Building Hope: Supporting Youth in Special Education and Foster Care

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Lee Ann Phillips
May Kane
# Characteristics of Youth in Foster Care

<table>
<thead>
<tr>
<th></th>
<th>Nationally</th>
<th>Oregon</th>
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</thead>
<tbody>
<tr>
<td><strong>How many children in care?</strong></td>
<td>408,452</td>
<td>8,718</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>52% male, 48% female</td>
<td>51.2% male, 48.8%female</td>
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<tr>
<td><strong>Age of children in care</strong></td>
<td>Age 0-5: 36%</td>
<td>Age 0-5: 39.4%</td>
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<td></td>
<td>Age 6-12: 28%</td>
<td>Age 6-12: 31.2%</td>
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<td>Age 13+: 36%</td>
<td>Age 13+: 29.4%</td>
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<tr>
<td><strong>Reason for entering care</strong></td>
<td>Neglect: 78%</td>
<td>Threat of harm: 49.6%</td>
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<td></td>
<td>Physical abuse: 18%</td>
<td>Neglect: 31.4%</td>
</tr>
<tr>
<td></td>
<td>Sexual abuse: 10%</td>
<td>Sexual abuse: 8.7%</td>
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<tr>
<td></td>
<td>Other abuse: 10%</td>
<td>Other abuse: 10%</td>
</tr>
<tr>
<td></td>
<td>Psych. maltreatment: 8%</td>
<td>Physical abuse: 8.4%</td>
</tr>
<tr>
<td></td>
<td>Medical neglect: 2%</td>
<td>Mental injury: 1.9%</td>
</tr>
<tr>
<td>Race</td>
<td>U.S foster care</td>
<td>Oregon foster care</td>
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<tr>
<td>African American</td>
<td>29%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>41%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Native American</td>
<td>2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Other/multiracial</td>
<td>8%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>
Youth in Foster Care

How many teenagers age-out of foster care each year?

- Approximately 27,854 nationally
- Another 1500 or so run away
- In Oregon, approximately 400 youth age-out each year
Outcomes for youth exiting foster care

Youth aging out of foster care struggle as young adults:

- 50% use illegal drugs
- 25% were involved in the legal system
- 1 out of 4 experienced homelessness
- 2x more likely to be a single parent
- Substantially lower levels of education and employment
- Higher levels of poverty
Rates of Disability

- About 60% of older youth in foster care receive special education services (IEP) and 25% receive services for a Developmental Disability (DD) (Schmidt et al., 2013)

- Casey Alumni Study found that over 50% of former foster youth have diagnosed mental health problems (Pecora, 2005). In Oregon, 70% of youth had a DSM diagnosis (Hogensen, J., 2007)
Foster youth with disabilities were less likely than other foster youth to:

- Be employed
- Graduate from high school
- Have social support
- Be self-sufficient
- Only 16% of foster youth in special education with a primary disability of emotional disturbance graduated from high school; 18% left school because they were incarcerated (Smithgall, Gladden, Yang, & Goerge, 2005).
Outcomes for youth with disabilities exiting foster care: Education

Foster youth:
- Almost half repeat a grade
- Drop out 2x as often
- High rate of absenteeism
- Only 20% who graduate attend college while most want to go to college (84%)

Foster youth in SPED
- lower GPAs
- Changed schools more often
- Earned fewer credits
- Had lower state test scores
- Had more restrictive SPED placements
- Were more likely to attend an alternative school (Geenen & Powers)
Barriers to School and Transition Success

- Lack of parental advocate
- High mobility
- Focus on safety vs optimizing independence and participation
- Trauma, poverty, separation from family
- Challenges around communication/collaboration between systems

- Best predictor of positive adult outcomes for foster youth:
  - EDUCATIONAL ACHIEVEMENT
Self Determination

A System to Navigate for youth with Disabilities
My Life and Better Futures

- Funded by Department of Education and National Institute of Health, NIDDR, SAMHSA
- Principle Investigators: Laurie Powers, Sarah Geenen
- First opportunity to experimentally study the longitudinal impact of self-determination enhancement on youth in foster care with disabilities
- First experimental study of self-determination enhancement or any transition intervention with foster youth, with or without disabilities
Randomized intervention with participants who are:

• Currently in foster care
• Experience a serious mental health condition and/or disability
• Live in targeted geography
• Open to the idea working on goals
• Open to having a coach
**Goal of the Better Futures Project** - Implement and test a comprehensive intervention to assist young people in foster care with a serious mental health diagnosis prepare for and participate in post-secondary education.

**Goal of the My Life Project** - to test an intervention to enhance the self-determination of youth in foster care by promoting transition outcomes.
Self Determination

Our definition:

- **Information** to be able to make decisions
- **Opportunities** to do activities, take risks
- **Support** from trusted others
- **Self-direction / other-direction skill**
- Incorporate accommodations as universal rather than special strategies
- Believe in *youths’ capacities and rights* to be self-determining and have typical lives, regardless of labels
- Use *strength based* theories and practices
- **Include** youth in decision making
- **Nothing** about them without them
• Youth identified by comparing DHS and School District databases
• Foster youth with or without disabilities, 16.5 to 18 years of age, were randomly assigned to either the control or TX group
• Youth were enrolled in waves
• Youth were evaluated at baseline, conclusion of TX (12m) and 12m post-intervention
Elements of the Intervention

• One-to-one mentoring with a coach
• Group mentoring workshops with alumni and peers
• Summer Institute (Better Futures only)
• Coordinated transition planning
• Training for professionals
• Parent support
• Connecting youth to adult allies, partnership agreement
Self Determination

**Coaching Approach:**

- Work through the students, not around them
- Respect individual differences in learning and maturity
- Help youth learn how to direct support
- Keep communication open and positive
- Recognize student-initiated goals and support them
- Interpret lack of follow-through as a need for more support
- Support youth around youth-directed goal development and achievement.

-coaching vs. training

- Assist, encourage and challenge youth to successfully apply generic strategies to achieve personally-valued goals
Self Determination

Youth in TX group meet with coach 1x per week. Using the *Take Charge* curriculum, coaches support youth around youth-directed goal development and achievement. Coaching model emphasizes:

~Youth has mastery experiences
~Achieving bite-size goals
~Managing problems
~Academic success
~Youth attributes success to what s/he did and builds confidence
~Youth increases support network
~Strategies become “imprinted” in youth’s consciousness
~Learns about resources and accommodations
~Learning in a natural setting
~Building Partnerships
~Informed decision making
Group Mentoring

- Foster care alumni serve as mentors (some are former project participants)
- Workshops held monthly and always include a fun event
- Topics for workshops include college, relationships, running your own meeting, employment/careers, transitioning out of care, wellness, other youth selected topics
- Provides opportunities for youth to hear the transition stories of alumni and ask questions
- Can provide opportunities for youth to explore/hear about college life, careers, and strategies to have positive transition outcomes
- Opportunity to meet youth in similar circumstances and provide peer support to one another
Results

Significant changes were noted in the following areas:

• Self-determination
• Perceived quality of life
• Transition planning

Other notable improvements:
• Educational outcomes
• Percentage employed
• Perception of being prepared for life as an adult
• Engagement in independent living activities
Educational Status at T3

**TX**
- Graduated: Large segment
- Still in HS: Medium segment
- Dropped: Small segment

**Control**
- Graduated: Very large segment
- Still in HS: Medium segment
- Dropped: Small segment
Self-Determination

Positive Outcomes:

- Inclusion and Interdependence
- Builds through mastery including learning how to manage challenges
- Young people with high self-determination are more likely to be employed and live independently (regardless of severity of disabilities or MH condition).
- Youth has mastery experiences
- Managing problems and achieving goals
- Academic success
- Youth attributes success to what s/he did and builds confidence
- Youth increases support network
- Strategies become “imprinted” in youth’s consciousness
Self Determination

**Ideas and Suggestions:**

- Convey respect and appreciation for the young person and their culture(s)
- Promote self-determination, self-efficacy (and related skills), and hopefulness
- Create an environment that feels safe and predictable, but also allows for some level of experimentation and failure
- Include youth in program development, advisory boards and direct service
- Affirm and respect young people’s perspectives and experiences
- Ensure that activities, therapy, classes feel relevant to personally meaningful goals (though goals can change)
- Focus as much on process as outcomes
- Build positive connections to family, peers, community
- Be transparent and instill trust
- Help them find that sense of purpose
My Life and Better Futures

• What was some barriers in your life that made it difficult to meet and reach your goals?

• How did your coach help you meet your goals?

• How was this program different from other support you have had in the past?

• Share about your Youth-Led Meeting.

• Suggestions for adults on how best to assist youth to be successful?
Self Determination–Resources

www.pathwaysrtc.pdx.edu –Pathways RTC

http://www.rri.pdx.edu/ -Regional Research Institute

http://www.pathwaysrtc.pdx.edu/pdf/fpS13.pdf -Focal Point

http://www.pathwaysrtc.pdx.edu/pdf/proj2-ThingsNoOneToldMe.pdf
-Things people never told Me

http://www.fosterclub.com/ -FosterClub

http://www.youthmovenational.org/ -Youth Move

http://vimeo.com/37129686 -Project Youth Video
Questions?

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