether social support varied by extended foster care status at age 19 and by placement type at age 19 (only among respondents still in care). In terms of extended care status, we compared youths who were still in care at the time of their Wave 2 interview with youths who were no longer in care at the Wave 2 interview. Over three-quarters of respondents (77%) were still in care at the time of their Wave 2 interview. In terms of placement type, respondents' foster care living situations at their Wave 2 interview included six options: nonrelative foster home, relative foster home, therapeutic foster care (TFC), supervised independent living placement (SILP), transitional housing placement (THP+FC), and other placements (congregate care, guardian home, court specified home, jail/prison, and hospital/rehab).

In the Findings section, we first summarize the general characteristics of the respondents at age 19, including information on their social support, foster care status, and placement type. Next, we test whether youths' extended foster care status and placement type are each associated with the adequacy and sources of their social support. One shortcoming of these analyses is that youths' preexisting differences at age 17 could be

driving differences in their social support at age 19. For example, youth who wound up staying in care until age 19 could have had more adequate social support than youth who left care (even before extended foster care came into play). These preexisting differences in social support could account for social support differences later on. In the final part of our analyses, to address these concerns, we investigate whether differences in social support by extended care status and by placement type still remain after statistically controlling for several preexisting characteristics of the youth. These preexisting characteristics were measured at Wave 1, when nearly all of the participants were 17 years old. The control variables in these analyses include the following: youth demographic characteristics, social support,² placement type, parental contact during the past year, depression, and externalizing behavior problems. Logistic regression was used for these analyses. In all of the findings reported in this memo, survey weights were applied to take into account features of the sampling design and rates of nonresponse. See Okpych and colleagues (2018) for more information on the research methods.

Findings

Table 1 displays characteristics of youths in the sample at age 19. At the time of their Wave 2 interviews, over three-fourths of the respondents were still in care. Among the youths in care, about one in three were living in a SILP and one in five were living in a THP. The rest of the youths were living in a foster home or another type of placement. In terms of having “enough” people to turn to for support, the greatest proportion of

² The Wave 1 social support measure that was statistically controlled matched the Wave 2 social support measure being evaluated. For example, when examining the adequacy of youths' emotional support at Wave 2, we controlled for the adequacy of their social support at Wave 1.

respondents felt they had adequate advice/guidance support, followed by emotional support and tangible support. Family members and peers were the most common sources of support, with about 70 percent of youths nominating at least one family member and about 70 percent nominating at least one peer. Professionals were relied on at much lower rates than family and peers; fewer than one in three youths nominated a professional as a support figure.

Table 1. Placement Type and Social Support at Age 19 (*n* = 611, unweighted *n*, weighted %)

Foster care status	
Still in care at Wave 2 (%)	77.3
Placement type^a (%)	
Therapeutic foster care home	9.1
Nonrelative foster home	13.1
Relative foster home	22.5
SILP	31.4
THP+FC	19.2
Other	4.8
Youths' perceived adequacy of types of social support (%)	
Emotional support	58.4
Tangible support	53.3
Advice/guidance	65.1
Sources of social support (nominated at least 1)	
Professionals (%)	28.4
Family members (%)	69.8
Peers (%)	68.3

^a Includes only youths still in care at Wave 2 (*n* = 477)

The first research question is addressed in Table 2, which compares in-care youths and out-of-care youths in terms of their social support at age 19. Statistically significant differences were found in a few areas. Significantly greater proportions of in-care youths than out-of-care youths reported that they had enough people to turn to for tangible support and for advice/guidance. In both

cases, the differences were greater than 10 percentage points. A more striking difference was found in answers about nominating a professional as a support figure. In-care youths (34%) were more than four times as likely as out-of-care youths (8%) to identify a professional as someone they turned to for one or more types of support. The proportions of in-care and out-of-care youths who nominated family members and peers as support were similar and not significantly different.

Although not displayed here, we tested whether these significant differences by extended care status remained after controlling for preexisting characteristics, most notably prior social support. Care status differences in tangible support, advice/guidance, and nominating a professional that were reported earlier remained statistically significant ($p < .05$ for the adequacy of tangible support and adequacy of advice/guidance, $p < .001$ for nominating a professional as a support figure). Since child welfare workers were included in the “professional” group, we were concerned that the care status differences may have been due to in-care youths nominating their child welfare worker. However, when we conducted the analysis after removing child welfare workers, the results were essentially unchanged. See Okpych and colleagues (2018) for results of the regression analyses.

Table 2. Comparisons of Social Support by Care Status at Age 19 ($n = 611$, unweighted n , weighted %)

	Out of care ($n = 134$)	In care ($n = 477$)	p
Adequacy of types of social support (%)			
Emotional support	55.5	59.2	
Tangible support	44.3	56.0	*
Advice/guidance	57.2	67.4	*
Sources of social support (nominated at least 1; %)			
Professional	7.9	34.4	***
Family member	71.6	69.3	
Peer	66.0	68.9	

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 3 addresses the second research question, which examines differences in social support by placement type at age 19. Youth in different placements were not found to differ significantly with regard to having enough emotional support, tangible support, and advice/guidance. However, significant differences were found for each of the three sources of support. Regression analyses were used to identify specific differences between placement types and to control for youths' prior placement type, social support, and other background characteristics.

These findings point to several differences in sources of support by placement type. The first set of differences pertains to youths in relative foster care. Perhaps unsurprisingly, youths in relative foster homes were more likely than youths in nearly every other placement type to nominate a family member as a support. At the same time, youths residing in foster care with relatives were also less likely than youths in SILPs, THPs, and therapeutic foster care homes to nominate professionals as a support figure.

A second set of differences pertains to youths in nonrelative foster homes. Youths residing in these placements relied heavily on peers as supports. Youths living in nonrelative foster homes were significantly more likely to nominate peers as supports than were youths in therapeutic foster care homes, relative foster homes, and "other" placements. A third set of findings pertains to SILPs. Youths in SILPs were more likely than youths in relative foster homes and therapeutic foster care homes to nominate peers. Finally, youths in THPs and therapeutic foster homes were more likely than youths in nonrelative foster homes, relative foster homes, and SILPs to nominate a professional as a support. This makes sense since both THPs and therapeutic foster homes involve intensive services provided by professionals.

Table 3. Comparisons of Social Support, by Placement Type, at Age 19 among Youth Still in Care ($n = 477$, unweighted n , weighted %)

	Non- relative foster home ($n = 61$)	Relative foster home ($n = 92$)	SILP ($n = 142$)	Trans- itional housing place- ment ($n = 114$)	TFC home ($n = 43$)	Other ($n = 25$)	p
Adequacy of Types of Social Support (%)							
Emotional support	54.1	58.1	60.8	57.4	73.3	48.6	
Tangible support	52.7	65.8	57.6	44.4	58.9	48.8	
Advice/guidance support	62.6	67.6	71.1	63.6	74.1	57.6	
Sources of Social Support (nominated at least 1; %)							
Professional	26.1	19.8	35.9	48.9	45.3	35.2	**
Family member	51.5	83.7	71.4	62.0	67.0	70.6	**
Peer	83.3	61.6	76.1	67.2	52.4	55.4	**

** $p < .01$

Limitations

Several limitations are important to keep in mind when interpreting the findings in this memo. First, while we attempted to control for preexisting characteristics that could account for the relationships between extended care status, placement type, and social support, there may be additional characteristics for which we were not able to statistically control that explain the associations reported in this memo. Relatedly, the causal mechanisms that may underlie the differences in social support by extended care status and placement type were not explored in the present analysis and remain unclear. While our social support measures tap into important dimensions of youths' social networks, there certainly may be other aspects of social support we were not able to study that are important in foster youths' transition to adulthood. Moreover, we are not aware of other studies that used our social support measure with a representative sample of nonfoster youth, so it is not possible to gauge how similar or dissimilar foster youth are to their peers in terms of social support. Finally, the findings of our study of California youth in foster care may not apply well to foster youth in other states with different demographic, policy, and service contexts.

Conclusion

This memo examined social support among youth in the era of extended foster care, exploring differences by extended care status and by foster care placement type. We found that about 40 percent of transition-age foster youths said they did not have enough people to turn to for emotional support, nearly half said they did not have enough people for tangible support, and over 30 percent did not have enough people to give them advice and guidance. The fact that many youths reported having inadequate support in each of the domains we studied calls for renewed efforts

to ensure that these young people have adults they can rely on as they transition to adulthood, regardless of where they happen to be living.

Policies and practices that promote the formation of natural mentors and peer mentors are promising initiatives to augment the social support networks of foster youth. A natural mentor is “a very important nonparental adult that exists in a youth’s social network, like a teacher, extended family member, service provider, community member, or coach, who provides ongoing guidance, instruction, and encouragement aimed at developing the competence and character of the young person” (Thompson, Greeson, & Brunsink, 2016, p. 48). Foster youth may be open to strengthening and formalizing the role that these individuals play in their lives, since positive relationships already exist between youth and these individuals. Peer mentoring is another promising initiative, which involves connecting foster youth to foster care alumni who are older, who have positively transitioned to postcare life, and who have undergone training in mentorship and relationship building (Mezey et al., 2017; Middleton, 2012). Foster youth may be particularly receptive to peer mentors since they share the experience of having gone through the foster care system and since their relationship is more egalitarian than that of relationships with other professionals in positions of authority (Mezey et al., 2017).

Consistent with one of the primary justifications for extended foster care, our analyses suggest that allowing youth to remain in foster care into early adulthood connects them to or allows them to remain connected with professionals, and in-care youth were more likely than out-of-care youth to report having adequate tangible support and advice/guidance. Moreover, the placement types used to provide housing for youth perceived to need more adult care and

supervision (therapeutic foster care homes and THPs) were most strongly associated with connections to professionals, suggesting that these living arrangements may be accomplishing one of their central purposes. Importantly, extended care was not found to be associated with a reduced likelihood of youth identifying relatives as support figures. This finding should help allay the fears of observers concerned that extended foster care may undermine youths' relationships with their families of origin. Extended care was also unrelated to the number of peers youth nominated as supports, suggesting that remaining in care neither enhances nor hinders youths' relationships with peers. While our findings provide cautious support for the recently adopted extended foster care policy, further research is needed to better inform how the policy can help youth acquire and maintain the support they need to succeed as adults. For example, research is needed to rigorously evaluate different kinds of programs and practices within the care system designed to expand or strengthen foster youths' connections to supportive adults. Research is also needed to gather youths' perspectives on their perceived relational needs and on their willingness to engage in different initiatives to increase their social capital (Munson, Smalling, Spencer, Scott, & Tracy, 2010).

Placement type while in extended care was not associated with perceived adequacy of social support, but it was related to the types of individuals youth nominated as support figures. In addition to the link between THPs and therapeutic foster home placements and nominated professionals, a few other findings stand out. Young people in SILPs were more likely to rely on peers and less likely to rely on professionals than were youth in some other placements. This may reflect a tendency of youth in these placements to be better

prepared to live on their own and to need less intensive interaction with professionals. Many youth in SILPs also have roommates, and the experience of living together may strengthen their bonds and lead them to rely on one another for emotional support, advice, and favors. It is important to keep in mind that although youth in SILPs may not have as many pressing needs that require intensive professional attention, they may still face challenges and decisions that would benefit from professional input. For example, youth in SILPs may be more likely to be navigating college or full-time employment for the first time. Thus, it is important for child welfare workers to inquire about obstacles these youth may experience that can impede steps to independent living, and to make referrals when necessary.

Another noteworthy finding pertains to youth who were living with relatives. About one in five youths lived in a relative foster home, and these young people were less likely than youths in some other settings to nominate a professional. Youths residing with families may have less contact with professionals who can connect them to information and resources that are useful in achieving goals such as pursuing higher education, becoming employed, and accessing services. While foster care agencies prioritize placements with relatives when possible, it may also be necessary for child welfare workers to ensure that foster youth living with family are connected to skilled, resourceful professionals.

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