Despite high aspirations to succeed in postsecondary education, research indicates that people with foster care histories are less likely to enroll or succeed in college. In the US, only 30% of former foster youth enroll in college by age 21, compared to 53% of the general population. Similarly, college retention rates are comparatively low; one study showed that foster students had a 34% dropout rate compared to 18% among similar low-income first-generation students, and in another study, the rate was 28% as compared to 12%. Ultimately, degree-completion rates vary between 3–11%, compared to 24% of non-foster youth.

Importantly, research suggests that the dropout rate may stem from a lack of connection to caring adults and instrumental supports when experiencing the challenges of college. These difficulties are further exacerbated by mental health conditions that are more prevalent for young people with foster care histories, including depression, anxiety, PTSD, and substance abuse. Some institutions have responded to the range of needs experienced by this population by developing specialized campus-based programs to support student well-being and college success by addressing the need for informal support, difficulty with academic expectations, and mental health issues, although few of these have been formally evaluated.

The dropout rate may stem from a lack of connection to caring adults and instrumental supports when experiencing the challenges of college.
The FUTURES Model

The current study reports findings from a small randomized controlled trial of Project FUTURES, a post-secondary support and retention program for college students with foster care experience and self-identified mental health concerns. The FUTURES model is adapted from Better Futures, which was a post-secondary access program for high school seniors in foster care with mental health challenges. For Project FUTURES, we tested a self-determination skills and post-secondary support curriculum with young people with foster care histories and mental health challenges who are already enrolled in the first two years of college.

The FUTURES model includes three primary components:

1. Near-Peer Coaching

Participants receive near-peer coaching from an undergraduate or graduate student who has shared lived experience with foster care and/or mental health challenges. Coaching is typically provided bi-monthly for 60–90 minutes, for a total of about 25 hours over the academic year. Participants are supported to identify and pursue short-term goals for engaging and succeeding in higher education through the application of 10 self-determination skills (e.g., setting goals, problem-solving, managing stress, finding allies) drawn from prior studies and eight experiential activities for academic support and career exploration that are integrated into coaching over the course of the year (e.g., meet with an academic advisor, do a career development activity, network with faculty in your interest area).

2. Engagement Workshops

Engagement workshops facilitate ongoing opportunities for networking, support, and skill-building over the course of the year. These 3-hour events feature instruction and activities aligned with the FUTURES self-determination skills and post-secondary experiences (e.g., sharing of personal progress and group problem-solving around challenges, visiting a campus program or student organization). Each workshop also includes informal networking time and a group recreational activity (e.g., bowling at the student union).
The model includes an organized network of “Campus Champions” who are key administrative and faculty representatives from various units, such as Advising, Housing, Financial Aid, Student Health and Counseling, and the Disability, Multicultural, Women’s, and Queer Resource Centers. Campus Champions present at workshops and are available to assist individual participants in navigating the complexities of campus structure, services, and policies.

Study Findings

This study reports findings from a randomized efficacy evaluation of the FUTURES model’s impact on self-determination, self-efficacy, and post-secondary success and retention with 35 participants recruited between 2016–2018 at Portland State University. Eligible students were aged 18–26, enrolled in the first two years of university or community college, and had prior or current experience foster care and self-identified mental health challenges. The sample is: 71% female; 60% White/Caucasian; 80% non-Hispanic; and 54% have an identified disability. Participants completed assessments at baseline, at post-intervention (9 months later) and at 6 months post-intervention (15 months post-baseline).

Statistical analysis tested for mean differences between the intervention and control groups showing a comparative benefit for the coached group (the “intervention effect”) on six measures at post-intervention and the 6-month follow-up assessment (see Table 1).

This study tested the efficacy of an evidence-supported intervention designed for post-secondary students with foster care backgrounds and self-identified mental health stressors. Though this was a small pilot RCT, analysis showed evidence of intervention impact on important targeted outcomes, with consistent findings on project-specific measures and some less consistent findings using validated scales. For example, there was mixed evidence of an impact on self-determination, with a large effect when measured using a brief program-specific scale. The findings were clearer for validated measures of career-specific and mental health-related self-efficacy at post-intervention, although intervention impact was not sustained at follow-up; on the other hand, there was a consistent finding for an intervention-specific index of career exploration activities. Lastly, there were no differences in participant-reported academic outcomes after the intervention ended in the spring, with all FUTURES and control group participants still being enrolled and the two groups maintaining similar grades on average; however, there was a difference on these measures in the following fall term, suggesting that the intervention helped students manage summer challenges related to ongoing enrollment and academic success in the following academic year.
**Table 1. Intervention Effects**

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>FUTURES Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The AIR Self-Determination Scale&lt;sup&gt;16&lt;/sup&gt; assesses aptitude and opportunity to exercise self-determination</td>
<td>No statistically significant effect</td>
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<tr>
<td>The FUTURES Self-determination Score is a project-specific measure of agreement with 5 statements (I can solve problems that get in the way of my goals, I can get adults to help and support me with my goals, etc.)</td>
<td>There was a significant intervention effect with a large effect size at post-intervention and follow-up</td>
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<tr>
<td>The Career Decision Self-Efficacy-Short Form&lt;sup&gt;17&lt;/sup&gt; measures efficacy around achieving career and educational goals, including self-appraisal, planning, problem-solving, occupational info, and goal selection</td>
<td>There was a significant intervention effect with a large effect size at post-intervention, but no effect at follow-up</td>
</tr>
<tr>
<td>FUTURES Career Goals Exploration is an 8-point project-specific index of career activities (Gathered information about job requirements, Job shadowed someone in my career area, etc.)</td>
<td>There was a significant intervention effect with a medium effect size at post-intervention, and a small-to-medium effect size at follow-up</td>
</tr>
<tr>
<td>The Youth Efficacy/Empowerment-Mental Health Scale&lt;sup&gt;18&lt;/sup&gt; measures efficacy around managing emotions and mental health, managing services, and helping to change or improve systems</td>
<td>There was a significant intervention effect with a large effect size at post-intervention, but not at follow-up</td>
</tr>
<tr>
<td>Academic outcomes are ongoing post-secondary enrollment and self-reported grade point average (GPA).</td>
<td>There was no significant treatment effect for GPA at post-intervention, but there was a significant and large intervention effect at follow-up. All participants in the treatment and control groups were still enrolled in post-secondary education at post-intervention, but more youth in the coached group were still enrolled at follow-up (93%) compared to control group (67%) and this was a statistically significant difference</td>
</tr>
</tbody>
</table>
Implications and Next Steps

This study is the first randomized experiment to evaluate a post-secondary support program for enrolled college students with foster care backgrounds and mental health challenges. Findings suggest that such structured coaching approaches can increase self-determination and self-efficacy among these students in ways that may impact retention and potentially degree completion. On the other hand, we faced consistent recruitment challenges on this project, given the difficulties these students face in enrolling in college at all. Our experience suggests that dedicated programming for this population should span multiple years and bridge between the last year of high school and the first full year of post-secondary enrollment. Future research will explore lessons learned from both Better Futures (post-secondary preparation) and Project FUTURES (post-secondary support and retention) to determine how intervention strategies from these programs may be sequenced to fully support students in foster care during this transition.

Structured coaching approaches can increase self-determination and self-efficacy among these students in ways that may impact retention and potentially degree completion.

References


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