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Johanna K.P. Greeson, University of Pennsylvania
Antonio R. Garcia, University of Pennsylvania
Minseop Kim, University of Pennsylvania
Allison E. Thompson, University of Pennsylvania
Mark E. Courtney, University of Chicago

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Johanna K.P. Greeson a,⁎, Antonio R. Garcia a, Minueop Kim a, Allison E. Thompson a, Mark E. Courtney b

a University of Pennsylvania School of Social Policy & Practice, USA
b University of Chicago School of Social Service Administration, USA

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ABSTRACT

This study uses secondary data from the Multi-Site Evaluation of Foster Youth Programs, a randomized controlled trial of four independent living programs for youth in foster care. The subject of this investigation is the Life Skills Training Program (LST) of Los Angeles County, CA. We had three interrelated aims: (1) Evaluate the effectiveness of the LST program as compared to services as usual on the change in social support over time; (2) Examine the differences over time in social support by race and ethnicity among LST participants; and (3) Investigate the explanatory value of prosocial activities, educational involvement, current living arrangement, employment, victimization experiences, placement instability, and behavioral health symptomology on changes in social support over time among LST participants. We employed multilevel longitudinal modeling to estimate growth in social support over three time points (baseline, first follow-up, and second follow-up) among 482 youth (n = 234 LST; n = 248 control). We found a significant reduction in social support across the three time points. But, there was no difference in the social support trajectory between the LST and control groups. In addition, no racial/ethnic difference in the social support trajectory was detected. Results underscore the need to critically examine how independent living programming is intended to increase social support and whether modifying these practices can improve promotion and maintenance of social support for youth who age out of foster care.

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1. Introduction

Although the field of developmental psychology generally recognizes that autonomy and relatedness are two basic needs among older adolescents, the relationship between these needs has been disputed (Kagitcibasi, 2013). Traditional psychoanalytic theory postulates that autonomy and relatedness are in conflict with each other, and the need to separate from caregivers (e.g., separation–individuation hypothesis) is a part of normative adolescent development (Blos, 1979). According to such theory, increased independence and self-reliance occur simultaneously with the distancing of oneself from others, which serves as a milestone for entrance into adulthood. This prioritization of autonomy over relatedness, along with an American ideology that tends to idealize individualism, has no doubt impacted the development of youth programming and services (Samuels & Pryce, 2008). However, researchers across disciplines have begun to challenge this dichotomy, suggesting that a congruent relationship between autonomy and caregiver relatedness is necessary for healthy youth development (Arnett, 2000; Kagitcibasi, 2013; Samuels & Pryce, 2008; Tulviste, Mizera, & De Geer, 2012). In other words, it is desirable for young people to achieve both autonomy, in the form of increased agency and identity exploration, and relatedness with others, in the form of continued social support (e.g., caregivers, family members, other important nonparental adults, peers).

Research supports a number of positive well-being outcomes associated with the presence of social support among older adolescents in the United States, internationally, and among marginalized subgroups, including youth in foster care (Aquilino, 2006; Bowers et al., 2014; Collins, Spencer, & Ward, 2010; Peeler & DePamphilis, 2007; Haddad, Chen, & Greenberger, 2011; Kim, Butzel, & Ryan, 1998; Meeus, Oosterwegel, & Vollebergh, 2002; Singer, Berzin, & Hokanson, 2013). Although this growing evidence suggests that developing youth thrive with intact social supportive networks, over 20,000 youth emancipate each year from foster care without achieving legal permanence and with limited social support (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2013). These marginalized youth are at increased risk for myriad negative outcomes including increased rates of unemployment and ensuing economic hardship, homelessness, low educational attainment, criminal justice involvement, unplanned pregnancy, and behavioral health symptomology.

⁎ Corresponding author at: University of Pennsylvania, School of Social Policy & Practice, 3701 Locust Walk, Philadelphia, PA 19104, USA.
E-mail address: jgreeson@sp2.upenn.edu (J.K.P. Greeson).

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Congress has attempted to respond to this crisis, recognizing the need to bolster social support for older youth at risk of aging out of foster care. For example, the Foster Care Independent Act of 1999 (1999) mandates the establishment of “personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults.” Since 1999, child welfare jurisdictions across the country have implemented life skills programming aimed at the promotion of both “hard skill” development (e.g., vocational training, budgeting, maintaining housing) and “soft skill” development (e.g., interpersonal skills and improved social support) among older youth preparing to emancipate from formal out-of-home care systems (Antle, Johnson, Barbee, & Sullivan, 2009; Curry & Abrams, 2014; Nesmith & Christophersen, 2014). The Life Skills Training (LST) program of Los Angeles County is considered an exemplar of such programming (U.S. Department of Health and Human Services, Administration for Children and Families, 2008). LST utilizes a traditional, didactic-style classroom-based approach, and incorporates supportive case management in an effort to promote the achievement of positive well-being outcomes, such as educational attainment, employment, and interpersonal and social skills. Yet, little is known regarding the effectiveness of such life skills programming, and research is either absent or reveals mixed results regarding how social support among older youth in foster care differs based on individual and contextual factors.

Thus, the present study significantly contributes to the literature by investigating the change in social support over time among a sample of 17-year-old youth residing in out-of-home care through the Los Angeles Department of Child and Family Services and participating in the Life Skills Training (LST) program. Our investigation was guided by the following research questions: 1) Is the Los Angeles Life Skills Training (LST) Program more effective than receipt of services as usual in increasing social support over time among older youth in foster care? 2) Are there differences over time in social support by race/ethnicity among older youth in foster care? 3) To what extent do prosocial activities, educational involvement, placement history, victimization experiences, and behavioral health symptomology explain differences in social support over time among older youth in foster care?

1.1. Social support and the transition to adulthood: theory and research

The term social support has been broadly applied to include actual and perceived assistance and protection provided by others (Curry & Abrams, 2014). Social support can take on various forms and can originate from multiple sources. Langford, Bowsher, Maloney, and Lillis (1997) identify four main types of social support, including instrumental or tangible support (e.g., financial and material assistance), emotional or intangible support (e.g., caring, listening, and empathy), informational support (e.g., problem solving, guidance, and advice), and affirmational or appraisal support (e.g., evaluative feedback, self-esteem enhancement). The sources of social support vary and may include both informal systems (e.g., parents/caregivers, peers, important nonparental adults) and formal systems (e.g., teachers, case workers, therapists). The most important features of social support networks reported by youth in foster care include the relationships’ longstanding and consistent nature, acceptance of the young person, personal encouragement, and reliability (Collins et al., 2010). Theory and empirical research suggest that strong social support is a necessary requisite for a successful transition to adulthood (Arnett, 2000; Collins et al., 2010; Goodkind, Schelbe, & Shook, 2011; Jones, 2014; Kagitcibasi, 2013).

The degree to which jurisdictions assist youth in foster care with developing and enhancing their social support networks is unclear and warrants further research. Independent living programs (ILP), as reflected in their name, may emphasize the skills thought to be necessary for self-sustained independent living over relational skills associated with interconnectedness and social support (Antle et al., 2009). In fact, the effectiveness of ILPs in improving social support has yet to be established (Greenson, Garcia, Kim, & Courtney, 2014), though one recent study provides a first step. Nesmith and Christophersen (2014) conducted a three-year effectiveness study of a foster care model designed to support and enhance youth’s social support networks prior to their transition to adulthood. Compared to the comparison group, youth who received the intervention felt more empowered, had better emotional regulation, and had improved social support as demonstrated by a wider variety of supportive adults in their lives.

1.1.1. Developmental theory

Arnett’s (2000) theory of emerging adulthood has been used to describe the developmental period that corresponds with a young person’s gradual transition to adulthood, which generally occurs in the late teen years and extends through the mid to late twenties. This period is distinct demographically, subjectively, and in terms of identity exploration, and is characterized by a period in which it has become normative, and even potentially beneficial, to not adopt the roles and responsibilities of full adulthood following adolescence in order to explore worldviews, values, work, love, and identity. For many youth in the general population, it is a period of “rolelessness,” optimism, and opportunities as emerging adults regard themselves as neither adolescents nor adults but in between the two life stages. Fundamental to the theory of emerging adulthood is the assumption that youth possess adequate and enduring social support networks, which allow them the freedom to experience increased agency and free exploration of thought, which together contribute to the development of their individual identities. Kagitcibasi (2013) similarly proposes a theoretical framework to explain the need of older adolescents for both increased agency and exploration of thought within the context of a solid social support network. She conceptualizes adolescent development as a period characterized by two separate, but related, dimensions: agency and interpersonal distance. Adolescents who experience a high degree of agency are described as autonomous (i.e., controlled by self), whereas those who experience a low degree are said to be heteronomous (i.e., controlled by others). Likewise, interpersonal distance falls on a spectrum between relatedness and separation. Kagitcibasi (2013) proposes that adolescents have a need for both autonomy and relatedness. Thus, the autonomous-related self is considered to be ideal in that both needs for autonomy and relatedness are mutually met. Autonomous-separate selves and heteronomous-related selves only have one of the two needs met, and heteronomous-separate selves do not have either need met.

Though youth in the general population may experience the benefits of emerging adulthood associated with autonomous-related selves, disadvantaged youth, including those in foster care, often lack strong social support and are not afforded the same opportunities as their peers in the general population (Avery, 2010). Their state may be described as autonomous–separate, as many youth in foster care experience an autonomy defined by independence and self-reliance in the context of insufficient social support and relatedness (Samuels & Pryce, 2008). Youth in foster care generally suffer from fractured social support networks due to their removal from their families and communities of origin, multiple moves while in out-of-home placement, and the loss of state support at emancipation (Jones, 2014). Singer et al. (2013) investigated the way in which younger youth in foster care utilize their social support networks in an effort to identify possible “holes.” Although youth identified a number of socially supportive relationships that were present during their transition to adulthood, most of the support provided by enduring, informal network members was emotional or informational in nature. Child welfare professionals (e.g., county caseworkers, therapists) largely provided the instrumental and appraisal support, though this support was impermanent and ceased when the youth emancipated from care.

When sufficient social support is not present, marginalized youth are forced to enter a state of self-reliance and must prematurely adopt...
adult responsibilities, which may further compound their marginalization into adulthood (Greeson, 2013). Though normative youth typically benefit from a gradual adoption of adult roles with continued and unconditional parental support, for youth in foster care, the state plays the role of the parent and abruptly ceases to provide support at the age of 18 or 21. Thus, the lived experiences of many youth emancipating from foster care do not resonate with the ideals associated with the theory of emerging adulthood (Cunningham & Diversi, 2013; Munson, Lee, Miller, Cole, & Nedelcu, 2013), and yet, some youth in foster care still experience resilience and positive well-being outcomes associated with the utilization of social support during this transition (Collins, Paris, & Ward, 2008; Collins et al., 2010; Daining & DePanfilis, 2007; Singer et al., 2013). Such experiences provide critical information to researchers, policy makers, and legislators regarding the role of social support and its relationship to individual and contextual factors among youth in foster care transitioning to adulthood.

1.1.2. Social support research among youth aging out of care

A handful of studies have examined the role of social support among older youth transitioning out of foster care, though the findings are somewhat mixed, indicating a need for continued research. For example, one study utilizing point-in-time surveys found a positive relationship between social support and resilience among a sample of foster youth who had recently aged out of care (Daining & DePanfilis, 2007). Youth who reported higher levels of social support scored higher on a composite resilience measure, consisting of six outcomes: educational participation, employment history, avoidance of early parenthood, avoidance of criminal activity, avoidance of homelessness, and avoidance of drug use. A similar cross-sectional study investigated the protective role of social support (i.e., professionals, birth families, mentors) among older youth who had emancipated from foster care (McGrath, Brennan, Dolan, & Barnett, 2014). Conversely, other studies have found that social support among American and Irish youth in the general population; that is, youth with the greatest reliance on social support reported the lowest well-being scores, though the effect of social support was greatest for this group (McGrath et al., 2014). Other studies have found that foster youth with mentors report improved behavioral health symptomology, including decreased suicidal ideation, aggression, and depressive symptoms (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Munson & McMillen, 2009). Future research is needed to understand the ordering and directionality of the variables of interest.

A limited number of investigations provide insight into the varying role social support may play for foster youth with differing experiences. For example, several studies found a direct relationship between social support and improved well-being outcomes among youth with minimal maltreatment or hardship histories, but the effect did not hold for youth with histories of past sexual abuse (Bal, Crombez, Van Oost, & Debourdeaudhuij, 2003) or other forms of complex trauma (Salazar, Keller, & Courtney, 2011). Findings from another study reveal that foster youth with repeated and ongoing placement disruption have weaker social support networks than those with relatively stable familial-based living arrangements (Perry, 2006). Furthermore, the protective effect of the social support network on psychological distress is not realized unless the youth possesses a network with multiple, varying units of support (e.g., biological family, foster care, church, school, sports teams, peer networks). Involvement in school and other prosocial activities may expand the number of positive adults and peers to whom the youth is exposed, potentially allowing for the development of a stronger and more comprehensive social support network (Zimmerman et al., 2013). However, social support that is composed solely or primarily of peers, versus those that include networks of caring adults, do not appear to function protectively, and have even been associated with increased risky behaviors (Bal et al., 2003; Ferguson, Bender, Thompson, Xie, & Pollio, 2011).

Although these studies begin to paint a more nuanced picture of the relationship between social support and well-being outcomes for older youth in foster care, there is a dearth of literature examining if and how this social support differs based on race and ethnicity. However, studies among adolescents and young adults without foster care involvement suggest that race and ethnicity may impact the way in which social support is perceived and utilized (Almeida, Molnar, Kawachi, & Subramaniam, 2009; McGrath et al., 2014). For instance, ethnic and racial groups may draw upon different sources for social support or rely on social support to varying degrees. One study among a large sample of adults in a number of Chicago neighborhoods found that foreign and US-born Latinos rely more heavily on family support whereas non-Latino whites more commonly access support from friendship networks (Almeida et al., 2009). Likewise a study of Latino homeless youth formerly in foster care, reveal that Latino youth look to peer networks as a main form of support only after being unsuccessful in reestablishing family relationships (Perez & Romo, 2011). Another study compared the utilization of social support among American and Irish adolescent youth; Irish youth reported higher levels of perceived social support than American youth, though Irish youth were least in need of it (McGrath et al., 2014). The present study seeks to contribute to the literature by examining race and ethnicity, as well as previously studied individual and contextual variables, as predictors of social support among youth aging out of foster care.

1.2. Present study

The present study utilizes data from the Multi-Site Evaluation of Foster Youth Programs (MEFYP), a randomized controlled trial (RCT) of four independent living programs for youth in foster care. The subject of this investigation is the Life Skills Training Program (LST) of Los Angeles County, California (U.S. Department of Health and Human Services, Administration for Children and Families, 2008). Similar to most life skills programs, LST employs an instructional model to teach life skills in a classroom setting to youth in foster care ages 16 and older. However, LST includes a unique, extensive outreach component designed to recruit youth into the program and provide short-term case management services. Over the course of five weeks, youth attend three-hour classes twice a week in one of 19 community colleges throughout Los Angeles County. The program is based on seven state-adopted competency skill areas (i.e., education, employment, daily living skills, survival skills, choices and consequences, interpersonal/social skills, and computer/Internet skills), though instructors are given latitude and flexibility to deliver the course material in a variety of methods, including the use of guest speakers, experiential activities, and the creative delivery of material. The primary goals of LST are to help foster youth acquire the skills necessary for emancipation and to complete high school and attend postsecondary education and training.

LST is situated within a cadre of supportive services and practices, also known as “services as usual,” which are aimed at emancipation preparation to assist youth at risk of aging out of foster care in Los Angeles County. Although the youth who participated in the present study were all 17 years of age at the time of recruitment, foster youth in Los Angeles County are eligible for emancipation preparation services starting at the age of 14. At that time, the county is responsible for conducting an individualized assessment and developing a Transitional Independent Living Plan (TILP), which must be signed by the youth and updated every six months by the county caseworker. The TILP outlines the provision of services necessary for youth to make successful transitions to independence, and county caseworkers may refer youth in foster care to a variety of subcontracted and community-based services in an effort to address the needs identified on the TILP (U.S. Department of Health and Human Services, Administration for Children and Families, 2008). Thus, the youth assigned to the control arm of this study received
services as usual, and the youth assigned to the intervention arm received services as usual plus LST.

The Los Angeles Department of Children and Family Services (DCFS) is the county agency responsible for delivering all child welfare services to children and youth in Los Angeles County, California. At the time of the MEFYP study, Los Angeles County comprised nearly one third of the state’s population, 24% of whom were children under 18 years of age living below the federal poverty line. DCFS provided foster care services to more than 5000 youth ages 16 and older, and funded a specialized Emancipation Services Division to address the specific needs of youth aging out of care. Youth were invited to participate in the MEFYP study if they were 17 years old, in out-of-home care placement under the guardianship of DCFS, eligible for Chafee services, and deemed able to benefit from life skills training. Youth were then randomly assigned to either receive the LST service in addition to services to more than 5000 youth ages 16 and older, and funded a specialized Emancipation Services Division to address the specific needs of youth aging out of care. Youth were invited to participate in the MEFYP study if they were 17 years old, in out-of-home care placement under the guardianship of DCFS, eligible for Chafee services, and deemed able to benefit from life skills training. Youth were then randomly assigned to either receive the LST service in addition to services as usual or participate in the control group with only services as usual (U.S. Department of Health and Human Services, Administration for Children and Families, 2008).

Using the data from the MEFYP LST study, we employed growth curve modeling to estimate growth in social support over three time points (baseline, first follow-up, and second follow-up) among study participants, and we used mixed-effect models to account for dependence across multiple observations. We were interested in unpacking both the individual and contextual factors, with a particular focus on race and ethnicity, which may impact the change in the number of social supports reported by youth participants over time. The study had the following aims:

Aim 1 Evaluate the effectiveness of the LST program as compared to services as usual on the change in social support over time.

Aim 2 Examine the differences over time in social support by race and ethnicity among youth participating in the LST program.

Aim 3 Investigate the explanatory value of prosocial activities, educational involvement, current living arrangement, victimization experiences, placement instability, and behavioral health symptomology on changes in social support over time among youth participating in the LST program.

2. Method

2.1. Study design & procedure

We conducted secondary data analysis using data from the MEFYP RCT. Comparison of baseline characteristics of LST and control group youth at the time of random assignment showed few significant differences (see Table 1). A higher proportion (44.1%) of LST youth reported having been placed in a group home or other residential facility prior to inception of data collection than control group youth (34.7%).

Youth were considered eligible for the MEFYP if they were in out-of-home care, 17 years-old at the start of the MEFYP, eligible for Chafee services, and deemed appropriate for LST. A total of 482 youth were eligible for the evaluation; 234 were assigned to the LST (treatment) group, while 248 youth were assigned to the control group. At baseline, 97% of the eligible youth were interviewed. Of those youths interviewed at baseline, 91% were interviewed at the first follow-up and 88% were interviewed at the second follow-up (U.S. Department of Health and Human Services, Administration for Children and Families, 2008).

Once youth reached age 16, caseworkers were required to refer them to Independent Living Program at DCFS through the transition coordinator. The referral could contain a request that the youth be referred to the LST program. As part of the evaluation, the Outreach Advisers (OAs) in the LST program received lists of youth in the LST and control groups. The OAs used these lists as guides to determine which youth to recruit and not recruit for the LST program. These lists were provided in three waves over the evaluation period. Youth were randomly assigned using the statistical software program SAS. Each youth was given a probability of 0.5 of being assigned to LST or control. Interviewers who assessed outcomes were blind to the intervention status. Participants and their care providers were not. Youth were followed for two years. They were interviewed in-person at entry into the study (baseline) and once each year after that, for a total of three data collection points (baseline, first follow-up & second follow-up; U.S. Department of Health and Human Services, Administration for Children and Families, 2008).

2.2. Intervention

LST started in 1987 as a result of a foster parent who questioned how the local DCFS was spending the available federal money for independent living services. The primary goal of the LST program is to prepare eligible foster and probation youth age 16 to 21 to live independently and acquire skills and resources needed for successful emancipation, including employment, daily living skills, survival skills, understanding choices/consequences, interpersonal/social skills, and computer/Internet skills. Another goal is to encourage youth to complete high school and go on to postsecondary education or technical training. This one of the reasons the program uses the community college locale. LST uses the traditional classroom and practicum-based training. The five-week curriculum consists of ten three-hour classes held twice/week in 19 community colleges throughout Los Angeles County. LST is staffed by (1) OAs who recruit youth, provide short-term case management, and document services; (2) Workshop Trainers who lead and teach the LST independent living classes; and (3) Peer Counselors who are former foster youth and often LST graduates that assist in program
operations (U.S. Department of Health and Human Services, Administration for Children and Families, 2008).

2.3. Measure of outcome variable

We used seven social support variables (Courtney, Stagner, & Pergamit, 2001) to create a count variable by summing the numerical responses across them. Each item asked youth how many different people would perform certain tasks for them in specific types of situations. Items were not mutually-exclusive, so a youth could count the same person for all of the items. An example item is, “How many different people would lend you money in an emergency?” The new social support count variable ranged from 0 to 245, with a mean of 48.2 (SD = 54.6) at baseline. The alpha for the new social support scale was acceptable for all time points: .87 at baseline, .93 at 1st follow-up, and .93 at 2nd follow-up. This operationalization of social support is consistent with multiple other studies among youth that have likewise used a count variable (e.g., Dumont & Provost, 1999; Negriff, James, & Trickett, 2015; Rowsell, Ciarrochi, Deane, & Heaven, 2014; Safren & Heimberg, 1999). Also, the widely cited Social Support Questionnaire Short Form similarly measures social support by counting the number of people that respondents identify as reliable to provide help or support in various ways (Sarason, Sarason, Shearin, & Pierce, 1987).

2.4. Measures of control & independent variables (at baseline)

2.4.1. Group assignment

Assignment to the treatment (LST program, n = 223) or control (SAU, n = 246) groups was designated with a “1” (treatment) or “0” (control).

2.4.2. Gender

Gender was designated as “0” (female) and “1” (male). About 40% of participants were male. Gender composition was not different between treatment and control groups.

2.4.3. Race/ethnicity

Race/ethnicity consisted of four categories: White (about 9%) Black (40%), Hispanic (43%), and Other (7%). There was no significant difference in race/ethnicity between treatment and control groups.

2.4.4. School status

Those who were enrolled or attending regular schools at baseline were coded as 1. The vast majority of participants (89.34%) were enrolled or attending regular schools at baseline. The proportion was significantly greater in the LST treatment group (92.68% vs. 85.65%).

2.4.5. Highest grade completed

Highest grade completed at baseline was a continuous variable, ranging from 0 to 12 (M = 10.12; SD = 1.54).

2.4.6. # of foster homes

This variable measured at baseline indicated number of foster homes, group homes, or residential treatment centers youth had been in since first entering foster care. Its mean was 4.45 homes with a standard deviation of 5.13 homes. No significant difference was detected between treatment and control groups.

2.4.7. # of times re-entered care

This variable measured at baseline indicated number of times youth had returned home to their family and then re-entered foster care, with a mean of 4.9 times and a standard deviation of 1.18 times.

2.4.8. Ever runaway

This dichotomous variable measured at baseline indicated whether youth had ever run away from a foster home or group home (coded as 1). Almost 32% of youth had such an experience, and no difference was found between treatment and control groups.

2.4.9. Exposure to traumatic events

This variable represents the sum of six binary items asking youth about extremely stressful or upsetting events, including 1) witnessing someone being badly injured or killed, 2) being raped, 3) being sexually molested, 4) being physically attacked or assaulted, 5) being threatened with a weapon, held captive, or kidnapped, and 6) experiencing any other extremely stressful or upsetting event (M = 1.72, SD = 1.60). There was no significant difference in exposure to traumatic events between treatment and control groups.

2.4.10. Victimization

This variable was the sum of 16 binary items asking youth about the ways in which caregivers may have mistreated youth before their first entry into foster care. An example item is, “Did you ever have a serious illness or injury or physical disability, but your caregivers ignored it or failed to obtain necessary medical or remedial treatment for it?” Its mean was 2.38 with a standard deviation of 3.23. No difference between treatment and control groups was found.

2.4.11. Sexual abuse

This dichotomous variable indicated whether youth had experienced sexual abuse (coded as 1). At baseline, 28% of youth experienced sexual abuse, and no difference was found between treatment and control groups.

2.4.12. Prosocial activities

Prosocial activities at baseline was based on the following three items: 1) Are there any sports that you like to participate in? 2) Are there any hobbies, activities, and games, other than sports that you like to do? and 3) Do you belong to any organizations, clubs, teams, or groups? All the items had binary responses: yes (1) and no (0). The score for Prosocial activities was a sum of the individual items, and thus ranged from 0 to 3, with a mean of 1.74 activities (SD = .85). There was no difference in prosocial activities between treatment and control groups.

2.4.13. Substance abuse

This variable measured at baseline was the sum of 10 binary items indicating whether youth have used 1) marijuana, 2) amphetamines, 3) barbiturates, 4) tranquilizers, 5) cocaine, 6) hallucinogenic drugs, 7) glue, 8) club drugs, 9) heroin, and 10) prescription drugs without a doctor’s permission, in the last 12 months (M = .68; SD = 1.41). No difference between treatment and control groups was detected.

2.4.14. Emotional problems

This was a dichotomous variable indicating whether youth have an emotional problem that periodically causes them to miss a day of school, work, or social/recreational activities (coded as 1). Almost 9% of participants had emotional problems at baseline, and no difference was found between treatment and control groups.

2.4.15. Current living arrangement

Living arrangement at baseline had four categories: 1) single family home (61.2%), 2) apartment or condominium (13.2%), 3) group home or residential facility (23.0%), and 4) other (2.6%). No difference in living arrangement was found between treatment and control groups.

2.4.16. Work status

This dichotomous variable indicated whether youth were working at a full or part-time job at baseline (coded as 1). Only about 16% of youth had a job. There was no difference between treatment and control groups.
2.5. Data analysis approach

We used multilevel longitudinal models to investigate changes in social support as a consequence of predictors at baseline. Primary analyses of treatment effects were tested using multilevel models in which group assignment was treated as a between-subject (i.e., time-invariant or Level II) factor and time was treated as a within-subject (i.e., Level I) factor. Other predictors were also treated as time-invariant, between-subject factors. Unlike traditional ANOVA approaches (e.g., repeated measure ANOVA), this analytic strategy does not assume that participants are measured on the same number of time points. Thus, multilevel modeling allows us to retain youth with data from less than all three occasions (Singer & Willett, 2003). Multilevel modeling also provides the advantage of accounting for dependence of observations, which is inherent to longitudinal data. Based on the Akaike Information Criterion (AIC) and the Bayesian Information Criterion (BIC), we tested for a variety of residual variance–covariance structures, and decided to use unstructured residual variance–covariance, which had the best model fit. It should be noted that our outcome variable, social support, was highly skewed to the right. Skewness and kurtosis for social support at baseline, for example, were 2.14 and 10.98, respectively. To address this non-normality issue, we used the square root of social support as the dependent variable. In addition, time, which was treated as a continuous variable, was scaled such that 0 corresponds to baseline, and thus the intercept in our models with the time predictor represented social support at baseline. All statistics were performed using Stata version 12 (StataCorp, 2011), and all models were fit using maximum-likelihood estimation.

3. Results

A series of multilevel longitudinal models were fit to the data to assess the impact of LST and other predictors on social support across three time periods (baseline, first follow-up, and second follow-up). Fixed effect estimates and the estimated variance and covariance of the random effects are presented in Table 2.

First, we fit the unconditional means model to the data (Model 1). The estimated grand mean of social support was 6.11 (95% CI: 5.89–6.32), suggesting that an average youth had a maximum of 37 people (i.e., 6.11 if youth reported different individuals across all of the 7 social support items) or a minimum of 5 people (i.e., 37/7 if the same five individuals knew provided social support in all of the 7 situations) as a source of social support across baseline, first follow-up, and second follow-up. The intraclass correlation coefficient was .53, indicating that more than 50% of the variance of social support was variance between individuals.

In Model 2, we fit the unconditional growth model that contains time as a Level 1 linear predictor. Time was a significant predictor of change in social support (b = −.34; 95% CI: −.47, −.21). The negative coefficient indicated a reduction in social support across the three time points. In addition, Model 2 showed that there was significant between-subject variation in initial status social support (95% CI: 3.58, 5.79), and thus in Model 3 we added the subject-level (i.e., Level 2, time-invariant) predictors that may explain differences between individuals. Model 3 showed that boys had higher social support than girls (b = .71; 95% CI: .21, 1.20), and prosocial activities were positively associated with social support (b = .34, 95% CI: .06,.62). The random effects of Model 3 (and Model 2) showed that variability in social support change was not large and thus insignificant. Nevertheless, given that the Wald statistics are sometimes inaccurate and thus not recommended (Singer & Willett, 2003), in Model 4, we included cross-level interaction (i.e., predictor × time) to explore whether the subject-level predictors accounted for variability in social support change over time. We found no significant cross-level interaction between LST and time (b = −.14, 95% CI: −.42, .13), suggesting no impact of LST. Further, there was no significant cross-level interaction of race/ethnicity and time, suggesting no racial/ethnicity differences in social support change over time. Only work status was found to have a significant association with social support change over time (b = −.47, 95% CI: −.85, −.09), suggesting that social support decreased at a faster rate among youth who were employed at baseline.

4. Discussion

The imperative role of social support among youth transitioning out of foster care has garnered increasing attention among child welfare scholars, practitioners, and policymakers for well over ten years (Arnett, 2000; Collins et al., 2010; Jones, 2014; Kagitcbasi, 2013; Nesmith & Christophersen, 2014). How older youth in foster care define, make sense of, and use social support, how programs and interventions can best facilitate and support it, and how researchers operationalize it, are questions that remain unanswered. In an article published over a decade ago, Hogan, Linden, and Najarian (2002) raised the question of whether social support interventions are effective among adults who experience adverse and/or milestone life events (e.g., cancer, substance abuse, surgery, parenting), and concluded then that there is not enough evidence to claim which interventions are most effective. Similarly, to date, as supported by our findings, we have yet to establish, with certainty, whether life skills training programs for foster youth, often offered as part of a host of independent living services, promote social support. Indeed, our first primary objective was to determine whether a LST program in Los Angeles is more likely to contribute to an increase in social support versus services as usual over time. Results showed that participants experienced a reduction, regardless of whether our participants were randomly assigned to LST or services as usual. Regarding our second objective, results showed that there were no racial/ethnic differences in social support change over time. Finally, we examined whether prosocial activities, educational involvement, employment, current living arrangement, victimization experiences, placement instability, and behavioral health symptomology influence changes in social support over time. The only significant finding we detected was that social support decreased at an exponential rate among youth who were employed at baseline.

4.1. Practice implications

Our findings call into question whether classroom-based LST programs are effective in, and of themselves, to promote social support. That is, it is plausible that while LST programs provide informational support, they do not offer tangible, emotional, and/or affirmative types of support — supports that are equally, or perhaps even more important to promote among this highly marginalized population of youth (Langford et al., 1997). To that end, findings point to the need to ensure that youth aging out of foster care receive a holistic and diverse range of social support systems that move beyond classroom-based didactic learning. Instead of focusing strictly on engaging youth aging out of foster in LST programs, a more worthwhile activity may be for child welfare systems to focus time and energy on facilitating and growing connections between foster youth and nonparental caring adults, like natural mentors, who are able to provide tangible, emotional, and affirmative support (Ahrens et al., 2011; Greeson, 2013; Greeson & Bowen, 2008; Greeson, Usher, & Grinstein-Weiss, 2010; Munson & McMullen, 2009).

Although our findings showed that classroom-based instructional models, which are typically the focus of independent living services (Lemon, Hines, & Merdinger, 2005), are no more effective than services as usual, we must still consider how LST programs could be modified to promote social support, and other developmental milestones. For child welfare caseworkers, this might involve implementing principles and tenants of Arnett’s (2000) theory of emerging adulthood in social work practice with foster youth. For example, the core objective of these programs is to prepare youth between the ages of 18–21 to transition independently into adulthood, severing ties and supports that the
child welfare system may provide. According to Arnett’s theory, this goal may not be attainable, given that young adults often need additional support and mentoring to thrive and gain a better understanding of their sense of place and meaning in the world. Meanwhile, the pressure placed upon caseworkers, caregivers, and providers to ensure that LST programs meet programmatic objectives may be too taxing. Needless to say, our findings point to the need to modify objectives and identify attainable goals that holistically take into consideration the developmental stage of emerging adulthood and the challenges that youth aging out of foster care usually encounter (e.g., lack of permanence or a prominent adult role model, lack of opportunities to implement or “practice” what they learn in classroom-based instruction, lack of job readiness or educational advancement and access to quality health and mental health care; Geenen & Powers, 2007).

### 4.2. Research implications

As noted above, social workers and other providers may need to consider modifying LST programs and ensure that youth have access to other forms of social supports. Meanwhile, researchers must determine whether modified or newly developed interventions increase social support over time. As a first step, researchers may need to interview youth aging out of foster care about how they define “social support,” and what they believe should be offered as part of an array of
independent living services to promote it. Interviews with caregivers and providers should ensue to gain a sense, from their perspective, of services that are likely to increase social support and overall well-being. The question of how LST programs or independent living services should be modified in the context of the young adult’s developmental stage and circumstances should be posed. These data can potentially help inform the innovation of modified programs that should be implemented and tested to determine their efficacy in promoting social support for youth during and after leaving foster care.

Future research should also be devoted to identifying the causal mechanisms that are likely to influence change in social support over time. It is reasonable to expect that engaging in prosocial activities and educational opportunities may increase social support (Zimmerman et al., 2013), whereas negative experiences, such as trauma victimization, placement instability, and poor behavioral health, would decrease social support (Perry, 2006; Salazar et al., 2011). Our findings show that these factors were not predictive of change in social support over time.

Employment at baseline decreased social support over time. However, we speculate that this finding is a function of regression to the mean. Model 4 shows a positive coefficient for “work status” main effect (although insignificant), indicating that youth employed at baseline had greater social support at baseline. We found a negative interaction effect, which means that social support decreased at a faster rate among youth who were employed at baseline. We interpret this reduction as due to these youth starting out with higher social support at baseline. Additionally, due to Model 4’s increased complexity and the very large within individual variance, we must interpret its results with particular caution.

Our results also reveal that social support, at least in the context of how the federal evaluation operationalized it, does not change over time as a function of race/ethnicity. Previous studies have examined the role of social support among racially/ethnically diverse populations. For example, Latino homeless youth formerly in foster care are likely to rely on peer networks after attempts to reconnect with family (Peres & Romo, 2011), and African American youth in disadvantaged neighborhoods are likely to receive social support from extended family networks, friends, and teachers (McMahon, Felix, & Nagarajan, 2011). To that end, emphasis on identifying how these nurturing relationships impact social support among young people who age out of foster care is warranted.

Perhaps the explanatory value of our hypothesized predictors are tenable in the context of other forms and types of informal networks (e.g., biological family, foster care, faith-based settings, school, sports teams, peer networks) that provide emotional or affiliative support, irrespective of race/ethnicity. If that is the case, attention may need to be given to operationalizing how and under what conditions social support is promoted in practice and how it is assessed and operationalized in future research studies.

4.3. Study limitations

Our findings reveal that current practices may need to be modified to promote social support and pinpoint areas for future research. We must also call attention to study limitations. First, the independent living curriculum may have been implemented or taught differently by LST staff throughout Los Angeles County. Second, other factors not included in our growth curve model, such as cultural beliefs, values, one-to-one natural mentoring, community immersion, and engagement in effective services, may directly or indirectly contribute to social support, and therefore our study has an omitted variable bias. Third, the way in which the original federal evaluation operationalized social support may not provide the most holistic view of either the construct or how processes change over time. That is, while a summation of how many people perform tasks for youth aging out of foster care across the seven support variables is revealing, it does not illuminate the quality or impact of those relationships. However, it is notable that though our study did not detect differences between groups or change over time, prior studies that have utilized a similar count variable to measure social support have detected differences between groups of maltreated and non-maltreated adolescents (Negriff et al., 2015) as well as differences over time among youth (Rowell et al., 2014). Relatedly, we did not capture or measure tangible, emotional, or affiliative types of support. Fourth, the results may not be generalizable beyond the experiences of youth who aged out of foster care who received LST in Los Angeles. Fifth, while attrition was minimal, we must still call attention to the fact that 12% of the original sample dropped out of the study by the second interview. It is possible that retaining these youth at follow up would have affected observed trends in social support or the relationship between our predictor variables and social support, though such effects should not be large given the level of attrition experienced in this study.

5. Conclusion

Despite these limitations, our findings contribute to the growing body of research on the impact of independent living services during the transition to adulthood. In sum, they reveal that we have yet to design and implement a promising intervention to promote social support (Greeson et al., 2014). Therefore, we must urgently respond by identifying what types of independent living services are likely to promote tangible, emotional, informational, and affiliative types of social support. Additional research is needed to illuminate what types of social support are most pertinent and effective, and how best to support child welfare systems and workers to implement services that are likely to increase social support over time.

References
