

F F T A



Foster Family-based Treatment Association

Annotations of Research in Treatment Foster Care

Citation

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.

Keywords

Foster care, child welfare, mental health, child abuse

Research Question

- Does enhanced foster care programming improve the long-term mental and physical health outcomes of foster care alumni when compared to public foster care programming?

Method

Subjects: The sample consisted of 479 adults who were placed in foster care as adolescents (14–18 years of age). These youth were placed in Public (State) and Private (Casey Family Programs) foster care programs through the Oregon and Washington state Departments of Human Services. Inclusion criteria included the following: (1) the child was eligible for long-term foster care placement, (2) the placement was primarily a result of child maltreatment, (3) the child did not have a physical or developmental disability that would be considered cost-prohibitive to the Casey program, and (4) the child had spent at least one year in foster care between the ages of 14 and 18.

Design: This is a quasi-experimental research design. Samples were drawn between January 1, 1989, and September 30, 1998. All children in the Casey program during the sampling time frame were selected for the Casey group, given the small census (44 youth). Children who were not chosen for the Casey group but who met eligibility criteria were randomly selected for the much larger Public (control) group.

Procedures: Foster care alumni were interviewed up to 13 years after leaving foster care. Data were collected from respondents using professional interview staff of the Survey Research Center at the University of Michigan Institute for Social Research. Interviewers received a brief orientation to the study, received a 7-day, study-specific training, and conducted practice interviews prior to conducting study interviews. Retrospective data on demographic variables, family demographics, adversity, and placement history were obtained during the interview. Mental health disorders were assessed using the World Health Organization Composite International Diagnostic Interview version 3.0. General medical conditions were assessed using a chronic condition checklist.

Archival data case records were examined to obtain preplacement characteristics of the Casey and Public groups, as well as non-survey respondents. Archival data collected included demographics, ages at and dates of entry into and exit from foster care, reason for placement, placement history, type and extensiveness of maltreatment, parental substance abuse, and termination of parental rights.

Results/Findings

Survey respondents were more likely to be female than male. Reasons for placement were similar across all sample groups; however, parental substance abuse as a placement condition was more likely in the Casey group. The Casey alumni spent nearly 2–2.5 more years in care and experienced significantly more stable placements than did the Public group. Casey alumni were substantially less likely to experience adverse events during their placement and were at lower risk of experiencing reunification failure. The Casey group was less likely to experience neglect or physical or sexual abuse in the foster home.

With respect to mental health outcomes, the Casey alumni were significantly less likely to experience mental health disorders than were the Public foster care alumni. Casey alumni experienced fewer physical health disorders when examining all classes of physical health conditions studied.

Limitations

The quasi-experimental design of the study does not permit random assignment to the Casey and Public groups. Interviewers were not blind to the group in which the interview subject belonged, and data were collected through subject self-report (versus medical evaluation and clinical interview), creating the possibility of bias in interviewee responses.

Application to Practice

This study highlights the benefits of providing foster youth an enhanced foster care experience and makes a compelling case for investing in model foster care programming. The study demonstrates that by providing children with well-trained foster parents and quality ancillary services, as well as case managers with higher education and lower caseloads, the child welfare system is more likely to meet its mandate of ensuring the safety, placement permanence, and well-being of foster children. Proper attention to and investment in the core components of enhanced foster care systems produce better outcomes for alumni.

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