

a framework for youth

transitioning from foster care

to successful adulthood



casey family programs

fostering families. fostering change.

## About Casey Family Programs

Casey Family Programs mission is to provide and improve and ultimately to prevent the need for foster care.

Established by United Parcel Service founder Jim Casey, the Seattle-based national operating foundation has served children, youth, and families in the child welfare system since 1966.

The foundation operates in two ways. It provides direct services, and it promotes advances in child-welfare practice and policy.

Casey collaborates with foster, kinship, and adoptive parents to provide safe, loving homes for youth in its direct care. The foundation also collaborates with counties, states, and American Indian and Alaska Native tribes to improve services and outcomes for the more than 500,000 young people in out-of-home care across the U.S.

Drawing on four decades of front-line work with families and alumni of foster care, Casey Family Programs develops tools, practices, and policies to nurture all youth in care and to help parents strengthen families at risk of needing foster care.

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For more information about this framework, contact Casey Family Programs at [info@casey.org](mailto:info@casey.org) or 1300 Dexter Avenue North, Floor 3, Seattle, WA 98109.

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## ACKNOWLEDGEMENTS

*We are practical people and not merely dreamers.*

*We know that our dreams and plans won't get very far unless we have  
the right people to make them realities.*

—JIM CASEY

This work represents the efforts of many people. Casey's Board of Trustees, President and CEO Ruth Massinga, and Executive Vice Presidents Jim Marquart and Jean McIntosh laid the foundation for this work. Casey's Regional Vice Presidents—Carolyn Rodriguez, Southern Region; Darwin Cox, Great Plains Region; Katherine Gabel, Western Region; and James Edmondson, Northwest Region—worked with staff members from 28 locations across 14 states to make the dream a reality.

This document builds upon the successful activities of the National Child Welfare Resource Center for Organizational Improvement at the University of Southern Maine and the National Resource Center for Youth Services at the University of Oklahoma. Funded by the Annie E. Casey Foundation and sponsored by the National Foster Care Awareness Project (NFCAP), this work identified promising practices that assist youth transitioning from foster care into successful adulthood.

In early 2000, shortly after the Foster Care Independence Act was passed, Casey Family Programs convened a Steering Committee of staff, foster parents, and young adults formerly in foster care to discuss what youth leaving care need to successfully live on their own. Over three months, a smaller task force gathered for a series of meetings to develop content for this document. This Integrated Transition Practice Framework Task Force, which developed the blueprint for this document, included former foster youth, foster parents, child welfare staff, educators, economic development practitioners, health care professionals, a juvenile justice judge, researchers, and professionals who work in urban, rural, and Native American reservation settings.

The co-chairs of this task force were Barbara Kelley Duncan, Vice President of Enterprise Development, Casey Family Programs, and Darwin Cox, Regional Vice President, Great Plains Region, Casey Family Programs. The group reviewed and discussed promising practices culled from a literature review and a program review of transition services. The literature review collected materials from the fields of child welfare, independent living, youth development, youth employment, and housing for people with special needs. The program review provided further insight into new and innovative practices for youth leaving care.

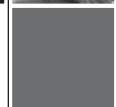
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Rose Quinby served as project manager and Naomi Goodman as project coordinator. Contributing writers were Bob Friend, Bonnie Kam, Caleb Banta-Green, Cathy Roark, Robin Nixon, Chris Downs, John Emerson, Naomi Goodman, and Rose Quinby. We also wish to thank Alice Porter for editing this document.

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## acknowledgements





## FOREWORD

It's My Life is the culmination of years of effort, love, passion and commitment to the well being and success of children and young adults who are in foster care. It is also the start of a more focused commitment to youth who are transitioning out of foster care. I hope that each person who reads this is empowered by it, excited by it, and that it strengthens everyone's commitment to transitioning foster youth. Together as foster care alumni, youth, foster parents, child welfare professionals, and as regular people, I believe we can and will make a huge difference in the lives of youth leaving care, but only if we do it together.

I was in Casey Family Programs' long-term foster care for fifteen years, and during this time the most important person in my life was my mother. She is and continues to be a source of stability for me. She is my biggest cheerleader and fan, my best friend, my teacher and my guide. I admire her and love her enormously for sticking with me - that has made a huge impact in my life.

We could not have made it alone. It was family and Casey support that helped us through the tough times and allowed us to stay together. My mother had the support of my Casey social worker, family and friends, and access to services that helped us both. But to me the most important thing she ever did was to just be there. It was her continuous presence, the presence of an adult who I knew loved me, supported me, and believed in me that really made the difference and helped me to become a self-sufficient and happy adult.

I believe that every person has the capacity to make a positive contribution to a child's life. One of the best contributions is to be that stability in a child's life, to be their advocate, to listen, to comfort, to play, to remember birthdays, to congratulate them on a job well done, and to encourage them when times get rough. Just being there will make all the difference.

Samatra C. Doyle  
Seattle, Washington  
June 2001

it's my  
life

foreword





## INTRODUCTION

*It is important to honor our beginnings,  
to remember that we matter,  
and that we have a place in this world  
that no one else has.*

—INSPIRED BY A NATIVE AMERICAN LEGEND

Finding one's "place in the world" can be challenging in the best of circumstances. For youth in out-of-home care, the struggle to belong may be complicated by the continuing challenges associated with early abuse and neglect, multiple foster home and school placements, and lack of access to family members who might typically provide assistance and support.

On any given day, more than 500,000 children and youth are in out-of-home care across the United States. Each year, more than 20,000 of these youth reach an age at which they must make their transition out of the child welfare system, whether or not they possess the skills and support necessary to live successfully on their own.

Youth who have experienced abuse, neglect and other circumstances resulting in out-of-home placement may need additional resources to reach their full potential. Statistics show that these youth are likely to experience physical and emotional difficulties more frequently than youth in the general population. These include mental health issues, substance abuse, teen pregnancy, homelessness, involvement with the criminal justice system, medical problems, and academic challenges.

Sometimes these statistics can appear overwhelming. But a basic premise of our work in transition is that despite significant challenges, youth in out-of-home care have the strengths and power to succeed, so long as they receive resources and support from caring adults.

"It is difficult," says one foster youth, "But we need to be optimistic. We need to keep hope alive."

The following pages explain the principles and assumptions that form the basis of our transition work. One of them echoes the thought of the young person quoted above: "Developing and sustaining hope is critical to youth's long-term success." Another captures the overall spirit of this work: "Encouraging youth to create their own vision is the foundation of effective transition planning."

We want to help youth discover their own power. We want to help them identify their strengths so that they can envision a future filled with promise. We want to make it possible for them to proclaim, "It's my life.

it's my  
life

I envision  
my success.



And I can make choices that will help me to be healthy and productive. I can dream of a brighter future.”

Regardless of family circumstances, we can help these youth learn to honor their uniqueness and find their own special place in the world.

### **A holistic approach to transition**

Casey’s strategic plan for the new century outlines a clear strategy to reach more young people in transition: “Each year, more than 20,000 American foster youth turn 18 and step out into the world alone, most of them without resources. Our goal is to make the transition for every one of them much more secure and productive.”

While some of the objectives necessary to accomplish this goal are complicated, their purpose is simple. Casey has created a national plan to develop more services for youth who “age out” of the foster care system. Working with other public and private agencies, we will help ensure that foster care transition services are available in every state, drawing from all available resources at the local, state, and national levels.

“This vulnerable population of young people needs sustained support from the child welfare system to ensure that their long-term needs are met during the transition to adulthood,” says Robin Nixon, Director of the National Foster Care Awareness Project. “Most importantly, they deserve the opportunity to achieve their potential as healthy adults and productive citizens.”

Casey’s transition services are designed to provide young adults with the skills, knowledge and supports they need to become self-supporting by age 25. Through relationships with family, friends, and community, we want to make certain that they will have the resources necessary to succeed in all the important areas - or “domains” - of their lives: identity formation, community connections and supportive relationships, physical and mental health, life skills, education, employment, and housing. Each of these domains is discussed in detail in the pages that follow.

This transition framework uses a holistic approach that is based on the belief that the domains of our lives are interconnected. Life is not lived in neat little compartments. The state of our emotions affects our ability to think and work. Our physical health determines the tasks we can and cannot perform at any given time. The work we do, the places we live, the friends we make...all are woven together to create a life that is uniquely ours.

Providing services to youth in each of the seven domains can help them to secure safe living conditions, form healthy relationships, understand their birth families and cultures, improve life skills, broaden their education, and find employment that is sufficient to cover their basic needs.

### **The Casey legacy**

Our founder, Jim Casey, realized early in his life that a caring family and a permanent home were the elements that separated youth who succeeded in life from those who did not. He committed himself to helping young people who were denied opportunities because of circumstances they did not choose and could not control.

Grateful that he had a strong mother to guide him through life's challenges, Jim Casey believed that every child deserved a safe, stable home and a permanent relationship with a caring adult. His legacy has been creating strong, lasting connections for abused and neglected youth. With the security and resources that caring adults can provide, he believed that every youth could begin to achieve the self-sufficiency necessary to live in an increasingly complex world. Through our work in the area of transition services, we intend to make Jim Casey's belief a reality for youth in out-of-home care.

We want to ensure that every young person who leaves the child welfare system is connected with a competent, caring adult. Whether this adult is a teacher, coach, aunt, social worker, or former foster parent, the Casey philosophy maintains that "what matters is that someone steady will be there to lend an ear, answer questions and help that young person" to find his or her place in the world. There is perhaps no more important work we can do.

**I am a strong person  
with unique  
talents, gifts and skills.**



## **PRINCIPLES UNDERLYING THE FRAMEWORK**

Working as partners with youth in implementing this framework, we have defined “success” as the point at which youth transitioning from care are able to assert and believe the following declarations. These statements, spoken in the voices of youth in transition, serve as the fundamental guiding principles for our work.

### **I envision my success.**

Developing and sustaining hope is critical to youth’s long-term success. Encouraging youth to create their own vision is the foundation of effective transition planning, leading to successful interdependence. This vision may be shared with all those who participate in a youth’s transition.

### **I am a strong person with unique talents, gifts and skills.**

Resilient youth learn from high-risk behaviors and develop optimally, despite difficult life circumstances. For many youth, daily survival is resilience. Variables that promote youth resilience include: caring relationships with adults; religious and spiritual beliefs; high expectations; rewards; skills; opportunities to make decisions; and the belief that their decisions will positively affect their lives. A strengths-based approach to practice, focusing on what youth can accomplish rather than on their deficits, is essential.

### **I am proud of the cultural and personal values that make me who I am.**

Cultural, familial, spiritual, and community values are fundamental to developing a healthy identity. It is also important for youth to understand issues of personal culture within the context of a multicultural society. As youth seek to find their place in society, they must answer such fundamental questions as “Who am I?” and “Where do I belong?” Identity development includes addressing such issues as race and ethnicity, religion, nationality, gender, sexual orientation, regional differences and economic class.

### **I am responsible for my own life and know how to make good decisions.**

It’s my life. This framework promotes self-determination in setting personal visions and all other aspects of a transitioning youth’s life. Instead of being acted upon, youth become causal agents in their own lives. This requires moving from a practitioner-centered service model to a supportive, youth-centered service model that encourages youth to take risks and ask for help when needed. Self-determination, which has different connotations across cultures, may allow youth to invite self-identified family members into decision-making processes.

**I determine the relationships that are significant in my life.**

As they leave care, most youth will contact their birth families at some point. Clarifying, building, or sustaining youth’s relationships with their birth and other families helps create a clearer sense of identity and history. These connections also help youth connect to their heritage and provide an understanding of any trauma, separation, and loss that may have occurred.

**I pursue relationships that help me succeed and seek opportunities to make contributions to others.**

The ability to live successfully on one’s own requires the development of a support network. Many child welfare and social service professionals use the terms self-sufficiency and independent living interchangeably to denote the ability to care for oneself as an adult. We use the term interdependency to represent the ability to meet one’s physical, cultural, social, emotional, economic, and spiritual needs within the context of relationships with families, friends, employers and community. This term reflects our belief that relationships cultivated throughout life are not independent of one another but connected or interdependent.

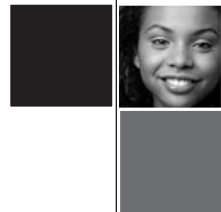
**I am committed to learning the skills to succeed.**

Transitioning youth need structured opportunities to acquire the necessary skills, competencies and knowledge to achieve their personal goals. This requires support from family, schools, professionals, and the community. Effective transition work includes teaching tangible and intangible life skills that are tailored to youth’s developmental needs. Tangible skills are those needed for daily living, self-maintenance, and obtaining and sustaining gainful employment. They can be described as skills “we know or do” (adapted from Polowy, Wasson & Wolf, 1986). “Intangible skills are those needed for interpersonal relationships and maintaining employment. These include such attributes as decision-making, problem solving, [and] social skills...” (Nollan, Horn and Bressani, 2000).

**I need to begin the process of learning to live on my own early and continue it throughout my life.**

Life lessons and skills are learned continuously over time. Youth benefit from learning about self-sufficiency at an early age and from continuing this process at developmentally appropriate ages throughout their lives. Foster parents and caregivers need support to convey this message and teach youth about becoming self-sufficient.

**I am proud of the  
cultural and personal  
values that make  
me who I am.**



**I understand that every community is different and that I need to create my own sense of place in each without losing my identity.**

Services are most effectively provided in the context of a youth's family and community. Family should be self-defined and may include peers, staff, mentors, and anyone else who plays a supportive role in a young person's life. Effective transition work must take into account both local conditions and a youth's individual needs. To achieve their goals, youth must have both family and community support, along with a range of services from capable and reliable providers.

**I am a leader and I make important contributions to my community.**

Believing that they can make a difference helps young people to develop self-confidence. When youth become causal agents in their own lives rather than being acted upon, they can develop the confidence to contribute to their communities at large. Community connections are important for youth leaving care and many find it gratifying to "give something back" or help others who are still in the child welfare system. Working as valued community partners helps develop leadership skills that can benefit youth in their transition to adulthood.

**I benefit most by having services and supports that work together to help me achieve my goals.**

Successful transitions require an integrated system of service delivery. None of the specific services for youth transitioning from care can stand alone. Effective transition services are centered on the ability of youth to be successful. This focus is used to achieve integration among the seven life domains outlined in this document. Collaborative efforts among organizations that serve transitioning youth can streamline services, prevent duplication and contribute to more effective outcomes.

**In order to help other youth, I will use my experiences to create positive change in programs and services.**

In order to evaluate the ways in which our transition work impacts youth, it is necessary to move from a process-based service model to one that is outcomes-based. Evaluations must be outcome-driven and address continuous improvement. They can also measure the extent to which youth are involved in transition planning at the individual, organizational, or community level.

## POPULATION ISSUES

Imagine that you are a young man, 16 years old. This is the third school you have attended this year. You feel different and everybody lets you know how. You are a “foster child” with “special needs.” You have heard people describe you as “hard to place.” You are told that you can’t focus, that you have Attention Deficit and Hyperactivity Disorder, that you have problems forming relationships with others. You read in the local newspaper about what the future holds for youth like you: more likely to end up in jail, to be unemployed, to drop out of school, to abuse drugs, to get a girl pregnant, to hurt your own children. You haven’t seen your brother in two years. You haven’t seen mom in four, and you never knew your father. All you want to do is go home—back when mom wasn’t using, when she used to smile, joke around, and give you a hard time. But you can’t go back. Time feels like an eternity. Your counselor and social worker say you need to think about your future—tests, graduating, getting a job, being on your own. But you can’t deal with that right now. You have to think of a good excuse to explain to your teacher why you didn’t complete your report on World War I.

Now step back—how would this life experience affect your ability to think, learn, dream, and trust?

Research shows that youth transitioning from foster care:

- Are more likely to be involved in the criminal justice system (Rogers & Leunes, 1979; Courtney *et al.*, 1998; Berridge and Cleaver, 1987).
- Are at higher risk of teen pregnancy and parenting (Stock, *et al.*, 1997; Boyer & Fine, 1992).
- Have lower reading and math skills and high school graduation rates (Barth, 1990; Cook, *et al.*, 1991; Cook, 1994; Fanshel, Finch & Grundy, 1990; Fanshel & Shinn, 1978; Festinger, 1983; Fox & Arcuri, 1980; Jones & Moses, 1984; North, Mallabar & Desrochers, 1988; Zimmerman, 1982).
- Have disproportionately high rates of physical, developmental, and mental health problems (AAP, 2000; Rest & Watson, 1984).
- Are more likely to experience homelessness (Stone, 1987; Cook *et al.*, 1991; Courtney *et al.*, 1998).
- Have higher rates of alcohol and other drug abuse (Stock *et al.*, 1997; Boyer & Fine, 1992).
- Have higher rates of unemployment and likelihood of dependence on public assistance (Cook, 1989; Cook, 1994; Triseliotis & Russell, 1984; Courtney *et al.*, 1998).

it's my  
life

I am responsible for  
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Why does this picture look so bleak? It is partly because of the circumstances under which children come into the foster care system—abuse and/or neglect, which affect youth’s ability to learn and form healthy relationships. It is also because of what happens to youth once they are in the system, such as disrupted placements and frequent moves. Further, there are societal barriers that preclude many youth and families living in poverty from achieving successful outcomes. For example, the inability to adequately address poverty reduction and substance abuse has led to substandard living conditions for many families in the United States (Blank, 1997). Collectively, families, agencies, and communities must do better, both in preventing children from entering care and improving the experience of foster care if it cannot be avoided.

While youth transitioning out of foster care clearly face many challenges, they have the power to succeed in life with the support of caring adults and communities. The following section discusses both the strengths and challenges of youth who have experienced life in the child welfare system. It also includes some practice implications for professionals and caregivers who want to help them succeed.

### **Strengths through resiliency**

Research on risk and protective factors looks both at the conditions that increase a young person’s vulnerability and the circumstances that may help youth overcome them. The presence of risk factors does not guarantee a negative developmental outcome but increases the likelihood that a problem behavior may occur. The term “resiliency” is used to identify factors that research shows will enhance children’s ability to overcome life situations that place them at risk. Even in the face of overwhelming odds, it is possible for children to exhibit a remarkable degree of resilience (Werner, 1990).

Although youth in foster care may have more risk factors than protective factors, many young people are able to transcend early adversity and lead successful lives. As Gilligan writes, a resilient child is one who bounces back from adversity and continues to function reasonably well, despite continued exposure to risk (1997).

Resilient youth have been shown to possess:

- 1) self-esteem and self-confidence;
- 2) a sense of self-efficacy—a belief in their ability to affect their own life; and,
- 3) a range of social, problem-solving approaches.

Research shows that two other critical factors play important roles in helping youth overcome the challenges put before them: a positive, trusting relationship with an adult, and an external support system, such as connections with school, religious organizations, or youth groups (Werner & Smith, 1992; Valliant, 1993; Resnick *et al.*, 1997).

Studies have demonstrated that attachment to a supportive adult, related or unrelated, can be one of the key variables correlated with resilience. Research has also shown that even when young people grow up in high-risk environments, they are likely to have positive outcomes when they experience caring relationships with adults. Other factors that contribute to positive outcomes include high expectations, engaging activities, and opportunities to make decisions and contributions. Further, resilient children are more likely to avoid such high-risk behavior patterns as alcohol and drug use, depression, sexual activity, and violence. They are also more likely to succeed in school, exhibit leadership skills, and overcome adversity.

The development of an external support system is the second key variable associated with resilience. Resilient youth share the ability to see themselves as part of a larger community. In a longitudinal study of children from Kauai, Werner finds that youth who have developed resilient traits over time also had emotional support from institutions or individuals within the community (1993). One of the external supports identified was religious institutions or faith. As adults, some participants reported that faith—either religious or otherwise—provided them with needed support. Anecdotally, the significance of faith or spirituality during and after care has been reaffirmed by several foster youth.

Understanding religious views and belief systems is among the tasks of adolescent development. “Identifying meaningful moral standards, values and belief systems” – one of the ten tasks of adolescence – is described as developing a “more complex understanding of moral behavior...and adopting more personally meaningful values, religious views and belief systems” to guide decisions and behavior (Simpson, 2001). Further research could help identify whether spirituality assists foster youth in their experiences in care, or the extent to which faith and resilience of foster youth are connected to successful outcomes.

### **The effects of child abuse and neglect**

Resiliency is important in foster care policy because most children come into the system having experienced abuse or neglect. National data for 1998 show that 54% of placements involved neglect, 23% involved physical abuse, and 12% involved sexual abuse (US DHHS, 2000). The impact of abuse and neglect can last much longer than physical injuries. In fact, they can be felt over the course of generations. Those who have been abused or neglected are

**I determine the  
relationships that are  
significant in my life.**



at increased risk for abusing or neglecting their own children. They are also at increased risk for violent behavior toward other family and community members (Clarke, Stein, Sobota, Marisi, and Lucy, 1999). The likelihood of personality disorders, depression, anxiety and substance abuse is also higher among those who have been abused or neglected (Kessler *et al.*, 1997; Johnson *et al.*, 1999).

Abuse and neglect affect young people's ability to form the healthy relationships that are a key factor in resiliency. One of the most important relationships for all children is a healthy attachment with a caregiver—one that is secure, safe, and nurturing (Werner & Smith, 1982). Youth must have their needs consistently met over time to develop such a healthy attachment. One effect of trauma is that youth may not be selective about the adults with whom they form relationships. For example, a youth lacking consistent care and role models may show affection in inappropriate ways to relative strangers.

Zuravin and McMillen (1996) studied the differences between parents who abuse and/or neglect their children and those who do not. They found that the worse the quality of the attachment, the greater the likelihood of continuing the cycle of abuse or neglect. This finding appears to be borne out in several other studies. Research also shows that abuse and neglect affects a youth's behavior and ability to learn. Early trauma and disruption may impair brain development (Garbarino, Guttman & Seeley, 1986; Perry *et al.*, 1995). The effects of early trauma can be long-lasting (Beitchman *et al.*, 1992; Briere, 1992; Finkelhor, 1986; Middleton-Moz, 1988). And these disruptions and traumas may result in delays or interruptions in the development of life skills needed for successful transition to independent living from out-of-home care (Nollan, 1999).

Neglect has been shown to be associated with substance abuse, as addicted parents expose their infants to drugs both before and after birth (Kelleher, Chaffin, Hollenberg & Fischer, 1994). National studies show that between 40% and 80% of all child abuse and neglect cases involve parental abuse of alcohol and other drugs (Young *et al.*, 1998). Prenatal substance exposure can result in delays in physical and cognitive development. Studies have shown that foster children have three to seven times the incidence of health problems, developmental delays, and emotional problems of other low-income children (Rosenfeld *et al.*, 1997). Early trauma can lead to youth developing a hyper-vigilant and fearful response to the majority of issues that come up in their lives (Perry *et al.*, 1995; Simms, 1991).

It is important for professionals who work with youth in out-of-home care to understand the effects of trauma so that they are able to develop effective strategies to help youth succeed. Both behavioral and medical interventions have the potential to help youth who have had these experiences. In addition, recent research points to continued development of the brain into adolescence, so that “teens may actually be able to control how their own brains are wired and sculpted” (Giedd, 2001). Until more is learned about these physiological processes and their implications for working with youth, professionals and caregivers can continue to employ and refine the approaches outlined in this document.

Those in parenting or caregiver roles need support to address the challenges posed by early trauma and disturbed attachment. Parents’ emotional distress because their children have been traumatized has been shown to be associated with behavior problems in youth (Oates *et al.*, 1994; and Hanson *et al.*, 1992). Research also supports the view that children have better outcomes when their parents are involved in treatment (Deblinger, *et al.*, 1999).

#### **The effects of involvement in the child welfare system**

Children who have experienced abuse and/or neglect tend to encounter additional challenges once they enter the child welfare system. Common problems include: less than optimal initial placements; poor service integration; and lack of youth involvement in transition planning and programming.

All children and youth need a place that they can call home. Recent legislation has emphasized the importance of permanency planning, which has not been consistently carried out in the past. A plan for a permanent home is necessary for adolescents as well as those who come into care at an early age. National data show that older children between the ages of 11-18 made up 26% of the 117,000 waiting to be adopted in 1998 (US DHHS, 2000). Research also shows that up to 55% of children in foster care experience three or more placements while in care (Byles, 1980; Fanshel & Shinn, 1978; Runyan & Gould, 1985a, 1985b). Children have been shown to function better in care when they are younger at first placement and when they experience fewer and more stable placements (Aldgate, Colton, Ghate, & Heath, 1992). The Foster Care Independence Act specifically recognizes the need for permanency planning for older adolescents while also preparing these same youth for independent living.

While many youth in out-of-home care share similar experiences, a recent multi-state analysis completed by the Chapin Hall Center for Children at the University of Chicago demonstrates that we must use care in making assumptions about those experiences and their implications for service

**I pursue relationships  
that help me  
succeed and seek  
opportunities to make  
contributions to others.**



delivery. The researchers studied adolescents in foster care at age 16 and found two main groups of youth:

- 1) Teens who return home to their birth families relatively quickly, some of whom (28%) come back into out-of-home care two or more times. These youth generally receive community-based transition services, in addition to family-based services with their birth families whenever appropriate.
- 2) Youth who have spent long periods of time in out-of-home care and have less connection to birth families. Services are more likely to be provided as an adjunct to foster or group care, or through community-based settings. The involvement of birth or extended family varies. For those youth who are homeless, in detention facilities, or living on their own (often after running away or spending time in residential treatment facilities), transition services are primarily community-based (Wulczyn & Brunner Hislop, 2001).

This analysis raises the question of how to focus future research and points to one way to define sub-populations of transitioning youth. Future research could help identify whether specific service delivery methods are more effective based on such factors as age at entry, length of time in care, differing needs, and number of placements.

Regardless of these differing circumstances, all youth deserve a permanent home, where they feel valued by adults who are willing to invest in their futures. Ideally, a family fulfills this role. But when youth cannot attach to adults or when families are not available, other adults in an agency or the community can fill this need. While working toward a better future, youth need to feel connected with a family, culture, or community on their own terms.

#### **Additional barriers for foster care youth**

Service integration is a significant barrier to the provision of services within child welfare that will be discussed in the System Coordination section of this report. A recent review of 30 state independent living programs reported that 37% of the eligible population did not receive important services related to their care, and this can be partly attributed to poor collaboration among agencies (US DHHS, 1999).

There are critical societal issues that contribute to the family and systemic problems that precede the placement of children into out-of-home care. For example, the inability to adequately reduce poverty, homelessness and substance abuse in the United States has led to substandard living conditions for many families. Other barriers for youth in care include funding and regulatory issues, which are also discussed later in this report.

Child welfare policies and programs are beginning to recognize the concept of youth involvement as a necessary component of successful transition work. Youth empowerment and participation should be encouraged and supported in program and policy decisions at all levels. For youth to be active contributors to their communities, transition programs must afford them the experiences and challenges of asserting themselves, making choices and living independently.

**I am committed  
to learning the  
skills to succeed.**



## HOW CAN PRACTITIONERS BEST MEET THE NEEDS OF YOUTH IN TRANSITION?

### **1. Be able to fulfill multiple roles.**

It is helpful for each young adult to work one-on-one with a designated staff person when they need to access transition services. The ideal practitioner fulfills many roles, serving as an advocate, service coordinator, coach, facilitator, mediator, counselor, and information resource. When these relationships are based on mutual respect and trust, young people can come to rely on the staff member for support. Having the same person serve as an advocate can prevent the frustration that results when youth are required to tell the same story again and again to determine eligibility for distinct services.

### **2. Develop a comprehensive service plan.**

Youth and young adults also benefit from a single, coherent planning process that “brings it all together” for them in a clear and meaningful way. By effectively engaging with young people and becoming partners in the planning process, practitioners can enable youth to identify their own talents and needs based on a comprehensive self-assessment. Staff can provide instruction in goal setting and identify methods to help youth achieve these goals. As part of a team characterized by mutual respect, the staff member can help the young adult to develop and monitor an individualized service plan. Professionals, caregivers, and other important people in the youth’s life (as identified by the youth) can also serve on the team. This process is most beneficial when the assessment is strengths-based, the service plan is outcome-oriented, and all services are culturally appropriate.

### **3. Use outcome-oriented practice to help youth create their own vision for the future.**

Outcome-oriented practice focuses on the strengths and potential of a youth. By creating a vision, youth can learn to identify their capabilities and develop goals to help their dreams become reality. Practitioners can help youth to recognize their strengths and talents, and to translate those talents into goals and action steps.

### **4. Contribute to a coordinated system of transition services.**

Youth receive better quality services when providers work in a collaborative manner. Collaboration among organizations can also help to improve the knowledge base of practitioners and maximize available resources. Essential ingredients for effective organizational collaboration include a shared vision across organizations, clearly identified mechanisms for communication, and regular opportunities to learn from one another. This is discussed in greater detail in the Future Policy Steps section.

The methods briefly described above are individual tasks that practitioners can use to facilitate smoother transition planning for youth. At the public policy level, assistance to young adults transitioning from care has been sanctioned by recent federal legislation. The following section presents a brief overview of how child welfare legislation has grown to include such concepts as youth development, permanency planning for older adolescents, and improved access to services for foster youth and families.

**I need to begin the  
process of learning to  
live on my own  
early and continue it  
throughout my life.**



## **POLICY BACKGROUND**

Since Congress passed the Social Security Act of 1935, the federal government has taken a lead role in social welfare policy. The Social Security Act included services for children in rural areas, for the homeless, and for dependent and neglected children considered to be at risk.

Over time, federal child welfare policies have evolved to achieve the following purposes, often through state or county-administered programs:

- Prevention of child abuse
- Protection of abused children
- Preservation of families
- Permanency for children
- Support for transition of youth to responsible adulthood

### **Child protection and permanency**

Until 1980, federal funds supported removing children from their homes and placing them in foster care. There was no funding to support preservation of families prior to that time. In addition, many states lacked formal case planning methods and information management systems, making it impossible to keep track of where children were placed or why they were unable to return home. This approach changed when Congress passed the Adoption Assistance and Child Welfare Act of 1980, which requires public agencies to make “reasonable efforts” to prevent removal of children from their homes and to rehabilitate parents if removal is necessary. When children cannot return home, child welfare agencies must identify options for permanent homes, including adoption, guardianship and long-term foster care.

The 1980 law was followed by a series of measures focusing on prevention and permanence. The laws leading up to the Child Welfare Act of 1980 and subsequent legislation have shaped child welfare policy in the following ways:

- The Child Abuse Prevention and Treatment Act of 1974 promoted rigorous child abuse reporting and prevention of child abuse.
- The Indian Child Welfare Act of 1978 put into effect guidelines for the placement of Native American children to keep them connected with their kin, tribes, or other Native American families. Before the enactment of this law, more than 25% of Native American children were removed from their families, 85% of whom were placed in non-Native homes (Freundlich, 2000).

- The Family Preservation and Child Protection Reform Act of 1993 encouraged development of community programs to help families with a wider range of services to maintain children safely in their homes.
- The Multi-Ethnic Placement Act of 1994 and the Inter-Ethnic Adoption Provisions of 1996 prohibited delaying or denying foster or adoptive placements based on the race, ethnicity, or national origin of the child or family involved, with the exception of Native American children.
- The Adoption and Safe Families Act 1997, which Congress passed to correct a perceived family reunification bias in the Adoption Assistance and Child Welfare Act of 1980, established quicker adoption timelines and provided monetary incentives to states to complete successful adoptions.

Such legislation was predominantly focused on the safety and well-being of children, and not on preparation for adulthood. The disability movement discussed below brought the concept of independent living to the forefront of public policy and also into the child welfare community.

**Disability legislation facilitates change**

As child welfare laws evolved, so did legislation to promote equality for children with disabilities. This included children with mental retardation, behavioral disabilities, orthopedic impairments, brain injuries, learning disorders, and hearing, speech, and language disabilities. Section 504 of the Vocational Rehabilitation Act of 1973, the Education of All Handicapped Children of 1975, the Individuals with Disabilities Education Act, and the Americans with Disabilities Act of 1990 together guarantee children and youth the same right to public education as those without disabilities. This includes the right to reasonable accommodations and the right to be in the least restrictive educational environment that can be provided.

The disability movement, which began in the 1970s, succeeded in moving practice from a professional-based medical model to a consumer-centered independent living model. This model demands reasonable accommodations and individualized educational and transition planning to help persons with disabilities function fully in society (Wilson, 1998). The disability movement asserted the rights of those accessing services and gave them a voice in the legislative arena. Much of the language used in independent living programming for youth in foster care can be traced to the disability movement.

The Foster Care Independence Act discussed below allows us to move closer to a consumer-centered model which allows youth to identify their vision of success and to direct their own futures. This contrasts with the traditional service model, in which a staff member provides the assessment, identifies the services he or she thinks are needed, and monitors the plan.

I understand that every  
community is different  
and that I need to create  
my own sense of place  
in each without  
losing my identity.



### **Preparation for independent living**

The IV-E Independent Living Skills Initiative of 1986 responded to concerns about the poor outcomes of youth emancipating out of foster care. The 1986 law and subsequent amendments provide for emancipation skills training to youth in foster care and post-foster care up to age 21.

Despite the promise of the new legislation, states implemented the policies unevenly, and they served approximately half of the young people eligible for services. In addition, federal funding could not be spent for room and board, despite the fact that housing is the primary need of youth transitioning from foster care.

The Foster Care Independence Act (FCIA) of 1999 and the John H. Chafee Foster Care Independence Program (a subsection of the Act) considerably increased the opportunities available to youth aging out of care.

“The intent of the Foster Care Independence Act is to truly ensure that foster youth receive the tools they need to leave foster care and make a successful transition into adulthood” (Ansell *et al.*, 2000). For a complete discussion of the changes, see the National Foster Care Awareness Project’s Frequently Asked Questions I and II, (2000).

The new Foster Care Independence Act (FCIA):

- Emphasizes the importance of securing permanent families for young people in foster care;
- Increases funding for independent living activities;
- Offers increased assistance for youth aged 18 to 21 who are leaving foster care;
- Allows states the option of using up to 30% of their funds on room and board for youth aged 18 to 21 transitioning from care;
- Expands the opportunity for states to offer Medicaid to youth aged 18 to 21 transitioning from care;
- Requires states to provide training to foster parents so they can support the development of independent living skills with the youth in their care;
- Increases state accountability for outcomes for transitioning foster youth; and
- Requires states to provide independent living services to Native American youth on the same basis as to all youth.

The FCIA characterizes independent living activities not as an alternative to permanency planning but as part of all youth's preparation for permanency and interdependent adulthood, as the language of the federal law stipulates:

*States are required to make reasonable efforts to find adoptive families for all children, including older children, for whom reunification with their biological family is not in the best interests of the child. However, some older children will continue to live in foster care. These children should be enrolled in an Independent Living program designed and conducted by the state and local government to help prepare them for employment, post-secondary education and successful management of adult responsibilities. Older children who continue to be in foster care as adolescents may become eligible for Independent Living programs. These Independent Living programs are not an alternative to adoption for these children. Enrollment in Independent Living programs can occur concurrent with continued efforts to locate and achieve placement in adoptive families with older children in foster care.*

P.L. 106-169, Sec. 477

Child welfare professionals are hopeful that the new federal policies will support an integrated approach to transition work across the practice domains that follow. Appendix A of this report includes a checklist for practitioners to use when reviewing state plans. This list may also be helpful for program planning and evaluation purposes.

**I am a leader and I make  
important contributions  
to my community.**



## FUTURE POLICY STEPS

The FCIA has opened many doors for youth emancipating from care, but there are still obstacles to helping foster youth achieve a smoother transition to adulthood. Several challenges to ineffective policies may be addressed at the state and local level and can be overturned with strong mobilization of child welfare professionals, youth and families, educators, employers, and other community participants. The following issues reveal some of the difficulties that lie ahead.

### **Gaps in service delivery may result when a comprehensive plan is not developed before youth exit care.**

Youth may not receive an overall transition assessment and service plan that considers all of their needs prior to leaving state care. This can cause unnecessary disruption to vital services and create gaps in the youth's comprehensive plan.

### **In many states, foster youth cannot obtain a driver's license.**

This policy contradicts the concept of self-sufficiency and puts foster youth at a distinct disadvantage for securing employment and attending school if they do not live nearby or cannot access public transportation.

### **Local laws may prohibit individuals under 18 and individuals with limited rental or credit history from renting or owning a home.**

Such landlord/tenant and homeownership laws are generated at the local level and sometimes have the unintended consequences of facilitating homelessness for youth leaving care. Many foster youth become homeless in the first year after leaving the system. Child welfare professionals and housing advocates can engage in coordinated advocacy in this arena.

### **Local laws may prohibit multiple dwelling units, which may preclude shared, affordable housing options for young adults.**

Many local laws prohibit or discourage owners or landlords from offering housing to more than two or three non-related individuals. Neighbors in urban and suburban environments generally stigmatize these living situations as "nuisance properties" and thus exclude many individuals who are otherwise unable to afford shelter. Local planning officials and housing advocates should work to change such restrictions so that young people are able to live with roommates. Housing advocates can provide technical expertise to child welfare professionals to help ease barriers for youth seeking housing.

**Some states do not provide health insurance (Medicaid or other options) to emancipating foster youth.**

Federal guidelines now afford states the option of providing Medicaid coverage to former foster youth aged 18 to 21. Several (but not all) states now offer this coverage to youth leaving care. Child welfare, health care, and other professionals working with foster youth and families can easily collaborate on this issue.

**Legislation requires Native American youth to be offered the same array of services as all other youth. Child welfare agencies should offer culturally specific transition services to all youth.**

Chafee legislation mandates that Native American youth are afforded the same services as all other youth leaving care, since they have been denied this opportunity in the past. All youth in transition should receive services that are culturally appropriate, regardless of whether specific legislation exists to require it. Tribal participation in program planning is also an essential component of this process that can ensure greater participation and access to independent living programs. Prior to the Foster Care Independence Act, only a small percentage of Native American youth received independent living services (US DHHS, 1999). Casey Family Programs and the National Indian Child Welfare Association recently funded a research study at Portland State University to examine what independent living services exist for Native American youth. Findings of this study are expected to be available from the sponsors in the near future. Youth, families, caregivers, and staff can ask local service providers about the availability of culturally specific transition services for Native American youth and other youth of color, in addition to advocating for the inclusion of such services by child welfare agencies.

**Foster youth should be involved in the planning processes of state and local transition services.**

Many youth want to be involved in helping to make the system better. Foster youth involvement in planning processes requires preparation and support, but it contributes to more effective policy-making. Foster youth can participate in program planning, oversight and evaluation with support from caring adults. Child welfare organizations should promote the inclusion of foster youth in creating policies that will affect their lives after care.

**Youth in transition need adequate transportation and child care services.**

Child welfare organizations and the individuals they serve need to collaborate with transportation, child care, environmental, and labor advocates on these needs, which extend well beyond foster care.

**I benefit most by having services and supports that work together to help me achieve my goals.**



**Foster parents and other caregivers need formal training about youth transitioning from care.**

The Foster Care Independence Act requires foster parent and caregiver training, and thus it is essential that organizations develop a mechanism to assist those who are in parenting roles. To help address issues of trauma and disturbed attachment, those in parenting or caregiver roles need support. Training should incorporate other aspects of transitioning to adulthood as well.

**Local service providers can collaborate more effectively on meeting the needs of transitioning youth.**

Developing collaborative processes across organizations is challenging, time consuming, and stressful. Foster youth receive better quality services when providers are working in a collaborative manner. Essential ingredients for effective organizational collaboration include a shared vision across organizations, clearly identified mechanisms for communication, and regular opportunities to learn from one another. Maximizing financial resources among multiple stakeholders may require organizations to rework their funding streams and pool dollars across typical funding areas. This is becoming more common at the federal level and support for pooled funding is gaining momentum. Successful examples of shared funding can be used to advocate for new and innovative policy changes at all levels of government. All stakeholders involved in serving youth in their community must be willing to work toward a shared, coordinated system.

**System support can be achieved by educating policy makers, the judiciary, and teachers about the needs of youth transitioning from care.**

System integration can only begin when those involved in improving the welfare of young adults are equally informed about the needs of youth in the foster care system. Educators and the judiciary have the same obligation as child welfare professionals to learn about the population they serve. Educating professionals across multiple systems helps to facilitate a greater understanding of the needs of youth.

## **PRACTICE DOMAINS**

## CULTURAL AND PERSONAL IDENTITY FORMATION<sup>1</sup>

All children and youth need to know that their family and friends will be there for them, no matter what mistakes they make in life. This kind of connection with family provides a sense of security and encourages youth to explore and become who they want to be.

The primary psychological task of adolescence is individuation—the process of separating from family and finding a place in society as a complete person. For youth forcibly removed from their families before they are emotionally prepared for separation, this task is complicated. As they psychologically separate from the family, adolescents are likely to resist rules, values, and expectations. Their opposition may be focused externally on service providers or foster parents, or it may be internalized and expressed as risky behaviors, such as drug use or promiscuity. This behavior often results in negative labels for adolescents who do not have the security of their own home.

At the same time that adolescents are rebellious with adults, they are also focusing on developing relationships with peers. During adolescence, peer relations have a major influence on youth behavior. Social skills are developed largely through interactions with peers (Laird *et al.*, 1999; Kipke, 1999). To meet the challenges of these turbulent years, youth also have a strong need to belong in a family and to be taken seriously. The adolescent is trying to answer four questions: Who am I? Where do I belong? What can I do, or be? and What do I believe in? To answer these questions, adolescents in foster care need information about their past. This process can be very difficult, and having a stable relationship with a significant adult can provide an anchor as youth seek to understand their life story.

Identity development involves the integration of cognitive, emotional, and social factors to create a person's sense of self. Elements of identity include race and ethnicity, religion, nationality, immigration status, gender, sexual orientation, disability, regional differences, geographical focus (urban or rural), and economic class. Practitioners should seek out activities to assist youth in the development of their identity.<sup>2</sup>

### **Separation issues pose challenge to youth in substitute care**

Many people face difficulties as they try out various identities and cope with problems of self-esteem and depression if they are unable to “fit in.” Youth in foster care face additional challenges when it comes to identity

<sup>1</sup> Casey Family Programs, (2000), A Conceptual Framework of Identity Formation in a Society of Multiple Cultures.

<sup>2</sup> For work with gay, lesbian, bisexual or transgendered youth, see Ryan and Futterman's *Lesbian and Gay Youth, Care and Counseling*. Columbia University Press: NY, 1998. For additional parent and practitioner resources on identity formation, see the annotated bibliography in Casey Family Program's *The Conceptual Framework of Identity Formation in a Society of Multiple Cultures*. Seattle, WA, 2000.

development.<sup>3</sup> Perhaps the most significant challenge is separation from birth families. Identity requires a secure sense of self. The ability to attach to an adult, preferably a caregiver, is critical to child development. When children attach to adults, they begin the process of learning to think as adults do. This process promotes the development of more healthy attachments. Insecure attachments due to abuse, neglect, and multiple placements have a negative impact on a child's physical and emotional health and result in a diminished capacity to explore the environment with confidence (Pecora & Downs, 1999; Harter, 1985, cited in Steinhauer, 1991).

Assaults to self-esteem also complicate identity formation for foster youth. Some experience cognitive difficulties and learning disabilities. Lack of permanence exposes children to many separations and parental figures, causing repeated losses that undermine feelings of self-worth. The lack of continuity of care makes it difficult to identify with a group and feel a sense of belonging to family, school, or community.

A third challenge to identity formation for foster youth is living away from family and community. Youth who are removed from their birth families can lose touch with their culture of origin. Children placed away from their family, community, religious background, and racial or ethnic groups have additional challenges with identity development. Some youth can claim no culture of their own and identify most strongly with a "culture of foster care"—an identification devoid of consistent familial and community relationships. In the formal foster care system, only about a third of children stay with relatives. The majority are placed in non-relative homes with caregivers who may not understand the youth's experience, background, and needs. Youth in care who identify with multiple communities face significant challenges to the development of a healthy identity.

The child welfare system has historically shielded children from knowing their family histories. Today, we understand that foster youth need connections with their birth families whenever this is possible and safe. Such connections provide a link to one's identity and can help youth with the identity development process. Research has clearly confirmed that youth often go back to live with their birth families once they "age out" of care. These youth deserve assistance in resolving some of the pain they have experienced and developing relationships with their birth parents on their own terms.

<sup>3</sup> Our focus for this document is on racial and ethnic identity development with an emphasis on youth of color in out-of-home care, since these youth are over-represented in the child welfare system. We recognize that this issue is complicated as more people identify as multi-racial. Identity development is equally as important for Caucasian youth to help them understand their origins and develop cultural competence. Research on identity formation of Caucasian youth is just emerging. The process of racial/ethnic identity formation may be different for Caucasian youth, and these issues require further exploration.

**In order to help other youth, I will use my experiences to create positive change in programs and services.**



Addressing racial and ethnic identity is essential to achieving these goals. The table below shows the stages that youth of color experience as part of their racial and ethnic identity formation.

### **STAGES OF ETHNIC IDENTITY FORMATION FOR YOUTH OF COLOR**

Adapted from work of Atkinson, Morten & Sue, 1997; Cross, 1971, 1991; Phinney *et al.*, 1990.

#### **RELATIVE UNAWARENESS (AGES 2–16)**

Child or youth recognizes race/ethnic differences, knows what race and/or ethnicity he/she belongs to, but race and ethnicity has low salience and is not yet an important aspect of life.

#### **EMERGING AWARENESS (AGES 5–21)**

Child or youth comes to understand the social significance of race and ethnicity (i.e., that race and ethnicity are important facets of the social order).

#### **EXPLORATION/IDENTIFICATION (AGES 9–25)**

Child or youth begins to develop an understanding and appreciation of the personal significance of race and ethnicity in his/her life.

#### **COMMITMENT (AGES 14–25)**

Youth develops a positive commitment to membership in an ethnic or racial group and accepts the positive and negative aspects of both his/her own and other groups.

Research on Caucasian identity development is new, but understanding how it occurs is critical to helping youth develop a cultural identity that is not racist. In part, this involves helping Caucasian youth understand how race is a social construction in America. By the nature of the color of their skin, Caucasians receive benefits that positively affect their access to education, employment, housing and other areas. Caucasian youth often feel that they have no cultural identity beyond their nationality (Phinney & Chavira 1992; Phinney & Devich-Navarro, 1997; Phoenix 1997). It is important for the adults in their lives to help Caucasian children identify with a cultural and ethnic background beyond just being “American.”

For youth who are gay, lesbian, bisexual and transgendered (GLBT), developing a healthy sexual identity may be compromised by biological families who are not accepting of them. Many of these youth enter care when they must leave home due to family intolerance. If GLBT youth are also youth of

color, they may face the additional stress of racial discrimination and possible scorn from communities of color about their sexual identity (Ryan and Futterman, 1998).

Another aspect of identity development involves issues of spirituality and faith. Werner discusses spirituality as a component of youth identity in her research of foster care youth on Kauai (1993). Spirituality and religion are critical elements of many foster youth's identities and should not be overlooked. Further research is needed to explore the role of spirituality in youth identity development. It is critical that resources developed to assist foster youth with identity development address issues of race, class, gender and sexual orientation, in addition to the other elements of identity discussed earlier in this section.

### **Practice recommendations to promote healthy identity formation**

#### **■ TRAIN STAFF AND CAREGIVERS IN THE STAGES OF IDENTITY FORMATION, AND IN HOW TO RESPOND TO "TEACHABLE MOMENTS" TO ASSIST YOUTH IN HEALTHY IDENTITY FORMATION.**

Practitioners and caregivers need to be aware of their personal values, culture, and identities and how they affect their work with youth. They must be willing and able to discuss various aspects of identity with youth, including race, ethnicity, and sexual orientation. Part of training staff and caregivers about identity formation includes the ability to assess their own biases with regard to youth's cultural and personal identities. Capitalizing on "teachable moments" with a combination of proactive and protective messages is key. Proactive messages highlight cultural history and individual talents and encourage youth success based on individual abilities and traditional cultural strengths. Protective messages prepare youth to face hostility and racism in society. In general, proactive messages should be communicated more frequently than protective messages.

#### **■ VALUE AND PROMOTE BIRTH FAMILY WORK.**

It is important to provide complete information about birth parents at appropriate developmental stages in a youth's life. Staff can invest in providing a continuum of information, opportunities and supports that enable youth to connect with their birth family as they choose. Family-centered, holistic practices, such as family group conferencing (FGC), may prove valuable in this process.

#### **■ PROVIDE ASSESSMENTS AND SERVICE PLANNING THAT ADDRESS CULTURAL NEEDS.**

Staff should understand that all youth need help with their identity development, and specific concerns may focus on race, sexual orientation, class,

**I envision  
my success.**



and/or other aspects of identity. Staff should be able to assess a youth's ethnic identity status and their progress in identity formation.<sup>4</sup>

■ **PROVIDE ACTIVITIES WHICH ADDRESS CULTURAL NEEDS IN RECRUITMENT AND RETENTION OF FAMILIES, STAFF, AND MENTORS.**

Families who can meet the cultural needs of children and youth in care should be given special attention in recruitment and retention efforts. Staff should assess families to see whether they are connected to the communities from which youth in care originate. They should also be evaluated with respect to: their sensitivity about the role of culture in our society; the extent of racism within their family; and their willingness and ability to be involved in diverse cultural experiences.<sup>5</sup>

■ **CONNECT YOUTH WITH OPPORTUNITIES TO SELECT WELL-SCREENED MENTORS WHO CAN ACT AS ROLE MODELS AND TEACH YOUTH SPECIFIC SKILLS.**

Mentors have the opportunity to provide youth with support, guidance, and encouragement. They can act as positive role models and expand a youth's knowledge of cultural identity, community resources, careers, and educational options. One of the most frequently cited recommendations for assisting foster youth is the presence of a stable, caring adult with whom the youth can connect on a continual basis. Formal mentor programs or natural relationships that youth develop on their own can fill this important role and support young adults through the transition to adulthood.

■ **PROVIDE ACTIVITIES WHICH SUPPORT YOUTH IN DEVELOPING A POSITIVE SENSE OF SELF.**

Staff and caregivers can provide therapeutic and practical opportunities for youth to learn how to acknowledge and cope with past trauma, and to create a meaningful sense of personal identity. Many wrap-around or holistic clinical practices, such as family group conferencing (FGC) or multi-systemic therapy (MST), can help facilitate a youth's understanding of the trauma that occurred through familial separation.<sup>6</sup> While FGC and MST were originally used as techniques to assist with family preservation and juvenile justice practices, they have also been used in transition planning for adolescents. These practices can be beneficial to both youth and birth families in acknowledging and accepting the separation which has occurred.

4 A critical resource for staff and caregivers when discussing gay/lesbian/bisexual/transgender (GLBT) identity issues is Ryan and Futterman's book, *Lesbian and Gay Youth, Care and Counseling*.

Casey Family Program's (CFP) standardized assessment tool, the ACLSA includes a section for supplemental questions that can discuss cultural identity, [www.caseylifeskills.org](http://www.caseylifeskills.org). For information on spiritual assessments, see <http://www.jcaho.org/standard/faq/assess%5Ffaq.html#spiritassess>.

5 See CFP's *Lighting the Way*, and CWLA's *Foster Parent Retention and Recruitment* for foster parent recruitment and retention strategies.

6 For resources on FGC and MST, see <http://caseyweb.casey.org/whatworks/2000/04/practices.htm>.

## COMMUNITY CONNECTIONS AND SUPPORTIVE RELATIONSHIPS

In addition to teaching youth the myriad tangible and intangible skills they will need as adults, independent living programs must also assist youth in making sense of their past and preparing themselves emotionally for the transition to adulthood. Even with solid life skills training and practice, none of us can live independently without support systems in our communities.

A connection to one's community builds and strengthens relationships and can create lasting ties. As we depend on others, so others must have opportunities to depend on us. Young people need opportunities to provide assistance to community members through volunteerism and community service (Public/Private Ventures, 2000). Such connections provide youth with opportunities for meaningful participation in society, which is a significant factor in resiliency research (Pittman, 1998). Youth should also have the chance to contribute to community life through leadership and participation in community decision-making. Additional efforts may be needed to support such connections for youth in out-of-home care, who may have lived in multiple homes and localities or have not developed significant relationships with others (Whitney-Thomas & Moloney, 2001).

"Long-lasting, supportive, and strong connections to family members, friends, and other adults are critical to young people's healthy development while they are in foster care and to their success in adult life. Youth report that relationships with people who care about them and are there for them consistently make all the difference in the world when they are on their own" (Nixon, 2000). Through these personal connections, youth can develop a stronger sense of themselves and define their roles within the larger community.

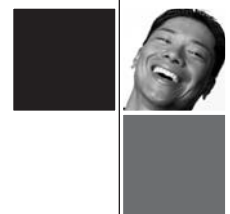
Community linkages need to extend beyond connecting with businesses and service-based organizations; they must also include the personal connections described above. Each youth needs someone to contact for support and guidance. This person may be a biological family member, an adopted family member, a guardian, a former schoolteacher, a former counselor, or a mentor. Youth need people in their lives who fill the roles that a healthy birth family typically provides.

### Relationships with biological families

For the majority of youth who have been in out-of-home care, re-establishing relationships with birth parents is normal and expected. But creating

it's my  
life

I pursue relationships  
that help me  
succeed and seek  
opportunities to make  
contributions to others.



healthy relationships with birth families can be very difficult, and both the youth and birth family may need preparation and ongoing professional assistance in establishing safe and appropriate ways to interact and support one another. Some youth may choose not to re-connect with their birth families and may need assistance in determining appropriate relationships.

Extensive research shows that foster youth who have contact with their birth parents while in care have better outcomes than youth who do not maintain these contacts (Fanshel, Finch & Grundy, 1990; Barth, 1986; Iglehart, 1994). The importance of these relationships holds true even after youth leave the foster care system. These young people, many of whom have spent years in foster care, often return to the very homes from which they were removed years before (Cook *et al.*, 1991; Barth, 1986; Courtney *et al.*, 1998). These emotional connections have a great impact on a young person's ability to navigate difficult transitions into adulthood. Improved youth outcomes are similarly evident from strong relationships with a foster family. Nollan *et al.* (1997) found that respondents' reports of a good relationship with their foster mother correlated with higher levels of self-esteem. Research suggests that this relationship gives youth a greater sense of stability, which allows them to focus on developing other areas of their lives.

Courtney *et al.* (1998) studied perceptions of social support from significant others, friends, and family. They reported that former foster youth's perceptions of social support from biological families were low compared with other sources of support, but families continued to play an important role in their lives. One third of the youth reported living with relatives after discharge from care, and they also identified relatives as their most common source of financial support. More than half of the youth reported visiting their biological mothers at least once since discharge, with 35% reporting visits to their biological fathers. Eighty percent reported seeing a sibling at least once since discharge. Courtney's study also found that foster parents remained a significant connection to youth after discharge; 40% of youth reported talking with their previous foster parents weekly since their discharge from care.

### **Expanding support networks**

Many youth in foster care express the desire to "give back," to assist other youth who may be having experiences similar to their own. Ansell *et al.* (2000) quotes the Family Youth Services Bureau of the U.S. Department of Health and Human Services in defining youth development strategies as an opportunity "to focus on giving young people the chance to build skills, exercise leadership, form relationships with caring adults, and help their communities."

The Chafee Act calls for youth to participate in developing independent living programs. This portion of the law encourages youth advisory boards, youth decision-making in independent living programming, and other opportunities for youth involvement in the process of delivering, improving, and evaluating independent living programs. If youth are interested in supporting other causes, neighborhood agencies are likely to have volunteer opportunities available that can often lead to future employment. Examples of volunteer activities include youth advisory board membership, task force membership, coaching sports teams, outreach to homeless youth, and tutoring elementary school students. To develop such connections to one's community, both youth and staff must have access to and knowledge of such resources. Staff and family knowledge is essential to this process.

Youth can begin searching for information about community resources and connections while they are still in care. Looking beyond youth and family to community supports promotes positive youth development principles by expanding a youth's support network. Cultural identity and spirituality are vital for youth's continued identity formation and can help them to form community connections. In an interim 1998 report from the Child Welfare League of America (CWLA), former foster youth identified collaborative community-oriented efforts as especially helpful in linking them to needed resources.

Mentoring is increasingly being used as a support service to assist older foster youth in making the transition to adulthood (Mech *et al.*, 1994). These relationships can be either natural or assigned mentor relationships. While studies on mentoring programs and peer groups for foster youth are limited, there is compelling evidence supporting the overall benefits of mentoring for the general population of at-risk youth (James & Donahue, 1997). Based on Mech's study of four independent living programs, Mech *et al.* (1994) recommend using mentoring programs, particularly for foster youth who seem most at risk of being unprepared for adulthood. Noble (1997) found that one of the key differences between abused and neglected foster children who succeed versus those who don't is that the successful ones have had at least one significant adult in their lives.

This conclusion is best stated by Landsman, Malone, Tyler, Black, & Groza (1999): "The process of reconnecting with a family or significant other represents an important step toward emancipation and healthy functioning in the community, solidifying the adolescent's identity, affirming family connections, clarifying personal history, and reintegrating past trauma." In other words, youth in out-of-home care need the same permanent family connections as do youth in the general population.

**I am a leader and I make  
important contributions  
to my community.**



## Practice recommendations to support community connections and relationship-building

- **PROVIDE OPPORTUNITIES FOR YOUTH TO CREATE, MAINTAIN OR STRENGTHEN SUPPORTIVE AND SUSTAINING RELATIONSHIPS WITH BIRTH FAMILIES, FICTIVE KIN, FOSTER AND ADOPTIVE FAMILIES, AND SIGNIFICANT OTHERS.**

Service plans should identify the relationships the youth would like to explore, repair, or restore and what supports are needed from family members and significant adults to accomplish the youth's goals. Youth can eventually elect which family members to involve in key decisions in their lives. This is an exercise of personal authority that can reinforce the youth's autonomy and encourage connections to birth and kinship family members. Staff must receive regular training on the critical role of birth family work throughout the youth's life.

- **CONNECT YOUTH WITH PEER AND ADULT MENTORS; PROVIDE OPPORTUNITIES FOR YOUTH IN OUT-OF-HOME CARE TO MENTOR OTHERS.**

Mentors may develop long-term relationships with youth in which they serve as role models in such areas as employment, transitional life skills, social support, and friendship. Staff and families should be supportive of these relationships. Practitioners can nurture natural mentor relationships that already exist. Both practitioners and caregivers can utilize a family group decision-making process to identify such natural mentors. One of the ways in which youth in foster care can actively contribute to the foster care system is through the act of mentoring other young adolescents. Older foster care youth and alumni should be appropriately trained to support others in care.

- **CREATE OPPORTUNITIES FOR YOUTH TO PLAY AN ACTIVE ROLE IN COMMUNITY LIFE THROUGH VOLUNTEERISM, LEADERSHIP, AND COMMUNITY SERVICE.**

For youth in out-of-home care, leadership opportunities can occur within the foster care system, but they may also take place within the larger community. Volunteer activities allow youth to engage with and improve the lives of others. Community service also enables youth to view themselves as individuals who have something to offer others. Youth can benefit from giving back to their communities through participation in volunteer activities, completing community improvement projects, and serving on boards or committees. Youth can learn about the benefits of community participation through life skills classes, staff and parent modeling, and volunteer opportunities at school or work.

■ **FACILITATE YOUNG PEOPLE'S KNOWLEDGE OF AND ACCESS TO COMMUNITY RESOURCES. ENSURE OPPORTUNITIES FOR YOUNG PEOPLE TO BE VALUED AS COMMUNITY RESOURCES.**

To develop both natural and professional support systems, youth need the knowledge and skills to access community supports. Service providers are critical to the success of a youth transitioning from care because they provide access to resources. When youth leave care and need continued support from community organizations, knowing where to turn for help creates one less step in the process of seeking assistance. Youth can also learn from volunteering or other activities in which they see themselves as valuable assets to the community.

■ **CONNECT YOUTH WITH CULTURALLY SPECIFIC EVENTS AND SERVICES IN THEIR COMMUNITIES.**

Through community-based supports, staff and caregivers can help youth understand who they are, the experiences they have had, the reasons they are in out-of-home care, and the benefits of developing a healthy attitude about the past. Healthy relationships are essential in helping youth work through the emotional stages of transition. This can be done with the birth family when appropriate. Youth can also develop such relationships with others through cultural activities and community events.

**I am committed  
to learning the  
skills to succeed.**



## **PHYSICAL AND MENTAL HEALTH**

Maintaining good health is an essential first step for transitioning youth as they move toward fulfilling their personal vision for adult life. They need sustained support to ensure that their long-term health needs are met during the transition to adulthood. Youth who have experienced abuse, neglect or other trauma resulting in out-of-home placement often enter foster care with challenges related to physical health. Many enter care with developmental, behavioral, and emotional disturbances as well. When compared with other children of the same socioeconomic background, children in foster care experience higher rates of serious chronic physical disabilities, birth defects, developmental delays, and emotional problems than do all children (American Academy of Pediatrics, 2000).

Chronic medical problems affect 30 to 40% of youth in the child welfare system (Schor, 1988). Nearly 49% have psychological disorders, and 53% have developmental problems (American Academy of Pediatrics, 2000; English & Grasso, 2000). In a study conducted in California, 77% of teenagers in foster care were found to be in need of a mental health referral (Halfon *et al.*, 1992). Chernoff *et al.* found that 15% of foster children and youth screened had indicated either a previous suicide attempt or were suspect for suicidal ideation (1994). A study conducted in Vermont found that among foster youth 15 years and older, 86% were sexually active, but only 38% indicated regular contraceptive use, and only 38% believed they were at risk of HIV or AIDS (Bronwyn, 1996).

There are specific illnesses which differing populations are more likely to develop. For example, GLBT youth are more prone to depression and suicide than their heterosexual peers (Ryan & Futterman, 1998). African-Americans are more prone to high blood pressure and sickle cell anemia. African-Americans are also the fastest growing group of people becoming infected with HIV (UNAIDS, 1998). Such health concerns should be assessed and explored within the context of each youth's individual health care needs.

These physical and mental health care needs persist as young adults age out of care. Many still have a need for highly intensive and specialized health services. However, young people leaving care to live independently often lose routine preventive care, care for chronic medical conditions, and access to counseling services (Nixon, 2000).

### **Difficulty accessing health services**

Youth leaving care often enter into jobs that do not provide health insurance or pay sufficient wages to allow them to purchase it independently (Sheehy, *et al.*, 2001). The Chafee Act established a new Medicaid eligibility group for foster youth who remain in state care on their 18th birthdays. States can

choose to provide this option to young adults exiting the foster care system. In states that do not choose this option, youth often leave care without the protection of health insurance (ACYF, 1999; Sheehy *et al.*, 2001).

Across the nation, there is a shortage of qualified providers who can help young people with the unique constellation of developmental, mental health, and substance abuse issues they may face when transitioning from care. This is especially true in rural areas (Georgetown University, 2001). Courtney *et al.* found that only 21% of youth surveyed reported receiving mental health services after leaving care, compared with 47% who receive mental health services while in care. Youth reported that they lacked insurance coverage or cash to pay for needed mental health services (Courtney, 1998).

In a review of promising practice models completed for Casey Family Programs, Ansell *et al.* found a two-part dilemma facing youth in independent living programs nationwide (2000). First, prior to aging out of care, arrangements for a youth's physical and mental health care are often handled by staff in child welfare programs. Second, many health care providers do not take Medicaid clients because of low reimbursement rates. Youth in care are often insulated from understanding the difficulties of gaining access to health services as an uninsured or underinsured person.

Upon exiting care, young people need full access to their own comprehensive health records, which should be continually updated. Some young people leaving care have moved so many times that they do not have accurate health records. Promising pilot systems to track such information, such as Foster Care Passport Programs, face a number of challenges: a shortage of staff to perform data entry, confidentiality issues, and difficulty sharing information across data systems.

#### **Personal and environmental safety skills needed**

Many youth leaving care also need to learn personal safety skills, including ways to prevent physical violence, harm from theft or fire, and health threats such as STIs and HIV. Youth who have been abused or neglected are especially vulnerable, and may become victims or perpetrators of aggression and violence. They may also be more susceptible to high risk activities that can compromise their health, such as substance abuse and early sexual activity (Simpson, 2001).

Typically, caregivers, family members, peers and educators provide children and youth with the knowledge and skills necessary to survive these threats to their safety. Youth who have not acquired this knowledge in traditional ways may benefit from life skills classes.

**I am a strong person  
with unique  
talents, gifts and skills.**



Examples include:

- Cincinnati's Lighthouse Youth Services life skills curriculum, which devotes seven of its 24 modules to individual safety (Kroner, 1999); and
- Casey Family Programs' Life Skills Guidebook and *Ready, Set, Fly!: A Parent's Guide to Teaching Life Skills*. Both offer concrete activities to teach youth about personal safety, including preventive health techniques and how to live in one's home safely.<sup>7</sup>

### Practice recommendations to support sound physical and mental health

#### PERSONAL HEALTH AND SAFETY ISSUES

- *Arrange comprehensive screenings to assess physical health, mental health and substance abuse before youth leave care.*

These include comprehensive physical, dental, and vision examinations, in addition to substance abuse, developmental, and mental health screenings. Information collected during these procedures should be translated into transition service plans, with youth leading the development of the plan whenever possible.

- *Arrange safety education for youth.*

It is important for youth to understand how to maintain their personal safety in social relationships and in the home. This includes both preventing and avoiding accidents and violence, reporting unsafe events, and developing safety response plans.

- *Educate and support youth in addressing critical health and mental health issues.*

These include: healthy sexual decision making; birth family's physical and mental health history; prevention and treatment of sexually transmitted diseases, including HIV; disturbed attachment; effects of trauma; abuse of alcohol and other substances; constructive methods for coping with stress; addressing social and relational problems; anxiety; depression; and suicidal ideation/ attempts.

#### COMMUNITY RESOURCES

- *Help youth learn how to manage their own health care needs.*

Working with staff, youth should develop an understanding of the health care system, including: applying for insurance; accessing care; articulating their health care needs; and keeping appointments with health care providers.

- *Provide youth with information to access the available health care resources of their choice.*

Health care services vary across cultures, from Western medical practices to non-Western health care services such as acupuncture, healing ceremonies and naturopathy. To the greatest extent possible, youth should be afforded the opportunity to receive quality health care that meets their physical, emotional and cultural needs. This may be a greater challenge in localities with few resources. Youth with disabilities requiring accommodations in school or at work should be able to describe their disabilities in terms of functional limitations—the language used in the adult disability community—so that they can receive needed services.

- *Identify individuals who can help youth to stay healthy.*

An inclusive service planning process can help foster youth identify people to support them in achieving and maintaining safety and wellness. Such practices include person-centered planning, family group conferencing, and wrap-around service planning.

- *Assist youth in consolidating and updating health records.*

These records should include past and present diagnostic and treatment information, including relevant birth family health issues. The Child Welfare League of America (CWLA) and the North American Council on Accreditation (COA) recommend that youth obtain copies of their medical records upon emancipation from care. Some states are beginning to coordinate across health care and education systems to ensure greater access, accountability and recording of youth records. Such programs aim to consolidate records, provide youth and caregivers with easy access to records, and simplify the transfer of records among organizations, caregivers and youth. Confidentiality of records must be addressed at the program level.

**I am a leader and I make  
important contributions  
to my community.**



## LIFE SKILLS<sup>8</sup>

In transition work, it is important to promote teaching tangible and intangible life skills that are tailored to youth's developmental needs. "Tangible skills are those needed for daily living, self-maintenance, and obtaining and sustaining gainful employment. They can be described as skills "we know or do" (adapted from Polowy, Wasson & Wolf, 1986). Intangible skills are those needed for interpersonal relationships and maintaining employment. These include attributes such as decision-making, problem solving, [and] social skills..." (Nollan, Horn and Bressani, 2000).

The original definition of independent living services is credited to Ansell. "The concept of independent-living services is twofold, comprising both a philosophical approach to delivering services and the specific resources and services that lead to achieving successful transition to independence" (cited in Cook, 1988). Ansell developed four major stages through which youth acquire tangible and intangible skills: informal learning, formal learning, supervised practice, and self-sufficiency. Such a continuum allows youth to formulate their own developmental needs and independent living plan goals. Additional typologies of learning modes exists, particularly in the area of special education.<sup>9</sup>

A growing body of knowledge indicates that provision of life skills instruction improves outcomes for foster youth. In the only national evaluation of the outcomes for older foster youth involved with the federal Title IV-E independent living program, Cook *et al.* (1991) examined the effects of life skills training on self-sufficiency two and a half to four years after youth left care. Results show that providing training in selected skill areas and related to specific outcomes is preferable to providing training in a vast number of skill areas. Five skill areas (money management, credit, consumer skills, education, and employment) were particularly noted for their effects on improving outcomes. Finally, a combination of skills training (especially in the five identified areas) produced better outcomes.

Researchers at the University of Wisconsin are currently conducting a longitudinal study of the post-care experiences of youth who were in care for at least 18 months, with an average length of stay in out-of-home care of 38 months. Courtney, Piliavin, Grogan-Kaylor & Nesmith (1995, 1998) have examined youth's preparedness for independent living both prior to discharge and 12 to 18 months after discharge. Before discharge, youth in the study were asked if they had received any training in the following areas: money management, food preparation, personal hygiene and health care,

<sup>8</sup> This section is adapted from Ansell, Charles & Copeland (2000). Promising Practices, Models and Policies in the Area of Independent Living/Self Sufficiency: A Review of Casey Family Programs Documents. Unpublished report for Casey Family Programs.

<sup>9</sup> For resources on youth with learning disabilities transitioning from school to work, see [www.transitioncoalition.org](http://www.transitioncoalition.org).

finding housing, transportation and employment, educational planning, use of community resources, interpersonal skills, legal skills, and parenting. An average of 76% reported that they had been trained in a given area prior to discharge. Sources of this training included foster parents (39%), specialized independent living training programs (32%), and group homes and child caring institutions (7%).

A full three-fourths of youth reported receiving training prior to discharge; however, in follow-up questioning, only a minority of former foster youth indicated that they had received the concrete assistance necessary to develop life skills. This was reflected in the problems these youth reported experiencing since discharge. For example, youth identified having enough money (32%), finding a job (18%), obtaining medical care (44%), and relations with family (25%) as concerns most or all of the time.

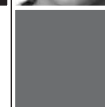
In 1997, Nollan *et al.* examined factors that helped foster youth deal with stress and their correlation to self-sufficiency. Results indicated that a number of variables are predictive of higher life skills acquisition. They include: greater vision for the future, positive relationship with foster mother, higher self-esteem, volunteer and work experience, and group involvement.

#### **Life skills instruction should begin early, extend beyond age 18**

Youth, families, and practitioners generally agree that life skills instruction should extend to youth younger than 16 and older than 18. Mallon (1992) recommends the use of formal curriculum for children aged 7 to 13 that focuses on the development of self-sufficiency and self-esteem. This instruction should assist with the acquisition of both tangible and intangible skills. Mallon asserts that education in these areas is valuable, regardless of whether or not youth remain in out-of-home care. The limited amount of research available on outcomes for youth after discharge clearly supports the need to extend services beyond a youth's 18th birthday. The Administration on Children Youth and Families (1999) recommends supporting independent living as a continuous process.

Research also points to the benefits of foster youth working to acquire life skills in "real-world" settings to the extent possible, rather than simply attending classes. "Lack of real life opportunities to practice independent living skills impedes the transition to self-sufficiency and often precipitates emotional and economic crises in the lives of unprepared young adults" (Nixon and Garin Jones, 2000). Nollan *et al.*'s (1997) substantiated findings support the use of hands-on, experiential activities to reinforce formal independent living skills training. Cook (1988) suggests that foster youth be provided opportunities to make mistakes in a supervised setting, so that they will be better equipped to handle challenges once they are on their

**I need to begin the  
process of learning to  
live on my own  
early and continue it  
throughout my life.**



own. A report from the Search Institute cites a substantial amount of evidence indicating that this approach promotes positive outcomes for academic learning, problem-solving ability, social development, self-esteem, leadership development, and educational attainment (Leffert *et al.*, 1996).

As previously discussed in the Identity Formation domain, practitioners and caregivers can assist youth by capitalizing on “teachable moments” that contain both proactive and protective messages about race, culture and ethnicity. Life skills instruction can utilize “teachable moments” to provide young adults with strategies to understand or cope with the realities of racism, sexism and homophobia in contemporary American society.

### **Self-determination is key factor in youth success**

Among the intangible skills that have a significant impact on successful outcomes for youth in transition are hope, motivation and self-determination. Self-determination, as defined by Ward (in Field, *et. al*, 1998), refers to “both the attitudes which lead people to define goals for themselves and to their ability to take the initiative to achieve these goals.” Assertiveness, creativity, pride and self-advocacy are characteristics that Ward identifies as necessary to become a self-determined individual.

Motivation is fueled by having hope for the future. Combined with knowledge, skills, and support, self-determination is possible. Motivation can be defined as a “desire or want that energizes and directs goal-oriented behavior” (Huitt, 1998). Motivation, hope and self-determination can affect the degree to which goal setting and planning for the future take place in a youth’s life. It is challenging for young adults to meet their personal needs and achieve their goals without the presence of motivation, hope and self-determined actions.

It is particularly important that youth in out-of-home care have opportunities to enhance their own capabilities and exert control, and that they receive the supports necessary to succeed. This is critical because many youth have not had stable, positive environments in which these key skills were modeled. When foster youth reach the age of emancipation, they are often ill-prepared to assume control over their lives, and may drift from experience to experience without direction or purpose. If, however, youth have the occasion to direct planning processes and make decisions for their future, and receive support to ensure that these decisions are based on individually determined wants and needs, they will possess a greater sense of empowerment.

Youth-directed planning does not imply that youth do everything for themselves. Indeed, many youth will need specific instruction in how to set achievable goals, how to solve problems or how to make effective decisions. This type of service planning implies that youth are the “causal agents” in the planning process; they make or cause things to happen in a process which leads toward self-identified outcomes.

The role of professionals and family members is to enable young people to direct the planning process by providing a wide array of supports including:

- instruction in such areas as goal setting and attainment, problem-solving, decision-making, and self-advocacy; and
- instruction and experiences that enable youth to self-regulate and self-manage their lives, along with opportunities to exert control.

According to Snyder, “hope is the sum of perceived capabilities to produce routes to desired goals, along with the perceived motivation to use those routes” (2000). A sense of hope is interconnected with an individual’s ability to plan and achieve goals. When youth can begin to recognize where hope already exists within their lives, the process of planning for the future and accomplishing goals becomes easier (Snyder *et al.*, 2000). Youth may need to examine parts of their history in order to see where they developed hope. These experiences can provide valuable lessons and make it easier to move forward.

### **Responsible parenting skills essential for youth in transition**

Another crucial life skills area for young people leaving substitute care is that of responsible parenting. The ability to parent is affected by one’s life experience. As discussed earlier in this report in the section entitled “The effects of child abuse and neglect,” youth who have been abused or neglected are at increased risk for abusing or neglecting their own children. Early experiences of abuse and neglect have also been related to higher incidences of teen pregnancy and parenting. Further, youth with disrupted parent-child relationships may have difficulty attaching to their own children, particularly if they have not observed healthy parenting behaviors.

These young people may have difficulty attaching to their children because they may not know how to put the child’s needs above their own, as they may not have seen their own parents do this. In addition, given the self-centered stage of adolescence, teen parents are working at cross purposes developmentally, as parenting involves regularly deferring one’s own needs for the child. Young people who delay parenting until they are in their twenties still may not be developmentally ready to provide safe, stable, and nurturing homes for their children because the legacy of their own disrupted attachments remains.

**In order to help other youth, I will use my experiences to create positive change in programs and services.**



If a young parent is not able to meet the physical and emotional needs of their child, often the first impulse of adults in their support network is to step in and fill the gap by taking care of the child. While this is a natural response of concerned adults, it does not promote the formation of a genuine attachment between the young parent and their child and may do more harm than good.

#### **Practice recommendations to support life skills acquisition**

■ **ASSESS YOUTH'S LEVEL OF SELF-DETERMINATION AND SENSE OF HOPE FOR THE FUTURE.**

Hope, motivation and self-determination play an essential role in youth's ability to achieve successful outcomes. Practitioners can create activities to allow youth to develop a sense of hope for the future.

■ **PROVIDE YOUTH WITH INFORMATION ON THE RESPONSIBILITIES OF PARENTING.**

Educating youth about effective parenting skills, including ways to prevent abuse and neglect, is particularly important for those who have experienced disrupted parent-child relationships.

■ **ENSURE THAT YOUTH, STAFF AND CAREGIVERS UNDERSTAND THAT ACQUIRING LIFE SKILLS IS A LIFE-LONG PROPOSITION.**

At the federal level, the Foster Care Independence Act has removed age barriers for attending life skills classes, and many states are now choosing to offer life skills classes beginning at age 13 or 14. Staff and caregivers can receive training on the concept of lifetime skill acquisition and learn methods to convey this idea to youth.

■ **PROVIDE OPPORTUNITIES FOR YOUTH TO PRACTICE LIFE SKILLS IN A "REAL WORLD" ENVIRONMENT.**

It is simply not enough for youth to attend life skills classes. Hands-on experience may be gained through volunteer work, community service projects, and other learning opportunities. Such experiences can contribute to a youth's feelings of responsibility and control over their own lives.

■ **ENSURE THAT STAFF AND CAREGIVERS ARE TRAINED TO TEACH A CORE SET OF LIFE SKILLS TO YOUTH.**

Child welfare agencies, schools and other organizations should offer youth a core set of life skills comprising tangible and intangible skills, through developmentally appropriate curriculum. Caregivers need to receive appropriate training to enable them to impart these skills to youth.

■ **USE THE ANSELL CASEY LIFE SKILLS ASSESSMENT, CASEY'S STANDARDIZED ASSESSMENT TOOL TO TRACK PROGRESS.**

To assess life skills, Casey Family Programs uses the Ansell Casey Life Skills Assessment and corresponding Life Skills Guidebook<sup>10</sup>, which address the following areas: daily living, housing and community resources, money management, self care, and social development. Both span an age range wider than 16 to 18. The Ansell Casey Life Skills Assessment tool is a reliable and valid measure of life skills acquisition that child welfare professionals, parents, and others can easily use. Foster parents, other caregivers, and youth advocates can assist current foster youth to learn life skills by using this assessment method, along with the Life Skills Guidebook and other tools.

■ **ASSESS YOUTH'S LEVEL OF ATTACHMENT TO OTHERS AND PROMOTE RELATIONSHIPS WITH SIGNIFICANT ADULTS.**

Practitioners should assess youth's ability to form healthy attachments with others and provide services to assist them in developing relationships with significant adults and peers.

**I pursue relationships  
that help me  
succeed and seek  
opportunities to make  
contributions to others.**



<sup>10</sup> The Ansell Casey Life Skills Assessment (ACLSA) and Life Skills Guidebook are available online at [www.caseylifeskills.org](http://www.caseylifeskills.org).

## **EDUCATION**

Successful school experiences and educational outcomes for foster youth are central to the transition process and critical to ensuring a high quality of life for children and adults as they become valued members of their communities. As noted in a review of educational outcomes for foster youth,

*The majority of researchers assert that among the multiple and complex challenges facing youth and children in foster care, low educational achievement has the most troubling consequences for adult quality of life.*

Levine, 1999

Clearly, the performance of a variety of adult roles, the achievement of physical and material well-being and the realization of a sense of personal fulfillment as an adult are, to a large extent, grounded in successful school experiences. Researchers point out that students who possess high reading, writing, listening, speaking and math skills are two to three times more likely to be competitively employed than are students with low skills in these areas (Benz, Yovanoff, and Doren, 1977). Similarly, the acquisition of basic literacy skills is directly related to successful high school graduation, post-secondary enrollment and successful transition to interdependent adulthood. School success is also correlated with the positive self-esteem and hope for the future associated with resilience in youth. Further, active engagement in school life provides youth with both the opportunities for peer support and the significant adult connections that have been associated with positive outcomes for emancipated youth.

For these reasons, it is crucial that caregivers, child welfare staff, the judiciary and youth themselves acknowledge the importance of educational success in the transition process. Teachers and other school staff must take specific steps to promote optimal, culturally appropriate, supported educational experiences for youth in out-of-home care.

### **Educational outcomes for foster youth**

Despite the recognized association between educational attainment and life success, the educational needs of youth in foster care are too often ignored or undervalued by educators, child welfare professionals, and the courts (Seyfried, Pecora, Downs, Levine and Emerson, 2000). Youth in out-of-home care often experience school instability, academic failure, poor social integration, high truancy, and low graduation rates. Blome (1997) and Levine (1999) offer the following points as partial justification for improving education services, supports, and interagency coordination and planned collaboration:

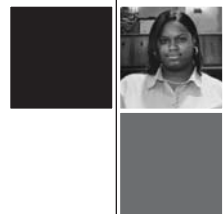
- Children in foster care exhibit high rates of absenteeism and tardiness in school compared with children who are not in foster care.
- A higher share of foster youth report discipline problems in school and experience more educational disruptions.
- Foster youth are more likely to be disciplined in school, to be suspended, and to be in serious trouble with the law.
- Foster youth are more than twice as likely as non-foster youth (37% vs. 16%) to drop out of high school.
- Foster youth who drop out of high school are less likely to eventually receive a high school diploma or a GED (77% vs. 93%).
- Foster youth are less likely to be enrolled in college preparatory classes (15% vs. 32%).
- Young adults from foster care are significantly underrepresented in post-secondary enrollment in colleges and vocational training programs.

Furthermore, researchers have found that the number of children in foster care who have a disability and receive special education services or 504 accommodations is significant and may even be underreported (George, Voorhis, Grant, Casey, & Robinson, 1992). Estimates in one state ranged from 35 to 40%, as compared with 11% in the general population (Edmund Muskie School of Public Service, National Child Welfare Resource Center for Organizational Improvement and Institute for Public Sector Innovation, 1999). Bussey *et al.* (2000) report that as many as 50% of youth receiving independent living services from selected states have some type of disability.

#### **Factors contributing to poor educational outcomes**

Many factors contribute to poor educational outcomes for foster youth. The educational impact of prolonged abuse and neglect of youth in out-of-home care cannot be underestimated. Pre and/or post-natal abuse can lead to cognitive impairment, speech and language delays, attention disorders, emotional disturbance and attachment disorder—all of which can affect educational attainment and school success. Neglect alone in early childhood results in environmental deprivation leading to language and other cognitive delays (Jones, 1972). Trauma born from multiple or long-standing events that may include physical, emotional, or sexual abuse and/or neglect often results in severe learning and behavior problems. Also, early trauma may affect a youth's ability to trust teachers, counselors, and other school support personnel and may severely limit the ability to relate school achievement to long term transition goals. Educators and transition planning teams must consider the impact of these factors on self-knowledge, on successful interactions with significant others, and on academic achievement.

**I understand that every community is different and that I need to create my own sense of place in each without losing my identity.**



Another impediment to the academic success of foster youth is transience, compounded by poor communication between school, child welfare systems, judges, and caregivers. Many youth have been shifted to multiple family placements during their young lives, thus making it difficult to establish meaningful and stable connections to school programs, teachers, and staff. Each school move too often results in missed classes, changed curriculum, lost support systems, delayed records, and disrupted achievement. The Chicago Panel on School Policy Study (1989) reports that missed school days, especially in the primary years, correlate to increased drop-out rates. They also report that each school move can set a child behind academically by as much as six months. These factors further contribute to low self-esteem, motivation and desire to learn, and educational confidence. Moreover, multiple home and school placements may cause foster youth to lack a consistent educational advocate in their lives – a responsible adult who:

- knows and cares deeply about their school success;
- monitors their educational progress;
- advocates for their educational needs; and
- works with the youth, their social worker, and school personnel on educational planning and support issues.

Without such an educationally focused advocate, foster children and youth may find themselves lost in a sea of uncoordinated, unstable, and ill-defined service delivery systems. Educational neglect is too often the result.

Ongoing communication and collaboration among professionals needs to be a matter of organizational and public policy and should be a high priority for all those working with youth receiving multiple services (Bessell, 2001). Specific consideration should be given to ongoing collaboration between school, judicial, and child welfare systems to mitigate the educational consequences of abuse, neglect, and impermanence in the lives of foster youth.

#### **Coordinated efforts needed for improved academic outcomes**

Providing children and youth in out-of-home care with coordinated educational planning, communication and service delivery requires important system change for schools, child welfare agencies and the judiciary. Caregivers, social workers, teachers, counselors, agency staff, judges and transitioning young adults need to become effective educational advocates and planners. By working together, sharing information, and coordinating child welfare and educational planning responsibilities, improved academic and transition outcomes will result. Educational excellence and transition success can become a reality for children and youth in foster care when

individuals and systems commit themselves to a coordinated approach that addresses the practice recommendations that follow.

### Practice recommendations to support educational attainment

#### ■ STRUCTURE AND COORDINATE EDUCATIONAL ADVOCACY.

Coordinated policy and practice efforts by public officials, caregivers, service providers, educators, policy makers, community members, and youth themselves are critical to improved educational and transition outcomes. This requires: increasing awareness of the educational needs of students in care; systematic identification and assessment of youth; early educational intervention, especially for children with reading difficulties; outcome reporting; timely referral processes; instructional sensitivity to the academic needs of foster youth and expertise in meeting these needs; provision of support services to promote academic success; and effective communication among all parties. The primary focus of all educational advocacy efforts should be the continuity of school placements for youth and the recognition that maximum school stability is critical for educational success. All educational advocacy efforts should be grounded in strong cross-cultural and community perspectives.

#### ■ PROVIDE EDUCATIONAL CASE MANAGEMENT.

Sustained, well-defined, and accountable K-12 advocacy and case management services are needed for all youth in out-of-home care. In collaboration with caregivers and child welfare staff, a school employee (teacher, counselor, adviser, etc.) should continually monitor the educational progress and planning of each foster youth in each school. This staff member can ensure that this process is appropriate to the needs and goals (educational, career, and transition) of each student and congruent with the youth's cultural identity. For the many students participating in special education, Individualized Education Program (IEP) managers are natural educational case managers for all school and community-based services. For students not in special education, counselors, teachers, advisers, school psychologists, school social workers, or other designated staff may assume this role. Also, trained tutors and other support staff play an important part in educational practice advocacy. Because school staff may have little knowledge of the foster care system or the unique support needs of students in care, anyone providing case management within the school should receive training about the educational and social/emotional needs of foster children. They will also need to understand the specific transition needs of youth who will be emancipating from care, including such non-academic needs as housing, employment, and medical care.

I am proud of the  
cultural and personal  
values that make  
me who I am.



■ **RECOGNIZE THE IMPACT OF TRAUMA ON A YOUTH'S ABILITY TO LEARN AND DEVELOP.**

Youth who have experienced trauma in their lives have physical and emotional side effects, which can impact their development and ability to learn. Practitioners should work with educators, caregivers and others to tailor learning strategies to youth based on their unique developmental needs.

■ **INVOLVE PARENTS AND CAREGIVERS ALONG WITH YOUTH.**

Research on academic success clearly documents the central role of parents in student achievement (Riley, 1994). Because of heightened risk factors for children in substitute care, there is an increased need for caregivers to be invested and involved in the education of these children. Many foster parents require training and support programs in order to effectively fulfill their educational advocacy roles.<sup>11</sup> Parent mentors may need to be identified and trained to support caregivers. Caregivers need to be aware of parent support groups in their communities, as well as professional advocacy organizations that can provide advice and important training and resources. To be effective, educational advocates, parents and caregivers must be able to create positive relationships with school staff and understand the importance of close home-school communication. They must also learn how to advocate within the educational system, be knowledgeable about the laws that apply to their children, and know where to go when school problems arise. Caregivers may also need training to provide homework support and to create a home environment which promotes educational achievement. Maintaining a file of the youth's educational records and accomplishments is an important role for all caregivers. All work with parents must take into account differing cultural and community perspectives and the parents' own educational histories. Caregivers are key to supporting and advocating for the educational success of youth.

■ **MAKE BASIC SKILLS ACQUISITION A PRIORITY; ENCOURAGE THE CONTINUATION OF MATH AND SCIENCE EDUCATION.**

Acquisition of reading and writing literacy, math, and technology skills is necessary for success in school and a smooth transition to adulthood. Among the requirements for youth to acquire reading skills are early attention, close monitoring, effective instruction and remediation when necessary. For students not at grade level in reading, math, and written language, tutoring may be needed. Learning to apply effective learning and study skills at the secondary level can be greatly enhanced with strategic instruction and tutoring. Throughout the K-12 years, priority must be given to alignment of assessment and instruction, with remediation and tutorial support supplied as needed. Once basic skills are achieved, youth should be encouraged to pursue further education in math and science. Case managers and caregivers

<sup>11</sup> One example of such a program is Make a Difference in a Child's Life from Seattle based TeamChild, 2000. See [www.teamchild.org](http://www.teamchild.org), for more information.

need to advocate for assessments which are free of cultural bias and for curriculum and instruction which accommodate diversity in learning styles and cultural heritage. Providing effective instruction in the basic skills is primarily the school's responsibility, but it must be supported by caregivers, peers, and significant adults in the student's life. As youth develop transition plans, they need to be aware that basic skills remediation should continue after emancipation through community-based adult education.

■ **COORDINATE SPECIAL EDUCATION SERVICES.**

Foster children often have special education support or 504 accommodation needs that arise from disabilities preceding foster care placement or from the foster care experience itself (Cohen, 1991; George, *et al.*, 1992). Caregivers, social worker, case managers, and youth need to provide informed input into the youth's Individual Educational Program (IEP) or 504 accommodation plan. When a youth reaches age 14, the IEP must have a transition-planning component that links school, agency, and community-based resources to develop a culturally appropriate transition plan tailored to the youth's needs and goals. The IEP transition plan needs to be integrated with all child welfare-driven transition and independent living plans. Caregivers need training and continuing support so they can become effective educational advocates for the special education services needed by these youth. Awareness of state requirements for "surrogate parent" designations by the courts is important to ensure that the appropriate caregiver is able to fully participate in the IEP and transition planning process. It is also critical to ensure that a complete educational record follows these students as they change schools. Upon emancipation, each youth should be provided a copy of important school information. Special education advocacy groups can be a valuable resource for foster youth, their caregivers, and social workers.

■ **PROVIDE CAREER DEVELOPMENT, VOCATIONAL AND JOB TRAINING.**

Most high schools and communities offer an array of school and community-based career development opportunities and vocational and job training programs. Foster youth benefit from a continuum of work experiences and employment-training opportunities during their high school years, including career exploration courses, job-shadowing opportunities, volunteer activities, internships and other school-to-work programs (Evers & Elksnin, 1998). Some youth may be interested in technical courses at the high school level which provide specific skills training. It is critical that all transition planning for foster youth take into consideration the many options provided through the school curriculum or, where appropriate, through special education services, and that schools refer youth to appropriate community employment programs as well. Career counseling services need to be identified and accessed for students in care. It is important for career

I am responsible for  
my own life and  
know how to make  
good decisions.



development and job training activities to be planned and carried out within the youth's community and cultural context.

■ **ARRANGE FOR POST-SECONDARY PLANNING AND SUPPORTS.**

Research in one state showed that a significant number of foster youth who wanted to go to college had not taken the necessary preparatory courses (Edmund Muskie School of Public Service, National Child Welfare Resource Center for Organizational Improvement and Institute for Public Sector Innovation, 1991). Caregivers, social workers and case managers need to begin individualized post-secondary planning with youth no later than 9th grade, encouraging youth to enroll in those classes that will prepare them to meet their post-secondary goals. Professionals and caregivers alike should equally value all forms of continued education (academic, vocational, apprenticeship, entrepreneurship, etc.). Options need to be presented to youth as valid opportunities to explore. Because youth may need financial assistance from public and private sources to complete post-secondary programs, caregivers, professionals, and youth need to be aware of all public and private scholarships, grants, loans, and work-study opportunities. Most emancipating youth will qualify for Pell Grants and scholarships, such as those administered by Casey Family Programs and the Orphan Foundation of America.<sup>12</sup> Youth in some states may also be eligible for tuition waivers at public colleges and vocational schools, through foster care-specific eligibility criteria. In addition to financial assistance, youth may require academic and social supports in post-secondary education, especially those with disabilities. Minority youth may also have specific support and advocacy needs for which provisions should be made.

■ **PROMOTE GOAL-SETTING AND EDUCATIONAL SELF-DETERMINATION.**

Schools are natural environments in which youth can learn and practice self-determination or self-advocacy skills. These skills can be taught in collaboration with caregivers, child welfare professionals, and other significant adults in the youth's life. Youth should acquire the skills to lead or coordinate their own IEP, transition planning, or annual review meetings. Person-centered planning has also shown to be an effective way to engage youth in their educational plans. Wehmeyer (1997) identifies the following elements of self-determination: choice-making; decision-making; problem-solving; goal-setting and attainment; developing self-observation skills; self-evaluation skills; self-reinforcement skills; an internal locus of control; positive attribution of efficacy and outcome expectancy; self-awareness; and self-knowledge.

■ **ENCOURAGE CO-CURRICULAR OR EXTRACURRICULAR ENGAGEMENT.**

Participation in school or community-based extracurricular activities help youth develop positive social skills, build self-esteem, and connect to supportive peers and adults. Finding an extracurricular activity that is fun and fulfilling leads to a more satisfying life and helps connect young adults to their communities and culture. These activities also offer settings and circumstances in which youth can develop negotiable talents and abilities they can carry with them as they move from one situation to another. Further, they can provide a strong foundation for community and cultural integration. Rathunde (1993) reports a positive relationship between extracurricular activities and academic success. Barriers to participation by foster youth—such as transportation, activity cost, time conflicts, and placement disruptions—need to be identified and overcome. All youth need to be encouraged and supported to find an activity that brings them leisure satisfaction and connects them to their communities in positive ways.

■ **ENSURE COLLECTION AND RETRIEVAL OF ALL EDUCATIONAL RECORDS FOR YOUTH.**

If schools are to identify foster care youth and provide effective educational programs and supports, they must have complete and timely educational data on these youth (Schwartz, 1999). One method is for schools to actively solicit youth records, develop assessment tools and work collaboratively with social service agencies and foster families. Maintaining educational outcome records (both individual and aggregated) on foster youth requires timely database sharing between child welfare and education systems.<sup>13</sup> The barriers to sharing information between these systems need to be identified and a plan for overcoming them must be developed by policy makers at local and state levels. “Passport” programs as discussed in the Health domain earlier, allow information to be made available to caregivers, schools and other service providers, while ensuring sufficient confidentiality of records. Although confidentiality issues may present major barriers to information sharing, education and child welfare systems need to work together to identify efficient ways to provide one another with valued information to promote improved educational planning and outcomes. Important information needs to be shared regularly among social workers, caregivers and school staff (teachers, tutors, counselors, psychologists, therapists, and administrators) at naturally occurring times such as parent conferences, IEP meetings, school visits, extracurricular events, email, and community events.

**I need to begin the  
process of learning to  
live on my own  
early and continue it  
throughout my life.**



<sup>13</sup> Seattle, WA and San Diego, CA school districts are currently operating shared database programs to assist foster care children and youth.

## EMPLOYMENT<sup>14</sup>

Current child welfare literature indicates that the employment and economic outcomes of former foster care youth resemble those of people living at or below the federal poverty line.<sup>15</sup> Courtney *et al.* (1995) found that 80% of foster youth report being employed at some time while in care. At follow-up, Courtney *et al.* (1998) reported that 81% of former foster youth had been employed in at least one job since discharge. Maintaining employment seemed to be more challenging, with only 61% of youth employed at follow-up. The average weekly income for employed youth ranged from \$54 to \$613.

Cook *et al.* (1989) found that 39% of foster youth had been employed at some point before they left care. Comparing those figures with employment figures of the general population of 16 to 19 year olds reveals a much lower level of employment among youth in foster care. At follow-up, Cook *et al.* (1991) reported that 49% of youth were employed while a full 40% were receiving some sort of government financial assistance; only 17% were completely self-supporting. It is difficult to interpret the meaning of employment percentages for youth who may still be attending school. Some youth may not be able to work because of school commitments. Conversely, employment while in school can represent an important avenue leading to job experience, job socialization, and networks for finding future jobs.

Youth involved in employment or volunteer activities are in a position to:

- acquire important skills;
- identify and exercise new talents;
- renew their sense of self;
- gain confidence; and
- feel a sense of achievement.

Research from the American Youth Policy Forum (1997) and others indicate that successful programs are those that offer hands-on, experiential, and occupational training. Kazis and Kopp (1997) report that these experiential activities are particularly powerful for youth who associate traditional training with negative school memories. These opportunities enable youth to disassociate employment training with unsatisfactory academic experiences. Iglehart (1994) found that youth who participated in experiential employment opportunities had better self-care abilities, as measured by their ability to know when and how to get medical care, find a place to live, and get around town. These traits are indicative of individuals who know

<sup>14</sup> This section is adapted from Ansell, Charles and Copeland's *Promising Practices, Models and Policies in the Area of Independent Living/Self Sufficiency: A Review of Casey Family Programs Documents*. Unpublished Report for Casey Family Programs (2000).

<sup>15</sup> For a family of one, 2000 federal poverty guidelines state that an individual's gross annual income must be at or below \$8,590. This turns out to be a little more than \$4 an hour. *Federal Register*, Vol. 66, No. 33, February 16, 2001, pp. 10695-10697.

how to advocate for themselves. Self-advocacy skills should be taught to youth through instruction and/or experiential activities.

Youth with disabilities may need workplace accommodations and on-site job coaching to be successful in job training activities, and later in competitive employment. Youth with disabilities may benefit from community and government service—such as vocational rehabilitation—that assist with locating and maintaining employment, as well as obtaining necessary accommodations.

For adolescents, internships, part-time jobs, or volunteer experiences can provide an introduction to work, in addition to more formal training programs. Age-specific strategies should be used for career exploration and future employment training opportunities. Career exploration can often occur in the school district, through local service providers, family members or friends. Many youth whose families do not have strong ties to the workforce may need to rely more on community supports. Families with weak employment ties are generally located in areas with high rates of unemployment.

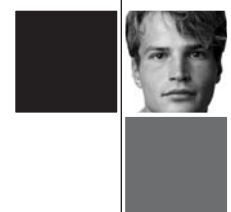
Employment programs need to focus on teaching specific skills that are needed in the workplace. North, Mallabar and Desrochers (1988) describe four skill areas essential to employability:

- Basic education skills (reading, writing, speaking, math);
- Pre-employment skills (job searching and interviewing);
- Work maturity skills (work habits and behavior); and
- Marketable skills (knowledge and skills related directly to a particular trade or field).

The American Youth Policy Forum's compendium of youth programs (1997) offers similar recommendations and includes additional job readiness skills such as problem-solving, oral communication, and computer literacy. The Forum reports that programs that allow youth to direct their own job readiness training result in more positive employment and economic outcomes.

Research from successful youth employment programs identifies certain factors that contribute to successful outcomes. DeJesus (1997) sought to discover what worked for successful young adults by talking to youth who had been consecutively employed for at least one year. His research shows that the most critical outcome of these programs is a change in mentality, attitude or outlook on life.

**I determine the relationships that are significant in my life.**



To contribute to this change, activities should:

- connect young adults with positive role models;
- build self-confidence and self-esteem;
- teach interpersonal and communication skills;
- help young adults feel genuine concern and support;
- help youth to realize their educational objectives; and
- allow young adults to be of service in the larger community.

Youth exiting care are often rapidly cut off from financial assistance, health care, and personal connections. Child welfare professionals who wish to better understand this experience may look to national welfare reform efforts, which resulted in rapid exits from welfare into the workforce. There are many similarities between families affected by welfare reform and youth in care; and promising practices to assist former welfare recipients in the workplace can prove useful for youth in transition. These strategies generally combine traditional employment and training programs with necessary support services, such as counseling or peer support, child care, and transportation assistance. Youth in care with minimal or no job experience may benefit from such collaborative ventures that blend social services with workforce development.

#### **Practice recommendations to support gainful employment**

##### **■ ASSIST YOUTH IN IDENTIFICATION OF NATURAL SKILLS AND ABILITIES.**

Staff and caregivers need to provide youth with activities to help them discover their natural skills, abilities and areas of interest. This process is particularly important for those who do not have prior volunteer or work experience. Natural skills and abilities can be used to help these youth develop a résumé, along with relevant school or community activities.

##### **■ ENCOURAGE CAREER EXPLORATION THROUGH EXPERIENCE.**

Opportunities to explore diverse careers should be made available to young people in transition. Youth in substitute care may not have been exposed to a variety of work options and may need active encouragement to explore a variety of career options. Youth should be provided with opportunities that move beyond classroom learning and allow them to experience all aspects of work, such as applying for jobs, selecting jobs based on interests and skills, interviewing, and learning on the job. Employment and vocational assessments should complement interests and capabilities. Youth can explore various career options through internships, job-shadowing and work-site mentors.

■ **SUPPORT DEVELOPMENT OF JOB READINESS TRAINING AND EMPLOYMENT SKILLS.**

Most employment and training programs conduct classes that focus on such life skills as problem-solving, dressing appropriately for work, communicating in the workplace, etc. Employment and training programs are designed to assist a wide spectrum of individuals, many of whom have the same needs as those of youth leaving care. When foster youth attend these programs, agencies should be provided with information on the unique needs of young people leaving care. Additional support may be required for youth who have been incarcerated, need child care, or have disabilities.

■ **WORK WITH JOB PLACEMENT AGENCIES AND ASSIST YOUTH WITH JOB COACHING.**

Employment and training programs traditionally help participants to obtain employment that best matches their skills, abilities and interests. Placement agencies may need additional information about the unique needs of youth exiting care. Successful job placement may ensure an employer's continued participation with local service providers. Some youth exiting care may need additional training and supervision, which is unanticipated by employers. Job coaches can offer additional support for youth who need extra help learning job requirements or working successfully in the job environment. If there is a shortage of qualified workers in the community, employers are generally more likely to invest the time and energy in job coaching, training, and support. Many welfare-to-work programs have used this model with excellent results.

■ **PROVIDE PREPARATION AND TRAINING IN NON-TRADITIONAL CAREERS FOR YOUNG WOMEN.**

Earnings are often lower for what are traditionally thought of as feminine careers. Traditional masculine careers, such as construction and engineering, tend to pay much more and to employ many more men than women. In order for all youth leaving care to have a greater likelihood of living outside of poverty, employment in high paying positions with career advancement opportunities should be stressed. It is critical for young women to receive these messages, since they have a greater likelihood of securing lower wage jobs than young men entering the job market.

■ **TEACH YOUTH HOW TO SAVE MONEY AND ACCUMULATE ASSETS.**

Another youth-driven process involves creating an individual development account. This is a type of savings account that is often matched by a local or municipal organization to help support attaining assets. It may be easier to discuss methods of saving money in the context of a conversation about wages for a current or potential job. Guidance in accruing assets may be particularly valuable for African-Americans, Native Americans, and Native Hawaiians, who have been historically denied opportunities to accumulate wealth, land, and homes in the United States.

**I benefit most by having  
services and supports  
that work together to  
help me achieve my goals.**



■ **DEVELOP EMPLOYMENT-BASED COLLABORATIONS AMONG BUSINESS, SOCIAL SERVICE, EDUCATION AND EMPLOYMENT AGENCIES TO ENSURE YOUTH’S FIT WITHIN THE LABOR MARKET AND ENHANCE YOUTH’S ECONOMIC OPPORTUNITIES.**

Kazis and Kopp (1997) emphasize the role of community connections in increasing an organization’s awareness of the types of employment training needed in the local labor market. Employment services for youth aging out of care should be complemented by local or regional workforce development efforts. Collaboration with local vocational organizations, educational systems, social service providers, and workforce development organizations<sup>16</sup> can help to foster integrated service delivery focusing on employment needs. In rural areas, collaboration with tribal and non-tribal government agencies, tribal and local lenders, and rural economic development agencies can enhance economic opportunities for youth and families. Collaboration with the juvenile and adult justice systems can improve opportunities for youth with criminal backgrounds and aid advocacy efforts for youth who have been incarcerated. It is also necessary to cultivate relationships with employment organizations that serve people with disabilities. Organizations can develop relationships with potential employers, find out what their workforce needs are, and tailor training strategies to meet these needs; a caveat with this strategy is to develop transferable skills.

<sup>16</sup> Many local and regional workforce development strategies are currently using a sectoral employment strategy. This involves conducting regional economic analyses that predict employment gaps and growth trends, which can be useful for youth choosing specific career paths. Not only does this strategy emphasize local economic growth patterns, but often provides an avenue for jobs that have room for advancement. See Pastor, Dreier, Grigsby and López-Garza, 2000 and Markusen, Lee and DiGiovanna 1999 for more information on regional economic theory and local workforce development strategies.

## HOUSING<sup>17</sup>

One of the biggest challenges for youth leaving care involves finding and maintaining good living situations. Mech, Ludy-Dobson and Hulseman (1994) explore the benefits of supplementing basic placement settings (foster homes, group homes, and institutions) with apartment experiences to increase a youth's life skills. The Child Welfare League of America (CWLA) recommends not releasing youth from the foster care system before they secure housing (1998, 1990). In order for youth to maintain a residence where they are close to school, work, friends, and family, Irvine (1988) suggests they be provided with independent living subsidies.

It is essential that organizations have the capacity to meet youth housing needs, either through direct provision or connections to local housing providers. This may prove a greater challenge in localities where rental markets are extraordinarily tight or nonexistent. The latter is often the case in many rural, farming, and reservation communities. The absence of available housing may cause youth to "double up" and live with others. Because these young adults are not maintaining their own residences, such living arrangements constitute a form of homelessness throughout much of the country.

Child welfare organizations are generally not in the business of creating affordable housing; however, collaboration with government, private and non-profit housing developers may alleviate some of the burden on youth leaving care. Securing and maintaining housing requires much more than physical space. Safety is an issue and youth must be aware of their surroundings. Maintaining a home requires general cleanliness, money management skills, and the support of peers and others. Youth must be able to generate enough income to cover basic housing needs, which is a growing challenge. In more than half of U.S. metropolitan areas and nearly half of all local jurisdictions, 40% of renters cannot afford the fair market rent for a two-bedroom housing unit with minimum wage jobs (NLIHC, 2000).

### Housing options<sup>18</sup>

While research conclusions vary, studies show that between 20 and 50 percent of homeless clients have been in foster care sometime in their lives (NCH, 1998). Supervised independent living programs can make the transition from care to one's own home a much easier process. These programs can be especially helpful for youth who may have lived in more restrictive settings while in care and lack experience using appliances or cooking meals. During the past 15 years, child welfare agencies have explored many different

it's my  
life

I am committed  
to learning the  
skills to succeed.



<sup>17</sup> This section is adapted from Ansell, Charles and Copeland (2000). *Promising Practices, Models and Policies in the Area of Independent Living/Self Sufficiency: A Review of Casey Family Programs Documents*. Unpublished report for Casey Family Programs.

<sup>18</sup> *Independent Living*. CWLA Press; M. Platte, M. Kroner and R. Ortiz. "Community Housing and Related Supports," in H.B. Clark and M. Davis (Eds.) (2000) *Transition to Adulthood*. Baltimore: Paul H. Brookes Publishing.

types of independent living or transitional living arrangements for youth. In his 1999 book, *Housing Options for Independent Living*, Kroner identifies 10 different living arrangements that are considered supervised independent living. These arrangements differ in terms of level of supervision, ownership, location, youth control over the household budget, and availability of housing at the end of the program. (See Appendix B for a detailed description of Kroner's identified housing continuum.)

Multiple housing options within a community allow youth to move to more or less restrictive settings that provide the level of supervision and assistance appropriate to their individual needs. Agencies should strive to make these options available either through collaboration with housing providers or developers, agency ownership, or some combination of the two. This may be a time consuming and costly process that requires multiple levels of community support; however, when implemented effectively, the potential exists to assist countless youth. Transitional housing programs generally include support services for residents, as such housing represents a time-limited opportunity. When youth complete "the program," they should be established in safe, affordable living arrangements that they are able to continue if they so choose.

It is a profound challenge to develop a full continuum of options in many rural or reservation communities, where scarcity of housing is a reality for all individuals, not just youth leaving care. Housing options that may be more successful in rural localities include host homes (where the host receives financial compensation for housing a youth), shared homes, and government-subsidized affordable housing. Child welfare practitioners can also collaborate with others to advocate for housing acquisition, renovation, or building conversion. Lastly, organizations can collaborate with lenders, housing authorities, housing developers, and government programs. Each of these options has strengths and weaknesses that require discussion by all stakeholders.

The Foster Care Independence Act of 1999 has lifted many programmatic and fiscal barriers to providing supervised independent living opportunities for youth. It is imperative that child welfare agencies take full advantage of this opportunity to provide youth with enhanced practice in preparation for interdependent adulthood.

### **Practice recommendations for housing**

#### **■ PROVIDE LIFE SKILLS CLASSES THAT TEACH YOUTH HOW TO LIVE INDEPENDENTLY.**

Before they move into a new home, youth should participate in life skills or independent living classes. Most localities offer such classes to youth begin-

ning at age 14. These classes address many skills youth need to secure stable housing. There are also numerous life skills activities available on the web.<sup>19</sup>

■ **PROVIDE OPPORTUNITIES FOR YOUTH TO PRACTICE LIVING ON THEIR OWN.**

Although the original federal independent living legislation prohibited use of federal funds for room and board, supervised living or practice living programs are increasingly adopted as a means to provide valuable experiential learning. Organizations can provide youth with the opportunity to practice budgeting and bill-paying while they are living in a less supervised setting, even though it is likely that the youth will make mistakes. Youth should also practice: selecting their own housing; keeping a home clean and safe; working out disputes with landlords and roommates; grocery shopping; and preparing meals.

■ **INCREASE STAFF KNOWLEDGE OF HOUSING ISSUES, INCLUDING KNOWLEDGE OF AVAILABLE RESOURCES TO ACCOMMODATE HOUSING NEEDS.**

Practitioners do not need to become housing experts, but they should have either basic knowledge about the issues pertaining to housing in their community or collaborate with an agency that has this expertise. Topics to explore include: transportation linkages to and from housing, work, school and day care; “special needs” housing availability (i.e., single parents, housing for people with disabilities, and housing for drug and alcohol users); housing advocacy within the community; the availability of community resources to furnish housing; and supervision of youth.

■ **CREATE ALLIANCES WITH HOUSING PROVIDERS.**

Child welfare practitioners can align themselves with housing providers to ensure that the greater housing needs of the community are met. Such pairings across two fields support dual purposes, i.e. meeting the individual housing needs of youth while supporting the overall housing needs of the community.

■ **ENSURE THAT YOUTH HAVE A SAFE, AFFORDABLE PLACE TO LIVE WHEN LEAVING CARE.**

Housing is considered one of the greatest needs of foster youth exiting care. Practitioners can alleviate some of this burden by taking all necessary steps to ensure that youth have a place to live upon their release from care. This involves: researching available housing; coordinating with housing professionals; knowing a youth’s basic living costs and income; and allowing the youth to prepare sufficiently for a smooth transition to independent living. In some instances, youth may seek host home arrangements with former foster families. When this occurs, new rules and expectations—appropriate to the new situation—should be agreed upon for the living arrangement.

I am proud of the  
cultural and personal  
values that make  
me who I am.



<sup>19</sup> Go to [www.caseylifeskills.org](http://www.caseylifeskills.org) for the Life Skills Guidebook and other resources.

## **PRACTICE MEASURES AND OUTCOMES**

In order to assess the effectiveness of transition services, researchers and others need appropriate outcome indicators and measures. This section examines outcome measures across the domains of independent living outlined in this framework. Practitioners may find this information helpful when developing new programs or revising existing ones.

An outcome measure or indicator can be thought of as a result of a provided service. A measure is an objective way to collect information about that indicator through a questionnaire, records check, survey, interview, or other instrument. For example, in order to assess the effectiveness of transition services in the employment domain, one outcome indicator would be, “Was the youth employed?” An answer of yes, no, or unknown would measure this indicator.

Public and private child welfare agencies and research institutions have engaged in complex discussions about outcome indicators and measures of transition. While there is a high degree of uniformity across these groups about the appropriate transition domains, there is less agreement about outcome indicators or measures. This document is based on the collective views of the task force that created this transition framework. The task force’s conclusions are similar to those drawn by the Standing Work Group of the Federal Administration for Children and Families/Children’s Bureau, which is selecting outcome indicators and measures for states to use in assessing compliance with the Chafee Act.

The following table provides a detailed review of domains, outcome indicators, and measures. Outcome indicators are generally listed within each domain, from most objective to most subjective. This table is not intended to be a comprehensive set of indicators but rather a collection of those recommended by practitioners, researchers, alumni, foster parents, and other professionals. Generally, a small subset of these would be used to measure the effectiveness of individual programs, according to the scope and rigor of their evaluation design. A summary of outcomes intended by the indicators listed in Table 1, together with the principles and practices highlighted in this document, are shown in the Appendices.

**DOMAINS, OUTCOME INDICATORS, AND MEASURES**

<b>Domain / Outcome indicator</b>	<b>Measures</b>
<b>EMPLOYMENT</b>	
Was the youth employed?	Yes/no/unknown
Has the youth shown mastery of basic work skills?	Ansell Casey Life Skills Assessment (ACLSA) mastery scores
On average, how many hours per week did the youth work?	Number of hours
How long has the youth remained in the current employment setting?	Length of time
Is the youth in a defined career exploration program or vocational training program, including an internship or volunteer experience?	Yes/no/unknown
Does the youth have a mentor or career coach?	Yes/no/unknown
Does the youth have a career plan?	Yes/no/unknown
What are the youth's sources of income?	Report based on a defined list of categories, including public assistance
Was the youth's income sufficient to meet basic living needs after case closure?	Subjective report
<b>EDUCATION</b>	
Did the youth attend a school?	Yes/no/unknown
If the youth attended school, what type?	List, including primary, secondary, post-secondary training, college, graduate school
What was the youth's grade point average during this time?	Report of numerical GPA or equivalent
How many school changes did the youth make during this time?	Report of number of school changes
How did the youth behave at school?	Select from list, including "No reports of behavior problems," "minor behavior problems reported," "major behavior problems reported, but not expelled," "expelled."
Has the youth shown mastery of basic study skills?	ACLSA mastery scores

What educational or vocational honors or achievements did the youth reach during this time?	Provide list
If youth did not attend school during the reporting period, what was the highest grade completed to date?	List highest grade completed
Did the youth receive a high school diploma or GED during the reporting period?	Yes/no/unknown; which type
What were the youth's most recent achievement test (e.g., SAT, GRE) scores?	Report of test scores/unknown/not applicable

### HOUSING

How long has the youth lived in the current living situation?	Length of time
Where is the youth living?	Provide location, including "homeless"
Is the youth's living situation permanent temporary, or transitional?	Choose one
Is this living situation a safe and stable place to live?	Yes/no/unknown/not sure
Is this living situation an affordable option?	Yes/no/unknown/not sure
Is the youth paying for this living situation on his/her own or with assistance?	Themselves/with assistance/not applicable/unknown
Does the youth want to live here?	Yes/no/unknown/not sure
Is the youth aware of housing options and availability?	Yes/no/unknown
Does the youth know how to live on his/her own? (e.g., can pay bills, keep house clean)	ACLSA or yes/no/unknown
Can the youth identify an alternative or emergency living situation if needed?	Yes/no/unknown

### LIFE SKILLS

Has the youth shown mastery of money management?	ACLSA mastery scores
Has the youth shown mastery of social development skills?	ACLSA mastery scores
Has the youth shown mastery of basic self-care skills?	ACLSA mastery scores
Has the youth shown mastery of basic practical daily living skills?	ACLSA mastery scores
What is the youth's overall level of life skills mastery?	ACLSA mastery scores
Did the youth become a parent during the period?	Yes/no/unknown
Did the youth have his/her own children living with him/her?	Yes/no/unknown
Was the youth arrested during this time?	Yes/no/unknown
If yes, for what offense?	List offense
Did the youth have an involuntary contact with law enforcement during this period?	Yes/no/unknown

Was the youth incarcerated during this time?	Yes/no/unknown
If yes, for what offense?	List offense

**COMMUNITY CONNECTIONS AND SUPPORTIVE RELATIONSHIPS**

Does the youth have a close positive relationship with a caring adult?	Yes/no/unknown
Does the youth have one or more close friends with whom he/she engages in positive, pro-social activities?	Yes/no/unknown
Has the youth done volunteer or community service work during the reporting period?	Yes/no/unknown

**CULTURAL AND PERSONAL IDENTITY FORMATION**

Does the youth have a strong sense of ethnic or cultural identity?	Yes/no/unknown
Does the youth have a strong sense of personal identity (including a good sense of sexual orientation and gender identity)?	Yes/no/unknown
Does the youth have a strong sense of spiritual identity?	Yes/no/unknown
Does the youth show respect for other ethnic groups and cultures?	Yes/no/unknown
Does the youth have the ability to understand racism?	Yes/no/unknown
Does the youth have the ability to confront racism?	Yes/no/unknown

**HEALTH AND MENTAL HEALTH**

Does the youth know where to access health services?	Yes/no/unknown
Does the youth know where to access mental health services?	Yes/no/unknown
Does the youth have health insurance?	Yes/no/unknown
Has the youth shown mastery of basic parenting and pregnancy prevention skills?	ACLSA mastery scores
Has the youth shown mastery of sexual health, including prevention of sexually transmitted diseases?	ACLSA mastery scores
Did the youth use safe and effective birth control methods during the reporting period?	Yes/no/unknown
Was the youth a victim of abuse or violence during the reporting period?	Yes/no/unknown
Did the youth use illegal substances, including alcohol or drugs, during the reporting period?	Yes/no/unknown
Does the youth have hope for her/his future?	Yes/no/unknown
Does the youth show self-determination or motivation to succeed?	Yes/no/unknown

## **SYSTEM COORDINATION**

Effective transition services to youth aging out of care must be delivered in a coordinated, seamless fashion, as mentioned earlier in the Future Policy Steps section. Individuals seeking support typically need assistance in more than one area of their life. A wrap-around service delivery model can prevent an individual from feeling overwhelmed by a lengthy list of services. Wrap-around services, which have been used mostly in residential treatment settings, focus on providing mental health, education, welfare, and other services into a coordinated network that is “wrapped around” a child and family (Skiba & Nichols, 2000).

This model ensures assistance to a youth and family, no matter what organizational restrictions are present. This value of delivering services “no matter what” is compatible with many independent living programs. One principle of wrap-around service is collaboration with other organizations to meet community needs in a culturally relevant manner.

Another mechanism for facilitating system coordination is inter-agency staffing, in which staff from multiple agencies meet regularly to discuss difficult cases. By establishing professional relationships across organizations, such meetings encourage peer support and access to community resources. This can be especially successful if educators are involved in discussing students through the lens of social services needs. The individual youth service planning process offers an easy and natural mechanism through which staff from multiple disciplines can be involved.

In the community development arena, practices similar to wrap-around service delivery and interagency staffing are called comprehensive community initiatives<sup>20</sup>. Multiple agencies come together, usually to benefit a specific population or neighborhood. Together, they carry out housing and economic development improvements, along with community education programs, neighborhood improvements, and overall community needs rather than the needs of specific individuals. Each method discussed here has the following elements in common: a shared vision for a community; agreed-upon values and principles; client empowerment; and development of community capacity to meet local needs.

The Chafee Act includes mechanisms for system collaboration designed to improve independent living services, but it is up to individual communities to determine how to collaborate effectively at the local level. Youth

<sup>20</sup> For further discussion of comprehensive community initiatives, see Brown, Prudence. “Comprehensive Neighborhood-Based Initiatives,” *Cityscape*, (May) 1996, v 2 n 2, US; Department of Housing and Urban Development, Office of Policy Development and Research, 161-176; Jenny, Patricia. “Comprehensive Community Building Initiatives: A Scan of Neighborhood Revitalization Programs,” September 1993, New York Community Trust: New York; United States General Accounting Office. *Comprehensive Approaches to Community Development*, GAO/RCED/HEHS-95-69. February 1995; Catherine Brown, Heidi Burbridge, Sam Herring, Julie Lipscomb. “Poverty Alleviation Policy Recommendations.” Memorandum to Mayor Paul Schell from Mary Jo Bane’s Urban Poverty Class at the Kennedy School of Government. February 12, 1999.

involvement in planning processes is also mandated by law: “The certifications section of the Foster Care Independence Act of 1999 directs states to include a broad range of stakeholders in the planning, coordination and delivery of independent living services...” (NFCAP, 2000). It is up to child welfare advocates and youth themselves to actively secure a role in planning, implementation and evaluation of independent living programs. The planning process mandated by the Act has encouraged several states to hold statewide forums bringing together child welfare, employment, education, and social service professionals, as well as youth and families, to consider ways to improve statewide independent living services and programs. This process has greatly influenced planning efforts at the state level.

There has been significant progress at the federal level toward improving systems collaboration; however, there are still barriers to be overcome as mentioned earlier in the report. Funding remains one of the most substantial obstacles. Another barrier is local regulation that complicates coordinated service delivery, such as landlord-tenant laws or zoning rules that may limit shared living arrangements. Creative applications for funding and continued communication among developers, policy makers, and organizational leaders can ease the barriers to collaboration across agencies, and can help maximize the resources available. Collaboration among county or city organizations that serve adolescents may improve the knowledge base of practitioners who serve youth leaving care. In general, coordinated efforts among practitioners, youth and families, educators, employers and community organizations can do much to create smoother transitions for youth exiting the child welfare system.

**I pursue relationships  
that help me  
succeed and seek  
opportunities to make  
contributions to others.**



## CONCLUSION

*The greatest good you can do for another  
is not just to share your riches,  
but to reveal to him his own.*  
- BENJAMIN DISRAELI

One of the major premises of Casey's work with youth in transition is that, despite the serious challenges posed by abuse, neglect and life in substitute care, young people leaving the child welfare system possess the inner strength to find their place in the world. Through relationships with family, friends, and community, and particularly through connections with competent and caring adults, transitioning youth have the resources and supports to succeed in all of the important areas of their lives.

The information compiled for this framework reveals some encouraging truths that can inform and inspire every parent and professional who works with youth in out-of-home care. At the heart of these precepts is the empowering knowledge that youth possess the inherent strengths to succeed, so long as they receive resources and support from caring adults. In all of its transition work, Casey Family Programs focuses on the remarkable resiliency of youth who have experienced abuse and neglect, in addition to the physical and mental challenges that often follow.

Research shows that young people can identify and pursue healthy and productive futures when they:

- create a vision of their own success;
- become self-determined instead of being passively acted upon;
- begin their preparation for transition as early as possible;
- continue to learn life skills over time;
- acknowledge their own individual needs and those of their community;
- focus on their own resiliency and strengths;
- recognize that living on one's own requires a support network;
- explore and acknowledge their own values to develop a healthy identity;
- acknowledge birth families and other significant relationships to assist with identity formation and personal history; and
- develop the skills and competencies necessary to achieve their personal goals.

Although there are significant challenges outlined in this report, transitioning foster youth have the power to succeed in life. Casey's focus on resiliency has made it possible to identify research-proven factors that can enable youth to overcome life situations that place them at risk. Resilient youth possess self-esteem and confidence, a belief in their ability to affect their own lives, and problem-solving abilities.

Practitioners and parents often note that there is nothing so gratifying as seeing the confidence and enthusiasm of a young person who has mastered a task, be it cooking an omelette or balancing a checkbook. All of our work in transition is aimed at seeing young people demonstrate the confidence of knowing that they *can*. The confidence to proclaim "it's my life and my life matters."

**I am a strong person  
with unique  
talents, gifts and skills.**



## APPENDICES

## G L O S S A R Y

### **Aftercare**

As quoted by Mech (2000) and defined by Irvine (1988), aftercare is a “system of services and resources for youth 16 to 21 years of age who have been discharged from a foster home setting and currently live in an independent arrangement.” For the purpose of this report, the concept of aftercare and services traditionally provided within this time frame comprise Transition Services.

### **Caregivers**

Caregivers are individuals who are responsible for providing youth’s basic needs while in out-of-home care.

### **Foster care**

Foster care is 24-hour substitute care for children placed away from their birth parents. An agency (state, local, tribal, non-profit, or child welfare) is involved in placement and care responsibility for the child. Foster care includes foster family homes (kin and non-relative), group homes, residential facilities, or child care institutions.

### **Interdependency**

Interdependency represents the ability to meet one’s physical, cultural, social, emotional, economic, and spiritual needs within the context of relationships with families, friends, employers, and the community. We use this term rather than independent because the relationships cultivated throughout life are not independent of one another.

### **Life skills**

Life skills typically include both hard and soft skills that support a youth’s ability to develop emotionally into an adult. Hard skill areas include meeting transportation needs, maintaining one’s home, knowing legal rights and responsibilities, being aware of community resources, managing money, and identifying health care needs. Soft skills include making decisions, solving problems, communicating effectively, developing meaningful relationships with others, developing a sense of one’s self, and cultural awareness. Relevant life skills are taught at developmentally appropriate stages of a youth’s life; there are intrinsic differences in life skills taught across diverse cultures.

**Transition services**

In the child welfare arena, transition is generally understood to be the time that a youth enters young adulthood. Transition services represent the array of services available to a youth or young adult who is aging out of the foster care system and moving toward adulthood. “Independent living” is the term linked to federal funding for programs serving youth leaving care.

**CHAFEE FOSTER CARE INDEPENDENCE ACT STATE PLAN  
REVIEW CHECKLIST**

**DOES THE STATE PLAN INCLUDE:**

- Strategies for engaging young people in planning and in decisions regarding their own case planning?
- Strategies for engaging tribes in planning for Chafee and for delivering transition/IL services to Indian youth?
- Strategies for making the most of local resources through collaboration and partnership with other local programs, especially other federally funded programs?
- A set of services for 18-21 year olds who have left foster care, as well as out-reach and engagement strategies for reaching this population of young people?
- Strategies for filling service gaps unique to the state's communities, such as high housing costs or large rural areas?
- A plan for spending up to 30% of Chafee funds to provide room and board services to 18-20 year olds? Although room and board is not a required service under Chafee, housing is a significant need for emancipated youth. States may spend up to 30% of Chafee funds for this service.
- A plan for exercising the Medicaid option made possible through the new legislation? Again, this is not required, but medical care is a crucial support for emancipated youth—what is your state doing to meet this need?
- Real-life opportunities to practice life skills? Life skills are often taught in a classroom setting, which may not be enough preparation for young people preparing for independence. Does the state have strategies for providing real-life practice?
- Provision for a 30-day public comment period prior to submission of the state's Chafee plan? (The plan is due to the federal regional office on June 30, so a comment period may begin in your state any time this spring).
- A process for involving community stakeholders, such as CASA volunteers, in the development of the Chafee plan and in implementation of services?

Are there other components of the state Chafee Plan you think advocates should be looking at? What are they? For more information about the Foster Care Independence Act and the Chafee Program, please see *Frequently Asked Questions About the FCIA*, which can be downloaded at [www.casey.org](http://www.casey.org).

**KRONER'S HOUSING CONTINUUM**

Source: M. Kroner, (1999) *Housing Options for Independent Living Programs*. Washington, DC: CWLA Press. All definitions are the author's.

HOUSING OPTIONS	KEY ADVANTAGES	KEY DISADVANTAGES	OTHER ISSUES
<p><b>SCATTERED SITE APARTMENTS</b></p> <ul style="list-style-type: none"> <li>• <i>an individual apartment, usually rented from a private landlord, in which a youth is placed, usually alone, while in custody or care to experience living independently</i></li> </ul>	<p>Youth learn by doing</p> <p>Organization does not have to purchase/maintain property</p> <p>Client can keep apartment, furnishings, deposit upon completion of program</p> <p>No size limit to program</p>	<p>Risk factors to other tenants, property, financial outlays</p> <p>Problematic friends/relatives of youth or high risk youth</p> <p>Lack of affordable housing in many communities</p> <p>Perceived liabilities</p>	<p>Sometimes program co-signs lease</p> <p>Client maturity</p> <p>Willing landlords, track record of agency helps</p> <p>Bigger is better (easier to operate larger program)</p>
<p><b>SUPERVISED APARTMENTS</b></p> <ul style="list-style-type: none"> <li>• <i>a supervised apartment building is usually owned by an agency that houses youth in separate apartments and is supervised by live-in or overnight staff</i></li> </ul>	<p>Group counseling/training easy if clients in one building</p> <p>Youth can learn from others</p> <p>Daily attention built into program (helpful for some )</p> <p>Good resident manager/peers support youth</p> <p>Youth have many responsibilities</p>	<p>Group/crowd control issues</p> <p>Constant uninvited guests same/opposite sex</p> <p>Acquisition/rehab of building is costly and lengthy process</p> <p>Youth must leave facility when program ends</p> <p>Location choice is limited to facility</p>	<p>Realistic IL experience</p> <p>Constant expenses regardless of resident numbers</p> <p>NIMBY</p>
<p><b>SHARED HOMES</b></p> <ul style="list-style-type: none"> <li>• <i>a minimally supervised house shared by several young adults who take full responsibility for the house and personal affairs. Shared homes may or may not have live-in adults</i></li> </ul>	<p>Daily contact with live-in staff</p> <p>Can be more cost effective than scattered site</p> <p>Can blend into neighborhood with greater ease than group home</p>	<p>Youth must leave when program ends</p> <p>Sunk costs for rehab/acquisition of home</p> <p>Staff time spent on housemate complaints, not counseling</p>	<p>Success depends on mix of youth and staff personalities</p> <p>Yearly turnover of resident managers</p> <p>Option of no live-in staff</p>

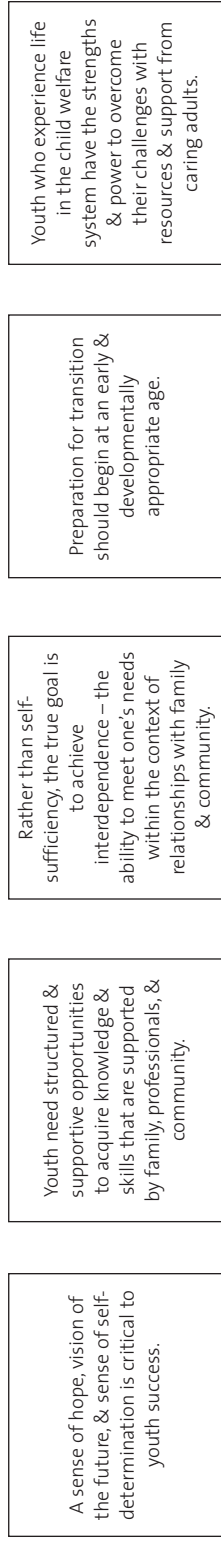
HOUSING OPTIONS	KEY ADVANTAGES	KEY DISADVANTAGES	OTHER ISSUES
<p><b>LIVE-IN ADULT/PEER ROOMMATE APARTMENTS</b></p> <ul style="list-style-type: none"> <li><i>live-in adult/peer roommate (or mentor) apartments provide a situation in which a youth shares an apartment with an adult or student who serves as a mentor or role model. The apartment can be rented or owned by either the adult or the agency.</i></li> </ul>	<p>High risk youth can benefit from daily staff interaction</p> <p>Fewer site visits for IL staff</p> <p>College students are good peer/mentor resource</p> <p>Flexible locations</p>	<p>Mentor can change plans and move out</p> <p>Youth can steal/sabotage relationship</p> <p>Style differences between youth and mentor</p> <p>Mentors need training and supervision</p>	<p>Abuse by both parties can occur</p>
<p><b>SPECIALIZED FOSTER HOMES</b></p> <ul style="list-style-type: none"> <li><i>homes where a youth is placed with a community family specially prepared to provide training in independent living skills. Youth might exit the system from these situations and go directly to their own place without further community support</i></li> </ul>	<p>Foster parents can teach youth about self sufficiency daily</p> <p>Some foster parents let youth remain with them once program ends</p> <p>Lifetime support from foster family</p> <p>No size or geographical limits</p>	<p>Dependency issues</p> <p>Older teens hard to place</p> <p>Foster families may not let you exercise IL skills (i.e. cooking dinner)</p>	<p>Intimate setting, may be too much for some youth</p>
<p><b>HOST HOMES</b></p> <ul style="list-style-type: none"> <li><i>a youth rents a room in a family or single adult's home, sharing basic facilities and agreeing to basic rules while being largely responsible for his/her own life</i></li> </ul>	<p>Not geographically fixed</p> <p>Supportive environment</p> <p>No lease</p> <p>Daily contact with adults</p> <p>Youth can live with a family they know</p>	<p>Can have chronic relationship problems</p> <p>Compatibility</p> <p>Stealing/abuse</p> <p>Unrealistic expectations of youth behavior</p>	<p>Insufficient screening and training of hosts</p> <p>Agency support for host</p>
<p><b>BOARDING HOMES</b></p> <ul style="list-style-type: none"> <li><i>a facility that provides individual rooms for youth or young adults, often with shared facilities and minimal supervisory expectations. This facility can be a YMCA or any similar single room occupancy (SRO) situation or a house opened to one or more boarders</i></li> </ul>	<p>Quickly accessible</p> <p>Take difficult youth on short term basis</p> <p>24 hour staffing</p> <p>Affordable</p> <p>Youth maturity</p>	<p>Other boarders</p> <p>May be unsafe location</p> <p>Leniency of facility</p>	<p>Lack of SROs</p> <p>IL staff must be responsive quickly to problems</p>

A P P E N D I X B

HOUSING OPTIONS	KEY ADVANTAGES	KEY DISADVANTAGES	OTHER ISSUES
<p><b>TRANSITIONAL GROUP HOMES</b></p> <ul style="list-style-type: none"> <li>• <i>are affiliated with a residential treatment center (RTC) or a community agency to which older teens move upon completing treatment goals</i></li> </ul>	<p>Youth in RTC can move into group home and maintain staff contact</p> <p>Safe place to live</p> <p>Smaller population than RTC</p> <p>Supervision</p>	<p>Group/crowd control issues</p> <p>Need 24 hour supervision</p> <p>May not be neighborhood where youth works/goes to school</p> <p>Size limitations</p> <p>High fixed costs</p>	<p>Mix of youth</p> <p>Location</p> <p>Youth dependency on staff</p>
<p><b>SHELTERS</b></p> <ul style="list-style-type: none"> <li>• <i>a facility that provides short-term emergency housing to teens in crisis</i></li> </ul>	<p>Helpful during transitions</p> <p>Staff connected to multiple resources</p> <p>Sometimes only option rural/ suburban areas)</p> <p>Long term residence possible</p>	<p>Time limits</p> <p>Sometimes crowded</p> <p>Other high-risk youth</p>	<p>Shelter staff help with services needed</p>
<p><b>SUBSIDIZED HOUSING</b></p> <ul style="list-style-type: none"> <li>• <i>subsidy programs provide youth with a monthly stipend that can be used towards a self-chosen living arrangement, food, and personal supplies, while the youth follows certain agency guidelines.</i></li> </ul>	<p>Can be affordable</p> <p>Locations not always limited</p> <p>Can be good match for single parents or part-time workers (although if located in a high rental market, this does not apply)</p>	<p>Unsafe location</p> <p>Can be geographically limited</p> <p>Long waiting lists</p> <p>Client may have to be 18</p> <p>No daily supervision</p>	<p>Distorted view of housing costs</p> <p>Quality of apartments varies</p>
<p><b>RESIDENTIAL TREATMENT CENTERS (RTC)</b></p> <ul style="list-style-type: none"> <li>• <i>a facility or group of facilities that usually serve between 15 and 40 youth and that utilize a combination of on-grounds and community-based services, with many services provided on site</i></li> </ul>	<p>Multiple on-site resources</p> <p>Often have life skills in daily services</p> <p>RTC can develop range of services as part of aftercare</p> <p>Multiple professionals have contact with youth</p>	<p>Expensive</p> <p>Difficult to adjust to loss of contact with multiple staff</p> <p>Rules are different from “the real world”</p> <p>Loss of amenities, support, structured environment after leaving</p>	<p>Group control can dominate treatment</p> <p>Location may not be where youth would normally live</p>

**IT'S MY LIFE: A FRAMEWORK FOR YOUTH TRANSITIONING FROM FOSTER CARE TO SUCCESSFUL ADULTHOOD**

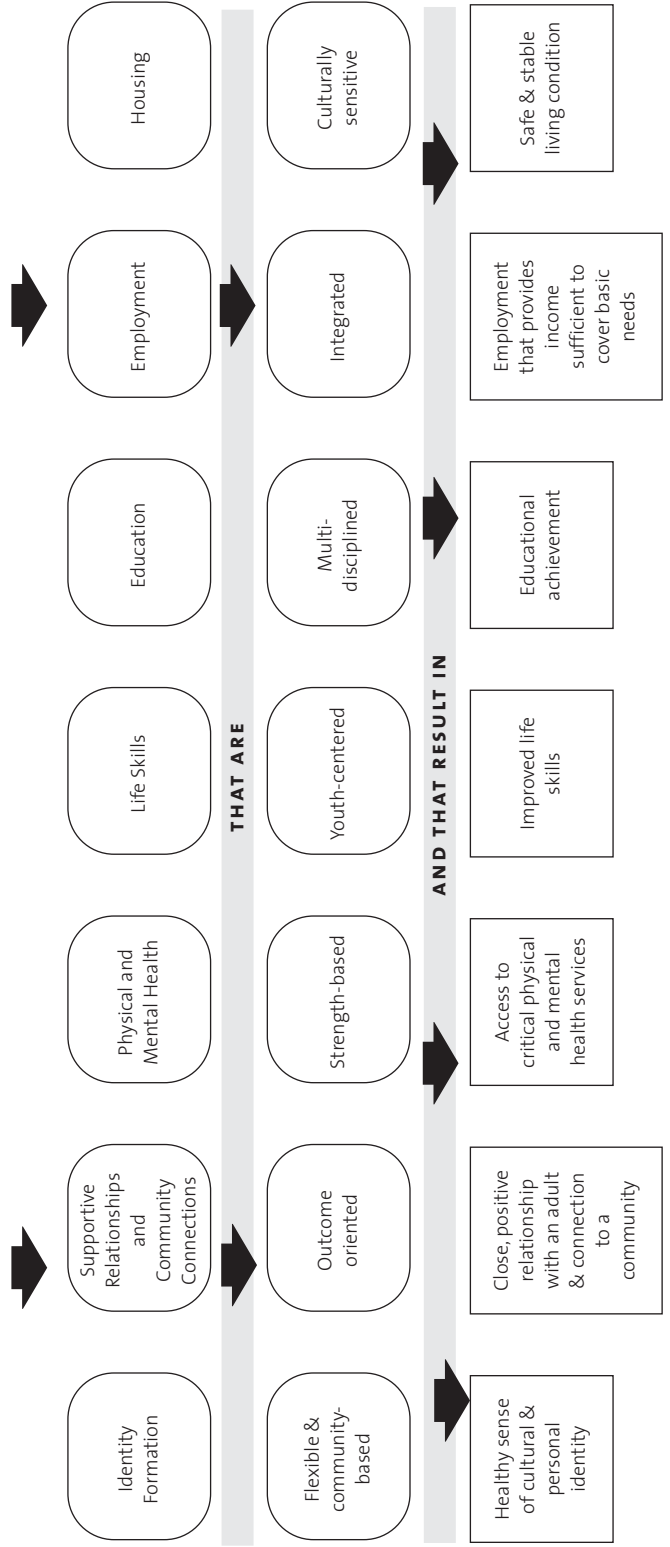
**THE FOLLOWING PRINCIPLES**



**SERVE AS A GUIDE TO**

**A LOCAL CROSS-SYSTEM NETWORK OR TEAM OF YOUTH, YOUNG ADULTS, CAREGIVERS, & PROFESSIONALS**

**WHO DELIVER & FACILITATE SERVICES IN THESE DOMAINS**



**IT'S MY LIFE: TRANSITION FRAMEWORK PRACTICES**

**CULTURAL AND PERSONAL IDENTITY FORMATION**

- Train staff and caregivers to assess their own biases with regard to youth's cultural and personal identities.
- Train staff and caregivers in the stages of identity formation, and in how to respond to "teachable moments" to assist youth in healthy identity formation.
- Connect youth with opportunities to select well-screened mentors who can act as role models and teach youth specific skills.
- Value and promote birth family work. Invest in providing a continuum of information, opportunities and supports that enable youth to connect with birth families as they choose.
- Provide activities which address cultural needs in recruitment and retention of families, staff, and mentors.
- Provide assessments and service planning that address cultural needs.
- Provide activities which support youth in developing a positive sense of self, with a specific focus on dealing with racism and discrimination.

**COMMUNITY CONNECTIONS AND SUPPORTIVE RELATIONSHIPS**

- Provide opportunities for youth to create, maintain, or strengthen supportive and sustaining relationships with birth families, foster families, and significant others.
- Connect youth with peer and adult mentors; provide opportunities for youth in out-of-home care to mentor others.
- Create opportunities for youth to play an active role in community life through volunteerism, leadership, and community service.
- Facilitate young people's knowledge of and access to community resources; ensure opportunities for young people to be valued as community resources.
- Connect youth with culturally specific events and services in their communities.

**PHYSICAL AND MENTAL HEALTH**

**Personal health and safety issues**

- Arrange comprehensive screenings to assess physical health, mental health and substance abuse before youth leave care.
- Arrange safety training for youth that addresses social relationships, home safety, preventing accidents and violence, reporting unsafe events, and safety response plans.
- Provide information to youth on pregnancy and STIs, including HIV infection.
- Provide assistance in identifying birth family information that may affect youth's ability to maintain good physical and mental health.
- Educate and support youth in addressing critical health and mental health issues.

**Community resources**

- Provide youth with information to access health care services of their choice.
- Provide youth with information about available health care resources, including Medicaid or other insurance options.
- Assist youth in learning how to manage their own health care needs.
- Identify individuals who can help youth stay healthy.
- Assist youth in consolidating and updating health records.

**LIFE SKILLS**

- Provide instruction for youth in goal setting and attainment; problem solving and decision-making; and self-advocacy.
- Assess youth's level of self-determination and sense of hope for the future.
- Use outcome-oriented practice to help youth create their own vision for the future.
- Provide instruction and experiences to enable youth to exert control over their own lives.
- Ensure that youth, staff and caregivers understand that acquiring life skills is a life-long proposition.
- Provide opportunities for youth to practice life skills in a "real world" environment.
- Ensure that staff and caregivers are trained to teach a core set of life skills to youth.
- Provide youth with information on the responsibilities of parenting and effective parenting skills, including prevention of abuse and neglect.
- Use the Ansell Casey Life Skills Assessment, Casey's standardized assessment tool to track progress.
- Assess youth's attachment to others and promote relationships with significant adults.
- Provide services to help youth face the challenges of forming healthy attachments with others.

**EDUCATION**

- Structure and coordinate educational advocacy.
- Provide educational case management.
- Involve parents and caregivers along with youth.
- Make basic skills acquisition a priority; encourage the continuation of math and science education.
- Recognize the impact of trauma on a child’s ability to develop and learn.
- Coordinate special education services.
- Provide career development, vocational and job training.
- Arrange for post-secondary planning and supports.
- Promote goal-setting and educational self-determination.
- Encourage co-curricular or extracurricular engagement.
- Ensure collection and retrieval of all educational records for youth.

**EMPLOYMENT**

- Assist youth in identification of natural skills and abilities.
- Encourage career exploration through experience.
- Support development of job readiness training and employment skills.
- Work with job placement agencies and assist youth with job coaching.
- Provide preparation and training in non-traditional careers for young women.
- Teach youth how to save money and accumulate assets.
- Develop employment-based collaborations between business, social service, education and employment agencies (i.e. internships, volunteer opportunities and paid employment).

**HOUSING**

- Provide life skills classes that teach youth how to live independently.
- Provide opportunities for youth to practice living on their own.
- Increase staff knowledge of housing issues, including knowledge of available resources to accommodate housing needs.
- Create alliances with housing providers.
- Ensure that youth have a safe, affordable place to live when leaving care.

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**ADDITIONAL REFERENCES**

**LEGISLATION**

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Child Abuse Prevention and Treatment Act, Pub. Law No. 93-247, codified at 42 U.S.C. § 5101 et seq. (1974).

Education for All Handicapped Children Act, Pub. Law No. 94-142, codified at 20 U.S.C. § 1400 et seq.

Family Preservation and Child Protection Reform Act, Pub. Law No. 103-66, codified at 42 U.S.C. § 629a.

Title 42, Chapter 7, Subchapter IV, Part B, subpart 2 – Promoting Safe and Stable Families. [Family Support and Preservation Act of 1993].

Independent Living Initiative of 1986, Pub. Law No. 99-272, codified at 42 U.S.C. § 677.

Indian Child Welfare Act of 1978, Pub. Law No. 95-608, codified at 25 USC. § 1901 et seq.

Individuals with Disabilities Education Act, Pub. Law No. 101-476, codified at 20 U.S.C. § 1400 et seq.

Interethnic Adoption Provisions of 1996, Pub. Law No. 104-188, codified at 42 U.S.C. §§ 671, 674, and 1996b.

Multiethnic Placement Act of 1994, Pub. Law No. 103-382, codified at 42 U.S.C. § 622(b) et seq.

Rehabilitation Act of 1973, Pub. Law No. 93-112, codified at 29 U.S.C., § 701 et seq. [Vocational Rehabilitation Act of 1973].

Social Security Act, codified at 42 U.S.C. § 301 et seq.

The Adoption and Safe Families Act of 1997, Pub. Law No. 105-89, codified at 42 U.S.C. § 601 et seq.

The Foster Care Independence Act of 1999, Pub. Law No. 106-169, codified at 42 U.S.C. § 677.

**MEETINGS AND COMMUNICATIONS**

Foster Care Youth and Alumni Focus Group, conducted by Casey Family Programs. April 19, 2001. Pasadena, CA.

Foster Care Youth and Alumni Focus Group, conducted by Casey Family Programs. April 24, 2001. San Antonio, TX.

Foster Care Youth and Alumni Focus Group, conducted by Casey Family Programs. May 1, 2001. Seattle, WA.