Providing Better Opportunities for Older Children in the Child Welfare System

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SUMMARY

A growing number of children over age 10 reside in and emancipate from foster care every year. Older children face many of the same challenges as younger children, but they also have unique developmental needs. This article discusses older children in the child welfare system and finds:

◗ Approximately 47% of children in foster care are over age 11, and in 2001, 20% of children leaving foster care were over age 16.

◗ Older children need permanency, stability, and a "forever family." Maintaining connections with siblings and other kin can be a crucial resource for older children as they transition to independence.

◗ Former foster children are at higher risk for a number of negative outcomes, such as substance abuse, homelessness, and low educational attainment, but the research on older youth is limited and often does not consider the strengths these youth exhibit.

Much can be done to better serve older children while they are in care and to provide them with better opportunities as they transition out of the system. Programs that draw on community resources, promote a system of care, link children to mentors, and teach them life skills hold promise for improving the lives of these children.

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Large numbers of older children reside in and emancipate from foster care in the United States every year. In 2001 about 30% of the children in foster care were 11 to 15 years old, and another 17% were age 16 or older.[1] Older youths in foster care face some of the same challenges as younger children, but often these challenges are intensified. For example, older children may have experienced more extensive disruptions in living situations and schools. Older children also face different concerns as they get closer to aging out of foster care, including establishing a viable relationship with their birth family members. To deal with these challenges, a considerable number of older children need special services while in care and transition services as they emancipate from foster care without having a permanent home. Of the children leaving foster care in 2001, 20% were age 16 and older.[2]

This article examines the developmental needs and outcomes of older children in foster care. It briefly highlights federal and state policies affecting older children in care and the programs designed to serve them. Finally, it offers several proposed improvements to current policies and programs to help these youths transition successfully from foster care to adulthood.

Developmental Needs and Outcomes of Older Youths

The different modes of entry into foster care in terms of child age and patterns of stay have implications for the developmental needs and outcomes of older youths. The United States has generally a bimodal pattern of foster care placement. At one end of the age range, about 38% of children are 5 years old or younger when placed in care. At the other end, about 29% of children who enter (or reenter) care are between the ages of 11 and 15. Another 11% are between the ages of 16 and 18. Some of these older children are reunified with their birth families or are adopted, but many emancipate from foster care.[3]

Despite the emphasis on permanency planning and adoption, foster care stays of a year or more are common in the United States.[4] In 2001 about 36% of children in foster care had been there less than a year, but 74% had been in care for a year or more.[5] Of those who exited care, about half had been in care for less than one year, whereas half had been in care for one year or longer. Nearly 30% had been in care for at least two years. No matter what the length of stay, after a safe home environment has been established, the developmental needs of children should become the priority for families, caseworkers, and the supporting cast of helpers.

Developmental Needs of Older Youths in Foster Care

Youth development is a life process. According to the U.S. Department of Health and Human Services (DHHS), positive youth development means that adolescents receive the services and opportunities necessary to develop "a sense of competence, usefulness, belonging, and empowerment."[6] For older youths in care (and especially for children who have survived abuse and neglect), needed supports include stable living situations; healthy friendships with peers their own age; stable connections to school; educational skills remediation; dental, medical, and vision care; mental health services; consistent, positive adults in their lives; and networks of social support. Life-skills preparation is also very important, covering such areas as daily living tasks, self-care, social development, career development, study skills, money management, self-determination, self-advocacy, and housing and community resources.[7]

Reviews of program emphasis show a high degree of focus on clinical and rehabilitation services, whereas more universal or normative activities, such as school, recreation, making and keeping social contacts with peers, work skills, and job experience, are not emphasized strongly enough. A more balanced approach is necessary, particularly in the placement of older children who have a much shorter time to learn to be responsible for themselves.[8]

Testimony of Terry, former foster youth:
Aging out of foster care shouldn't mean being totally on your own. The end of foster care cannot mean the end of a community's caring.[9]

Siblings[10] and relatives become crucial resources for older youths in foster care—especially if kinship care (or guardianship with relatives) is heavily used as a mode of caregiving. Transitioning out of kinship foster

care is different than transitioning from a nonrelative foster home. For example, in most cases, relatives often feel more of an obligation to the children in their care than nonrelatives. According to one expert, it is important to differentiate between these two groups to better ascertain which children need different types of support in the transition to adulthood. More specifically, those living with a nonrelative foster family are more likely to need reunification support (such as locating and reunifying with biological families and other relatives); "independent living" support; and enduring support networks.[11]

Testimony of Lisa, former foster child:
You know, children in foster care have wings, but they need someone to teach them to fly, someone to lead them in the right direction, someone to be there when they fall. I am here today because of those people who taught me how to fly.[12]

Developmental Outcomes of Youths in Foster Care

Under pressure from private and public agencies, juvenile court judges, class-action lawsuits, physicians, and various other stakeholder groups, foster care systems are beginning to be held accountable for the effects of their services.[13] As a result, although data are sparse, foster care service-delivery systems have begun tracking a core set of outcomes encompassing the developmental needs of older youths outlined above, as well as other crucial elements such as cultural identity, decision making, and social networking.

The available research indicates that youths transitioning from foster care are likely to experience a number of negative outcomes.[14] For example, studies have found that, compared with the general population, a higher proportion of these youths are involved in the criminal justice system,[15] and they are at higher risk for teen pregnancy and parenting.[16] Because most youths in foster care have changed schools multiple times, many have lower reading and math skills, as well as lower high school graduation rates.[17] In addition, youths transitioning from foster care are more likely to experience homelessness.[18] In fact, one study found that one in five foster care alumni who had never been homeless before did not have a place to call home for

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at least a week sometime after age 18.[19] Other studies show that foster care alumni tend to have higher rates of alcohol and other drug abuse[20] and higher rates of unemployment and dependence on public assistance.[21, 22]

Several studies have found more mixed results, with some youths doing very well while others struggle to complete classes and learn the skills necessary to succeed as young adults living independently. For example, some studies show that youths placed in foster care tend to have disproportionately high rates of physical, developmental, and mental health problems, but at least two large alumni studies have found that their physical health overall is on par with the general population and their mental health difficulties are confined to just a few areas (such as posttraumatic stress disorder, panic disorder, and bulimia).[23]

In summarizing what we know about the outcomes for older youths in care and foster care alumni, we need to exercise caution. Not only do the study methods vary in type and rigor, but youth outcomes are affected by variables outside the control of those providing services, including characteristics of the children, birth families, other relatives, and foster parents; ecological factors before services began (such as schooling and neighborhood environment); and a child's degree of resiliency.[24] (See the articles by Jones Harden and by Stukes Chipungu and Bent-Goodley in this journal issue.) In addition, because of the lack of "strengths-oriented" research and the media preoccupation with negative effects, the many success stories of older youths in foster care often are not publicized.[25] Stereotypes abound, even though conditions are not uniformly deplorable. Further research on youth outcomes is needed to identify the nature and extent of supports required, the types of skill building different groups of youth need, and the most promising strategies for delivering those services. Of equal importance is the need to link good outcomes to the cost to achieve them. Until the cost data are more available, including transparent reporting of appropriately commingled funding streams, child welfare organizations cannot be adequately accountable for the "real" costs of obtaining good results and therefore will be less likely to make a winning case for additional resources from either public or private funding sources.

Policies and Programs to Support Older Youths in Foster Care

A variety of policies and programs address the needs of older youths in placement, either directly or indirectly.[26] For example, the Adoption and Safe Families Act attempts to improve the safety of children, to promote adoptive and other permanent homes for children who need them, and to support families. The Independent Living Initiative and, subsequently, the Foster Care Independence Act of 1999 provide funding for services to prepare adolescents in foster care for independent living. (See Box 1.) Other services for homeless and emancipating youths include the Department of Housing and Urban Development's Family Unification[27] and Youthbuild Programs,[28] the DHHS Transitional Living Program for Homeless Youth,[29] Survivor's Insurance,[30] and welfare programs such as Temporary Assistance for Needy Families. (For a more detailed discussion of major legislation affecting children in foster care, see the article by Allen and Bissell in this journal issue.)

Over the years, a number of programs to help older youths in foster care have been developed. These programs range from special permanency planning efforts to give youths a "forever home"[31] to intensive efforts to boost adoptions (such as Project Craft in the late 1970s and early 1980s), as well as pioneering efforts to provide life-skills training and supervised transitional housing.[32] Some of these efforts are summarized in Appendix 1 at the end of this article. Such efforts vary widely from state to state, however. Appendix 2 at the end of this article details each state's use of selected tools and strategies for helping youths transition from foster care. All states are using the Chafee funds provided under the Foster Care Independence Act, and about half the states are using two or more other strategies as well.

Despite the plethora of policies and programs, older foster children continue to experience substantial challenges, and foster care agencies struggle to keep older children in stable foster homes, teach them life skills as early as possible, and assist them in thinking seriously about life after foster care. In general, it is impossible to know how well the programs are working because most lack rigorously collected evaluation data.[33] More-

Box 1

The Foster Care Independence Act of 1999

On December 14, 1999, Congress enacted the Foster Care Independence Act to expand services for youths transitioning from foster care. Although an Independent Living Initiative had been authorized in 1985, many service providers, youth advocates, and researchers felt that a broader effort was necessary if these youths were to make successful transitions from foster care to independent living. To meet this need, the act created the Chafee Foster Care Independence Program (CFCIP; named for Senator John H. Chafee as a testimonial to his long-standing leadership for children in foster care) and made several important changes in the provision of transitional services for youths in foster care. Among other changes, the act:

◗ Extended eligibility for transition assistance to former foster care children up to age 21, three years longer than had previously been available.

◗ Doubled funding for independent-living services to $140 million and established a $500,000 minimum allotment for states.

◗ Permitted states to use federal funds to support a variety of financial, housing, counseling, employment, education, and other appropriate supports and independent-living services for all children likely to remain in foster care until age 18 and to help those children make the transition to self-sufficiency.

◗ Clarified that independent-living activities should not be seen as an alternative to adoption for children and can occur concurrently with efforts to find adoptive families for children.

◗ Allowed states to use up to 30% of the funds for room and board for youths ages 18 to 21 transitioning from foster care.

◗ Gave states the option to extend Medicaid to older youths transitioning from foster care.

◗ Added achievement of a high school diploma and averting incarceration to the list of outcomes to be developed by the secretary of the U.S. Department of Health and Human Services to assess state performance in operating independent-living programs.

◗ Allowed adoptive parents to receive training with federal foster care funds to help them understand and address issues confronting adolescents preparing for independent living.

◗ Mandated that states make benefits and services available to Native American children on the same basis as other children.

◗ Required child welfare agencies to document the effectiveness of their efforts to help their former charges become self-sufficient.

◗ Required the secretary to develop a plan for imposing penalties on states that do not report data as required.

Although states have a great deal of flexibility in deciding how to use their CFCIP funds, the legislation suggests services, including assistance in obtaining high school diplomas; career exploration; vocational training; job placement and retention; daily-living-skills training; training in budgeting and financial management; substance abuse prevention; and preventive health activities such as smoking avoidance, nutrition education, and pregnancy prevention. The Chafee legislation also specifies that funding may be used to provide personal and emotional support to children aging out of foster care, through mentors and interactions with dedicated adults.

Despite the importance of independent-living services for youths transitioning from foster care to self-sufficiency, many states either have not drawn down the funds or are not using the funds as effectively as they could. Advocates believe that states will need to use these funds more "boldly, creatively, and effectively" to substantially improve outcomes for youths leaving foster care.[a]

[a]Jim Casey Youth Opportunities Initiative. *Opportunity passports for youth in transition from foster care—A vision statement.* St. Louis: JCYOI, April 2002, available online at http://www.jimcaseyyouth.org/docs/passport.pdf.

Supplemental Sources: U.S. Department of Health and Human Services, Administration for Children and Families. *Welcome to the Children's Bureau.* April 16, 2002. Available online at http://www.acf.hhs.gov/programs/cb/programs/; Child Welfare League of America. *Summary of the Adoption and Safe Families Act of 1997.* Washington, DC: CWLA, 1997; Pecora, P.J., Whittaker, J.K., Maluccio, A.N., and Barth, R.P. *The child welfare challenge.* 2nd ed. Hawthorne, NY: Walter de Gruyter, 2000 (see especially chapters 4 and 11).

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over, one challenge of providing a sufficient "dosage" of service is that many youths do not stay in foster care for long; in such cases, ensuring a child's safety may be the only realistic outcome to measure.[34] Yet, of the 263,000 children leaving care in 2001, almost 30%—including many older youths—had been in care for more than two years, enough time to have derived some benefit from a social service program.[35] The discussion that follows explores two general types of programs for older youths in foster care: (1) programs that promote a sense of permanency within the foster care setting and (2) programs that provide services for transitioning out of foster care.

Services to Promote a Sense of Permanency

Despite the many complexities and controversies surrounding permanency planning, a sense of permanence and stability in a child's living situation is crucial, and its value is well supported by the child development literature and children's rights policy.[36] Permanency planning has been defined as the "systematic and continuous process of carrying out a set of goal-directed activities designed to help children live in safe families that offer them a sense of belonging and legal, lifetime family ties."[37] It embodies a family-focused paradigm for child welfare services, with emphasis on providing a permanent legal family and encouraging family continuity for children across the life span.[38]

The goal of permanency planning is "not to help children live in families—it is to have them *rejoin* or *join* families."[39] Foster care is just one part of a larger array of permanency-oriented options, such as remaining with birth families, guardianship, and adoption. Any of these options or others might be appropriate for a particular older youth. According to one expert, every youth transitioning from foster care should have the opportunity to either reestablish an independent legal relationship with his or her biological family, establish a legal relationship with another family, or both. Above all, permanency planning addresses a single—but cru-

cial—question: Who will be this child's family when he or she grows up?

A number of complexities must be addressed when searching for the answer to this question. Services should take into consideration the cultural, legal, and social contexts of the community and should make every effort to connect youths with kin. One strategy for keeping a child connected to family members is through family group conferencing, which draws in relatives and close family friends ("fictive kin") as a way of more completely exploring caregiving options.[40] In the Northwest, workers are trying some creative methods to find caring adults whom foster youths can count on for permanency. The workers are tracking down relatives through Mormon genealogy strategies and Red Cross location methods.[41]

Meanwhile, the United States continues to experience a high rate of foster care placement—a rate that is not entirely due to the problems of unemployment, drug abuse, and homelessness but is caused, at least in part, by the lack of service alternatives, resources, and creative interventions to meet the unique needs of individual families. The special needs of Native American children and children or color, for example, have been largely unaddressed.[42] With respect to services for older children in particular, the U.S. General Accounting Office recently reported that despite the array of available programs, "state and local administrators agree that there are not sufficient resources to provide the full range of services needed for youth, even if youth gained access to them all."[43]

Many child advocates and researchers fear that continued low levels of funding and problems in service delivery will interfere with the important objective of achieving permanency for children.[44] In fact, many argue that the focus on permanency planning, creative service alternatives, and child stability has not resulted in family strengthening, more focused services, or the prevention of unnecessary foster care placements. Staff

training, supervision of youth, program consistency, and the level of resources have all fallen short of the task. After almost two decades of steady erosion in federal funding, most of the nation's social service and public-assistance programs have received only small increases in their funding levels. More recently, though the needs of families and children have increased, the programs providing services have been battered by federal, state, and local budget cuts.

As a way of responding comprehensively and thoughtfully to the gaps and confusion in this service area, some agencies are preparing comprehensive program frameworks that outline key philosophical principles, intended key outcomes, and preferred program strategies to achieve desired outcomes. Although the intent is to promote intervention and training strategies that are grounded in theory, evidence-based, culturally competent, and tailored to the community, much work remains to adequately address these challenges.[45]

Services for Transitioning Out of Foster Care

An analysis of states' transition-service-related policies indicates that the scope and quality of services provided to current and former foster youths, and the eligibility requirements for these services, vary widely.[46] In general, states provide minimal and varied assistance with education, employment, and housing, while fewer states provide needed health and mental health services or assistance in developing support networks. For example, less than one-third of states have expanded Medicaid coverage to youths ages 18 to 21, but more states provide daily-living-skills instruction and financial assistance. Though most states provide mentoring services, they generally do not utilize other methods of enhancing youth support networks. Thus, although the range of independent living services has increased compared with a few years ago,[47] much more could be done to improve these programs. Key barriers states have identified include staff turnover, transportation problems, lack of coordination among the various services, limited involvement of foster parents, lack of youth employment opportunities, scarcity of housing and supervised living arrangements, lack of affordable educational services, and a shortage of mentors/volunteers.[48] Two key transition services needing further emphasis—mentoring and life-skills training—are discussed further below.

Mentoring

Mentors can be an important resource for youths transitioning from foster care. A 1995 study of pregnant and parenting African American teenage girls defined natural mentoring relationships as "powerful, supportive emotional ties between older and younger persons in which the older member is trusted, loving and experienced in the guidance of others."[49] The study found that youths who had natural mentors reported lower levels of depression than those who did not have such relationships, despite comparable levels of stressors and resources across both groups. Young mothers with natural mentors were more optimistic about life and the opportunities educational achievement could provide and were more likely to participate in career-related activities.

Other recent reports on adolescent development indicate that for youths with multiple risks in their lives, a caring relationship with at least one adult (regardless of whether that adult is the youth's parent) is one of the most important protective factors.[50] For example, a recent Child Trends research brief reported that teens that have positive relationships with adults outside of their families are more social and less depressed and have better relationships with their parents.[51] Further, having a positive relationship with an adult is associated with better social skills overall, due to the development of the trust, compassion, and self-esteem that accompany such relationships. In another research brief, Child Trends reported that youths participating in mentoring programs exhibited better school attendance, greater likelihood of pursuing higher education, and better attitudes toward school than did similar youths who did not participate in mentoring programs.[52] Further, youths in mentoring programs were less likely than their nonmentored peers to engage in such problem behaviors as hitting someone or committing misdemeanor or felony offenses. The evidence was somewhat mixed, however, with respect to drug use,[53] and no differences were identified with respect to other problem behaviors such as stealing or damaging property, cheating, or using tobacco. Nevertheless, overall, the research suggests that mentors can provide needed connections and supports for older children in foster care.

Life-Skills Training

Life-skills training has been one of the main responses to preparing youths for emancipation, with a wide

range of programs springing up around the country. For example, in San Antonio the Preparation for Adult Living program provides youths with a variety of life-skill supports and experiences to promote successful emancipation—from apartment hunting to volunteer work. (See Box 2.) Other creative solutions provide "scattered site" apartments for emancipating youth, with adult supervision and life-skills training integrated into the programs.[54]

Other initiatives have focused on creative ways to provide youths with financial skills and supports. For example, in the North Carolina LINKS program, youths transitioning from foster care are given access to various resources, including up to $1,500 a year for housing. (See Box 3.) To promote money-handling skills, youths participating in the Jim Casey Youth Opportunities Initiative (JCYOI) receive individual development accounts seeded with an initial $100, with the opportunity to earn additional deposits for participating in various life-skills activities. (See Box 4.)

Whether life-skills training programs target key skill deficits and effectively maximize learning is not well known, however, because of a dearth of rigorous evaluation studies and a lack of attention to how these skills are taught. Nevertheless, some preliminary data on key skill areas linked with adult success—such as education, employment, and independent living—are beginning to emerge from long-term foster care alumni studies.[55] In addition, the growing implementation of assessment tools such as the Daniel Memorial Independent Living Skills system[56] and the Ansell-Casey Life Skills Assessment[57] has helped improve the targeting of skills development in these programs.

Box 2

San Antonio's Preparation for Adult Living Program

The Texas Department of Protective and Regulatory Services implemented the Preparation for Adult Living (PAL) program in 1986 to help prepare older youths for their departure from foster care. Under this program, youths age 16 or older and in substitute care receive services to prepare them for adult living. To the extent funding is available, regions may opt to serve children as young as age 14.

In San Antonio, youths are eligible to enter PAL if they are 14 or older and in state-sponsored, out-of-home care. Youths must complete PAL training to receive benefits such as tuition assistance, transitional living allowances, and household supplies subsidies from the state. Youths in the PAL program also receive support services such as vocational training, GED assistance, college exam prep, driver's education, and counseling, and are invited to participate in College Weekend, teen conferences, and a five-day experiential camp.

At the San Antonio Transition Services Center, youths receive personalized training to strengthen the skills they need to transition to independence, and they can participate in PAL classes. The PAL Life Skills Curriculum includes presentations by community members (called "community supporters"), such as bankers, car dealers, apartment locators, and job recruiters. Youths also visit apartments, banks, and car dealers to get firsthand experience in independent living and participate in volunteer work with such organizations as Habitat for Humanity and Ronald McDonald Houses. Finally, through experiential learning games and team-building exercises, youths are challenged to learn about themselves and others. PAL facilitators create a safe environment in which young adults can express fears, concerns, and experiences without fear of ridicule or judgment.

Two studies of the program found high customer satisfaction and significant skill increases in the life-skills areas under focus (overall performance, housing and community, and social development), with less improvement in areas not focused on by staff (daily living skills, money management, self-care, and work and study skills).

Sources: Texas Department of Protective and Regulatory Services. *Preparation for Adult Living (PAL) program*. No date. Available online at http://www.tdprs.state.tx.us/Child_Protection/Preparation_For_Adult_Living/; Leibold, J., and Downs, A.C. *San Antonio Transition Center PAL classes evaluation report*. Seattle: Casey Family Programs, 2002; Sim, K. *Findings of the San Antonio Community Services Transition Center satisfaction survey*. Seattle, WA and San Antonio, TX: Casey Family Programs, 2003; and personal communication with Scott Ackerman, PAL Program Coordinator, Casey San Antonio Field Office, October 25, 2002.

Box 3

North Carolina's LINKS Program

North Carolina funds independent-living services through its LINKS program. Any youth under 21 who is or was in foster care between the ages of 13 and 21 is eligible for LINKS services. The state sets aside $1 million of federal and state independent-living funds, including both program and categorical funds, for LINKS. Categorical funding provides flexibility for counties and direct accessibility for youths and helps address the disparity in service quality and availability between the state's urban and rural counties. Counties register youths based on different categories of funding and advance the funds to pay for needed goods or services. The county is reimbursed for expenses within three weeks, and the spending of the money is flexible. Policymakers in North Carolina believe that strategic and sufficient financial help, along with services, can lead youths to success.

Under LINKS, high-risk youths ages 17 to 21 are offered a "trust fund" of $500 a year for goods and services needed to transition from foster care to independent living (for example, car insurance, a work uniform, furniture), as well as a variety of other resources including up to $500 for conferences and education and up to $1,500 for housing. In exchange, youths must do some life planning.

Sources: North Carolina Department of Health and Human Services. *Helping teens make a successful transition from foster care to self-sufficiency*. Raleigh, NC: NCDHHS, Division of Social Services. No date. Available online at http://www.dhhs.state.nc.us/dss/c_srv/cserv_ind.htm; North Carolina Department of Health and Human Services. *Adult and family services manual/North Carolina*. Raleigh, NC: NCDHHS, Division of Social Services. 2000; North Carolina Department of Health and Human Services. *North Carolina application for funding 2001–2002*. Raleigh, NC: NCDHHS, Division of Social Services. No date; Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, May 10, 2002.

Box 4

The Jim Casey Youth Opportunities Initiative

The Jim Casey Youth Opportunities Initiative (JCYOI) was established by the Annie E. Casey Foundation and Casey Family Programs to increase the opportunities available to individual youths in transition and to help advance the transition issue on the national policy agenda. The centerpiece of the approach has been development of an Opportunity Passport, which uses state-of-the-art technology to help alumni and youths still in foster care open doors to financial, educational, vocational, entrepreneurial, and recreational opportunities, as well as health care.

The JCYOI Opportunity Passport has three distinct components:

1. An Individual Development and Education Account (IDEA), used for medium- and long-term asset building

2. A debit account, used to save and pay for short-term expenses necessary for personal advancement

3. "Door openers," the JCYOI term for a host of other benefits designed on a local basis. These benefits are likely to include amenities such as signifying preapproval for low-interest loans, student aid, or tuition waivers; registration for community college courses; and expedited access to job training or adult education courses.

This initiative is just now being implemented in selected communities across the United States. No outcome data are yet available.

For more information, see http://www.jimcaseyyouth.org/docs/passport.pdf.

Recommended Changes in Policy and Services

For older youths in foster care to succeed, given the limitations of current policies and programs, key interventions and services need to be strengthened. Ten changes to improve transition services for older youths are described below.[58]

1. Use Goal-Oriented Case Planning and Family Involvement

Finding permanent homes for harder-to-place older children can be challenging. Program effectiveness in family foster care begins with intensive, focused, and goal-oriented case planning that provides for meaningful involvement of the child, birth family, and extended family members, as appropriate.[59] Needed steps to

move in this direction include a careful intake study, family-focused assessments, service contracts, and provision of both clinical and concrete services such as employment, housing, and income assistance. More systematic decision making and the setting of time limits are also needed. Examples include the "concurrent planning" approach, in which workers simultaneously pursue two or more permanency options, such as reunification and termination of parental rights. A number of states are studying this strategy.[60]

2. Provide Youths with a Voice in Their Care
According to a variety of child rights documents, children placed in foster care need a sense of their future and some role in decision making.[61] Not only would this improve the quality of care youths receive, it would also help empower youths to develop into self-sufficient and confident adults.[62] Various groups are trying to involve youths more meaningfully in all phases of their work. For example, Casey Family Programs has launched a national foster care alumni association to reach out to and enlist the help of thousands of young people and older adults who have been in family foster care.[63, 64] When given a voice, youths can be very clear about what they want, including to feel cared about; to be part of a family; to be able to count on adults for security, structure, and guidance; to have opportunities to discover and develop their potential; and to feel like their opinions matter.[65]

3. Facilitate Youth Adjustment and Development
Further efforts are needed to implement developmentally sensitive child welfare services for older youths.[66] Currently, policy and practice are primarily concerned with where children are placed. However, the developmental impact of taking youths from their families, even for one day, is as important to their growing up to be successful adults as where they grow up. Placement is often emotionally upsetting for a child, depending upon the home situation he or she is leaving. Better developmental outcomes for youths will require consideration of the following commonsense actions:

◗ Maintaining some connection with birth families, as children are better able to modify their relationships with parents if they are not denied these relationships or expected to abandon them completely.[67]

◗ Promoting identification with biological parents, when appropriate,[68] including the provision of information about the reasons for placement and the meaning of foster care status.

◗ Allowing children to know their biological family makeup, their age when they left home, and where their parents are currently located. Such information has been shown to help youths better adjust to and do well in foster care.[69]

◗ Promoting agreement among foster parents, social workers, and biological parents concerning their roles and plans for children.

◗ Promoting placement stability, an important goal linked to positive self-identity for older youths.[70] Key factors associated with increases in placement stability include workers and foster parents who are able to balance flexibility and firmness, advocate for children, and maintain a sense of humor.[71]

4. Hire and Coach Highly Skilled Workers
Empathy, positive regard, ability to form a helping relationship, clear communication, cultural competence, and expectations for improvement are important intervention components linked with treatment effectiveness.[72] These skills require an investment in careful worker recruitment and screening, as well as high-quality staff development programs. Especially effective are competency-based approaches to education and training that tie worker performance to the agency's goals and priorities.[73]

5. Promote Parental Visitation
Although somewhat dated, available research indicates that visitation with parents and siblings is not only highly correlated with better child functioning at discharge from foster care but also allows children to leave foster care in much higher numbers and more quickly.[74] Especially crucial are early and regular parent-child visits soon after the child's placement.[75] Most children placed in family foster care eventually return home—casework therefore needs to focus on improving the parent and family conditions that originally necessitated placement. Even if an older youth is never reunified, visitation may improve the relationship with the birth family and he or she may be able to receive some assis-

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tance from them after leaving formal care.[76] Experienced and trained workers with reasonable caseloads are needed to initiate and sustain a pattern of frequent visits by biological parents (as safe and appropriate) and to provide intensive family services early in a child's placement.[77]

6. Involve Schools and Communities as Part of a "Systems of Care" Approach

Supporting families under stress requires both government and community leadership, as well as funding.[78] Preventive supplementary services and more alternatives to foster care are essential. Children enter foster care with medical, educational, and often psychological needs[79] but are often confronted with gaps in health care services, especially remedial medical, dental, vision, and hearing services.[80]

In addition, further educational efforts are needed. Schools, child welfare agencies (public and private), and family/dependency court systems must identify key improvements aimed at coordinating services and resources so that children attend school and are ready to learn every day. Needed improvements include an emphasis on continuity of school placements, site-based case management and training, coordinated educational advice and supports, mental health services, family advocacy training, and shared educational records. Special educational supports such as tutoring, enrichment, and other programs are also needed to help children succeed.[81]

Finally, wraparound and other components of a "systems of care" approach can help youths obtain the services they need in effective ways and can prevent placement disruptions and minimize placement in residential treatment.[82] Child placement agencies that have ready access (via in-house or a closely linked referral system) to a range of service options—such as 24-hour homemaker, crisis intervention, and emergency housing services—are much more likely to either prevent placement or at least develop service plans leading to a child's return home or other permanent placement.[83]

7. Focus on Independent Living Skills

The disruptions and traumas often suffered by children in foster care may delay or interrupt development of life skills needed for successful transition to independent living. Programming and services designed to fill the gaps and needs created by these delays are essential for successful emancipation and social integration of these children. Four overarching strategies for preparing youths for self-sufficiency include: (1) systematic skills assessment; (2) independent-living-skills training; (3) involvement of caregivers as teachers; and (4) developing connections with birth families and the community.[84] Systematic skills assessment is important because it helps the worker, youth, and caregivers develop a specific plan based on a comprehensive evaluation of the youth's strengths and deficits. Ideally, foster parents, youths, and birth parents (if available) should all be involved in the process. A more comprehensive approach to building transitional living skills over time and through partnerships is also important.[85] A Baltimore County study showed that youths who received independent-living/life-skills services were more likely to complete high school, have an employment history, and be employed when they left foster care.

8. Build Youth Support Networks

Preserving or building support networks is useful for finding employment for youths and for general emotional support.[86] Connections to the birth family and others in the community are important associations, because this is where youths tend to turn for support once they leave care,[87] and these resources can help youths address and resolve feelings of grief, loss, and rejection.[88] Several former foster youths attributed their survival and success to one person or one asset that assisted them in independent living. Many reported that the difference between success and failure hinged on one friend or family member, perhaps someone who gave the youth a place to stay, someone who

Box 5

Funding Postsecondary Education and Training for Former Foster Youths

By effectively utilizing available state and federal funds, former foster youths can have a substantial portion of their postsecondary educational costs covered. For example, in 2003 it cost approximately $17,000 (including tuition fees, books, room and board, and personal expenses) to attend a public university in the state of Washington. Below is an example of how existing funding streams can be used to fully support a foster care alumnus.

Federal and State Contributions

Postsecondary ETV voucher[a]	$5,000 (maximum)[b]
Pell Grant	$4,000 (maximum)
State Need Grant	$3,000 (availability varies by state)
Federal SEOG Grant	$1,000 (maximum)
Other: WA Governor scholarship for foster youth	$4,000
Subtotal:	$17,000

Student Contribution

Work study	$2,000 (estimated)
Summer employment	$2,000 (estimated)
Subtotal:	$4,000
Total:	**$21,000**

[a] Educational and Training Vouchers (ETV) for youths aging out of foster care (Title II, Section 201 amends Section 477 of Title IV-E of the Promoting Safe and Stable Families Act of the Social Security Act).

[b] Federal funds to states will be available in 2003 as part of the Promoting Safe and Stable Families Act amendments of 2001.

Source: Emerson, J. Postsecondary education and training support: Serving as a national force for change in child welfare. Presentation to the Board of Trustees, Casey Family Programs, Seattle, Washington, April 17, 2003.

gave him or her a car for getting to work, or a caseworker who helped the youth get training.[89]

9. Encourage States to Sponsor Foster Care Alumni Scholarships[90]

Many good jobs require specialized training. There are cost-effective ways to help foster care alumni pursue such options, such as tuition waivers or assistance and help in registering for college. Furthermore, research indicates that education and transition planning, enrolling in college or a vocational program, and receiving financial support for higher education are associated with lifelong economic benefits for foster care alumni.[91] For example, lifetime earning differences include $900,000 in added earnings for those with a college degree compared to those with a high school diploma only, $300,000 for some college training versus a high school diploma only, and $500,000 for some college training versus no high school diploma.[92] More than 10 states have made efforts along these lines, but all states, counties, and private agencies should be encouraged to help all youths transitioning from foster care gain access to postsecondary programs and supports.

However, public funds currently available to support postsecondary education for former foster youths are often ineffectively targeted or underutilized.[93] This is due in part to a lack of integrated programming across agencies, which limits avenues for coordination and collaboration.[94] In some communities, the wrong types of programs are being funded. For example, evidence shows that classroom training for employment skills is not as cost-effective as on-the-job internships and job placement, yet a significant proportion of funds are allocated to in-class job training.[95] In addition, state funding and service-use data, as well as the limited information available about youth outcomes, indicate that communities are not effectively utilizing public funds.[96] All youths aging out of foster care who seek postsecondary education or training should have access to tailored financial aid and program supports using an expanding array of national, state, local, institutional, public, and private resources. (See Box 5.) To provide this access, agencies need to collaborate, advocate, and do some realistic planning for their service populations.[97]

10. Provide New and Creative Supplemental Independent Living Services

New and creative services that might be provided include greater access to Individual Development and Education Accounts (IDEAs), medical coverage, JCYOI Passports, employment training and support, and transitional housing programs. (See Appendix 1 for a description of these services and example programs across the country.)

Conclusion

Many challenges limit the ability to successfully serve older youths in out-of-home care. For example, we do not have good cost data, and too few practices have been implemented on a large enough scale, with enough rigor, and with robust evaluations to confidently determine which programs are truly "the best." Now is the right time, politically and professionally, to persuade child welfare and child development agencies to work more effectively together on behalf of older youths in foster care. The development of better data sources will provide more knowledge about and more acceptance of research indicators of child well-being. These child well-being indicators are being adopted by local governments, foundations, and prominent nonprofits across the country, and in some jurisdictions are being used to drive government spending and outcomes to improve services. Moreover, fiscal problems at the federal and state levels have led to more willingness to look at the bottom line and to restructure programs to be both more fiscally accountable and more programmatically effective. Building public trust and support for government or social service programs can only be achieved by demonstrating accountability and progress on achieving key child well-being goals.

To support these emerging trends, federal and state government funds must be rationally integrated at the family/child/youth level, based on the outcomes to be accomplished. Until the costs of achieving successful outcomes are more transparent, it is unlikely that a strong case can be made for allocating additional resources to either public or private funding sources.

At the same time, a specific national consensus is emerging around the need to better prepare older children in foster care for the transition out of care. Key areas of focus include improving the quality of out-of-

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home care and encouraging greater interagency coordination in the delivery of services.[98]

Many legislative initiatives seek to incorporate innovative ways of adequately funding preventive family support services while addressing gaps in transition services for older youths, including transportation supports, startup costs for first residences after placement in out-of-home care, and health care. The most essential policy reforms include those related to employment training, educational scholarships, housing, and measuring cost-effectiveness so that the best strategies are adopted.

There is a growing urgency in moving this agenda, because outcomes for many older youths in foster care and alumni continue to be inconsistent and too often poor. According to one expert, in addition to providing for basic "social utilities," federal and state governments need to invest in further research to identify the most important interventions to be provided, to which youths, and at what developmental stages.[99] To make a difference in these young people's lives, programs must provide them with age-appropriate life skills, more stable environments with ties to the community, and contact with as many birth family or clan members as possible. It makes no sense to spend tens of thousands of dollars to care for young people during childhood, only to ignore their developmental needs and abandon them as young adults.[100]

ENDNOTES

1. Based on the latest federal statistics on foster care supplied by the states for the Adoption and Foster Care Analysis and Reporting System (AFCARS). See U.S. Department of Health and Human Services. *The AFCARS report: Preliminary FY 2001 estimates as of March 2003. Washington, DC: DHHS, 2003.* Available online at http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm./

2. See note 1, DHHS.

3. See note 1, DHHS. See also Wulczyn, F., Brunner-Hislop, K., and Harden, B.J. The placement of infants in foster care. *Journal of Infant Mental Health* (2003) 23(5):454–75.

4. Based on cohort or administrative database studies that follow children over time to capture the dynamics of change, the median length of stay for youths who left care in 1998 ranged from about three months in Iowa to more than three years in Illinois. See Hislop, F.H., Wulczyn, K.B., and Goerge, R.M. *Foster care dynamics 1983–1998. A report from the multi-state foster care data archive.* Chicago, IL: Chapin Hall Center for Children, 2000, pp. 24–25.

5. See note 1, DHHS.

6. See U.S. Department of Health and Human Services, Administration for Children and Families. *Positive youth development.* February 2003. Available online at http://www.ncfy.com/ydfactsh.htm.

7. For a discussion of the need for services that focus on helping youths develop in multidimensional ways, see Berrick, J., Needell, B., Barth, R.P., and Johnson-Reid, M. *The tender years: Toward developmentally sensitive child welfare services for very young children.* New York: Oxford University Press, 1998. For more information about training materials that workers and foster parents are using to teach life skills, see Casey Family Programs. *Welcome to caseylifeskills.org.* 1998–2002. Available online at http://www.caseylifeskills.org.

8. Pittman, K. Keeping our eyes on the prize. *Youth Today* (February 2002) 9(2):63. Available online at http://www.youthtoday.org.

9. Hormuth, P. *All grown up, nowhere to go: Texas teens in foster care transition.* Austin, TX: Center for Public Policy Priorities, 2001, p. 30.

10. Boston has been working to increase the number of siblings placed together, as well as to bolster foster parent recruitment and retention. A chronicle by Joanne Edgar documents the process and some of the outcomes of this collaborative effort. Casey Family Programs, National Center for Resource Family Support. *Turning a vision into a reality.* 2002. Available from Casey Family Programs.

11. Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, November 2002.

12. Institute for Educational Leadership. *Seminar on the federal role in helping young people transition from foster care: The Independent Living Program and more.* Washington, DC: IEL, 1999, p. 16. Available online at http://www.iel.org/pubs/pubs/fostercare.pdf.

13. U.S. General Accounting Office. *Foster care: Effectiveness of independent living services unknown.* Washington, DC: GAO, 1999. See also Pecora, P.J., Massinga, R., and Mauzerall, H. Measuring outcome in the changing environment of child welfare services. *Behavioral Healthcare Tomorrow* (1997) 6(2):2–6.

14. Because of methodological concerns with past research (such as a lack of adequate comparison groups and low study response rates), these results need to be viewed with caution.

15. Jones, M.A., and Moses, B. *West Virginia's former foster children: Their experiences in care and their lives as young adults.* New York: Child Welfare League of America, 1984; Courtney, M., Piliavin, I., Grogan-Kaylor, A., and Nesmith, A. Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare* (2001) 80:685–717; McDonald, T.P., Allen, R.I., Westerfelt, A., and Piliavin, I. *Assessing the long-term effects of foster care: A research synthesis.* Washington, DC: Child Welfare League of America, 1996. These comparisons must be viewed with caution, as maltreated children and children from families in poverty would be more appropriate comparison groups.

16. Nollan, K., Pecora, P., Lewy, J., et al. *How are the children doing part II? Assessing youth outcomes in family foster care.* Seattle: Casey Family Programs, 2000, p. 9.

17. See, for example, Blome, W. What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non foster care youth. *Child and Adolescent Social Work Journal* (1996) 14(1):41–53; Cook, R., Fleishman, E., and Grimes, V. *A national evaluation of Title IV-E foster care independent living programs for youth: Phase 2.* Rockville, MD: Westat, Inc., 1991; and Festinger, T. *No one ever asked us ... A postscript to foster care.* New York: Columbia University, 1983.

18. See note 15, Courtney, et al.; note 17, Cook, et al.; and note 15, McDonald, et al.

19. See Casey Family Programs. *The foster care alumni studies.* 1998–2002. Reports available online at http://www.casey.org/.

20. See note 15, Jones and Moses; and Robins, L.N. *Deviant children grown up: A sociological and psychiatric study of sociopathic personality.* Baltimore: Williams and Wilkins, 1966.

21. See Alexander, G., and Huberty, T.J. *Caring for troubled children: The Villages follow-up study.* Bloomington, IN: The Villages of Indiana, 1993; note 17, Cook, et al.; note 15, Courtney, et al.; and Zimmerman, R.B. *Foster care in retrospect. Studies in social welfare.* Vol. 14. New Orleans: Tulane University Press, 1982.

22. However, a recent examination of youth employment in three states suggests a more complex picture, with many youth aging out of foster care being underemployed, large variations in patterns of employment by state, and a greater likelihood of employment when youth begin work before age 18. In all three states, youth were more likely to earn income for the first time during the four quarters prior to and the quarter of their eighteenth birthdays than in the two years following. See Goerge, R.M., Bilaver, L., Lee, B.J., et al. *Employment outcomes for youth aging out of foster care.* Chicago: University of Chicago, Chapin Hall Center for Children, 2002. Available online at http://aspe.hhs.gov/hsp/fostercare-agingout02/. Follow-up alumni studies using state public-assistance databases are much less expensive and have more complete data by avoiding nonparticipation rates. See Dworskey, A., and Courtney, M.E. *Self-sufficiency of former foster youth in Wisconsin: Analysis of unemployment insurance wage data and public assistance data.* Washington, DC: DHHS, Office of the Assistant Secretary for Planning and Evaluation, 2000. Available online at http://aspe.hhs.gov/hsp/fosteryouthWI00/.

23. See note 19, Casey Family Programs.

24. See, for example, Ainsworth, F. Maluccio, A.N., and Thoburn, J. *Child welfare outcome research in the United States, the United Kingdom and Australia.* Washington, DC: Child Welfare League of America, 2001; and Kerman, B., Wildfire, J., and Barth. R.P. Outcomes for young adults who experienced foster care. *Children and Youth Services Review* (2002) 24(5):319–44.

25. See Bernstein, N. *A rage to do better—Listening to young people from the foster care system.* San Francisco: Pacific News Service, 2000; Fisher, A. Finding fish. New York: HarperCollins Publishers, 2002; and Pelzer, D. A *man named Dave: A story of triumph and forgiveness.* Deerfield Beach, FL: Health Communications, 2000.

26. This section is extracted and modified from Pecora, P.J., Whittaker, J.K., Maluccio, A.N., and Barth, R.P. *The child welfare challenge.* 2nd ed. Hawthorne, NY: Walter de Gruyter, 2000, pp. 42–49; and Child Welfare League of America. Summary of the Adoption and Safe Families Act of 1997 (PL 105-89). Photocopy. Washington, DC: CWLA, Public Policy Department, 1997. Reprinted with permission.

27. Under the Family Unification Program (FUP), youths ages 18 to 21 who left foster care at age 16 or older are eligible for housing assistance. Youths referred to the program receive housing vouchers funded through FUP. The vouchers are time-limited; a youth can have a voucher for only 18 months. The agency referring a young person to the program provides aftercare to the youth when he or she enters housing using a voucher. An array of services is available to youths in housing to promote successful transition to adulthood. See U.S. Department of Health and Human Services. *Homelessness programs in HHS.* No date. Available online at http://aspe.os.dhhs.gov/progsys/homeless/Programs.htm.

28. The Youthbuild Program, funded under the U.S. Department of Housing and Urban Development, provides competitive grant awards to local agencies to provide job training, education, counseling, and leadership development opportunities to unemployed and out-of-school young adults ages 16 to 24. Program participants take part in the construction and rehabilitation of affordable housing in their own communities. Many graduates go on to construction-related jobs or college. Alumni receive postprogram counseling. The program does not, however, provide housing to the youth participants themselves. See YouthBuild U.S.A. *Funding for YouthBuild.* April 22, 2003. Available online at http://www.youthbuild.org/nofa/.

29. See U.S. Department of Health and Human Services, Administration for Children and Families. *ACF News.* June 6, 2002. Available online at http://www.acf.dhhs.gov/news/facts/youth.htm.

30. Survivors Insurance, established in 1939, provides benefits to surviving dependents of a deceased worker who has paid Social Security taxes. Children under age 18 are entitled to benefits based on the deceased parent's earnings record, as is the surviving parent until the youngest child reaches age 16.

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34. See note 7, Berrick, et al.

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39. Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, November 2002.

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41. This strategy is used by the Family Preservation FAST Services and WRAP Services programs of Catholic Community Services (CCS), Western Washington. Contact Mary Stone Smith, (253) 225-0984, Maryss@ccsww.org.

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43. See note 13, GAO, p. 2; and Kerman, B., Barth, R.B., and Wildfire, J. *Extending transitional services to former foster children.* Shelton, CT: Casey Family Services, 2002, pp. 2–3.

44. See, for example, Whittaker, J.K., and Maluccio, A.N. Rethinking "child placement": A reflective essay. *Social Service Review* (March 2002):108–34.

45. See Casey Family Programs. *It's my life: A framework for youth transitioning from foster care to successful adulthood.* Seattle: Casey Family Programs, 2001; and Clark, H.B., Deschenes, N., and Jones, J. A framework for the development and operation of a transition system. In *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties.* H.B. Clark and J. Davis, eds. Baltimore: Paul H. Brookes Publishing Company, 2000.

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47. See, for example, note 13, GAO; Zwiebel, C., and Strand, C. *How states are helping foster care youth "age out": An assessment of state plans for use of Chafee funds.* St. Louis: Jim Casey Youth Opportunities Initiative, 2002, p. i; and note 43, Kerman, et al.

48. See note 13, GAO; and U.S. Department of Health and Human Services. *Title IV-E independent living programs: A decade in review.* Washington, DC: DHHS, Administration for Children, Youth and Families, Children's Bureau, 1999.

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79. See note 17, Blome; and Fanshel, D., Finch, S.J., and Grundy, J.F. *Foster children in life course perspective*. New York: Columbia University Press, 1990.

80. See, for example, Chernoff, R., Combs-Orme, T., Risley-Curtiss, C., and Heisler, A. Assessing the health status of children entering foster care. *Pediatric*s (1994) 93(4):594–601.

81. See, for example, Aldgate, J. Foster children at school: Success or failure? *Adoption & Fostering* (1990) 14:38–69; Biehal, N., and Wade, J. Looking back, looking forward: Care leavers, families and change. *Children and Youth Services Review* (1996) 18(4–5):425–46; and Winters, W., and Maluccio, A.N. School, family and community working together to promote social competence. *Social Work in Education* (Summer 1988):207– 217. See also the following web sites: http://smarttogether.org for materials on better ways of tutoring youths; http://www.hunter.cuny.edu/socwork/nrcfepp/publications/index.html for educational resources for foster parents; and http://www/casey.org for material to help educate teachers about the needs of foster youths.

82. Stroul, B. *Children's mental health: Creating systems of care in a changing society*. Baltimore: Paul H. Brookes Publishing Co., 1996.

   An important caution here are the findings from Glisson and his colleagues in Tennessee that (a) organizational climate and (b) how staff were treated and prepared were more strongly associated with positive outcomes than services integration. Glisson, C. The effects of services coordination teams on outcomes for children in state custody. *Administration in Social Work* (1994) 18:1–23.

   Although it is hoped that such wraparound services can minimize placement of children in residential treatment, treatment foster care homes often fill an important place in the array of services for both younger and older youths. See Chamberlain, P. Treating chronic juvenile offenders—Advances made through the Oregon multidimensional treatment foster care model. Washington, DC: American Psychological Association, 2003; and Meadowcroft, P., Thomlison, B., and Chamberlain, P. Treatment foster care services: A research agenda for child welfare. *Child Welfare* (1994) 73:565–81.

83. Burt, M.R., and Balyeat, R. A new system for improving the care of neglected and abused children. *Child Welfare* (1974) 53(3):167–97.

84. Nollan, K.A. What works in independent living preparation for youth in out-of-home care. In *What works in child welfare*. M. Kluger, G. Alexander, and P. Curtis, eds. Washington, DC: Child Welfare League of America, 2000, pp. 195–204.

85. For more information, see the Casey Family Programs web site at http://www.caseylifeskills.org.

86. See, for example, Chaskin, R.J., Brown, P., Venkatesh, S., and Vidal, A. Building community capacity. New York: Aldine de Gruyter, 2001.

87. See note 79, Fanshel, et al.; note 15, Jones and Moses; and note 21, Zimmerman.

88. Ryan, P., McFadden, E., and Wiencek, P. *Analyzing abuse in family foster care*. Final report to the National Center on Child Abuse and Neglect on Grant #90CA097. Washington, D.C. Child Welfare League of America, 1987.

89. See note 9, Hormuth, pp. 41–43.

90. Emerson, J. Postsecondary education and training support: Serving as a national force for change in child welfare. Presentation to the Board of Trustees, Casey Family Programs, Seattle, Washington, April 17, 2003.

91. See note 55, Pecora, et al.

92. U.S. Census Bureau. *The Big Payoff: Educational Attainment and Synthetic Estimates of Work-Life Earnings*. July 2002. Available online at http://www.census.gov/prod/2002pubs/p23-210.pdf.

93. For example, the federal Promoting Safe and Stable Families Act amendments of 2001 (Title 2, Section 201) appropriated $42 million for 2003 for education and training vouchers for youths aging out of foster care. This funding allocates an annual minimum of $500,000 to each state to provide an annual maximum of $5,000 each to youths attending institutions of higher education or vocational training as defined by the Higher Education Act of 1965; assists at least 8,400 postsecondary students; and pays for "costs of attendance" (not yet defined), such as educational, living, and health-related expenses. For 2004, $60 million is proposed for this program. In addition, Workforce Incentive Program funds are available and underutilized in many localities.

94. Contact Richard Otto at the Casey Family Program's Bay Area office for more information: 1485 Treat Blvd, #102, Walnut Creek, CA 94596, (925) 935-5705, fax (925) 935-1003.

95. Fitzgibbon, G., Cook, J.A., and Falcon, L. Vocational rehabilitation approaches for youth. In *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties*. H.B. Clark and J. Davis, eds. Baltimore, MD: Paul H. Brookes Publishing Company, 2000, pp. 75–90; Hurley, K. Almost home. *Shelterforce online* (2002), Issue 125. Available online at http://www.nhi.org/online/issues/125/fostercare.html

96. Research data are limited. Although many states are now trying to maximize the use of their Federal Chafee funds, there has been little analysis of the utilization amounts and patterns. (The program is not even 5 years old yet, with very little research conducted thus far.) Chafee funds, distributed nationally, add up to about $500 to $850 dollars per youth, per year, which is not a huge amount given the needs of some children. (Personal Communication, Robin Nixon, October 3, 2003.)

   See also Clymer, C., Edwards, K., Ponce, J., and Wyckoff, L. *Supporting Youth Employmen: A Guide for Community Groups*. Philadelphia: Public/Private Ventures, 2002, p. 1. Available online at http://www.ppv.org/pdffiles/SupportYouthGroup.pdf.

97. See note 90, Emerson, pp. 12–16.

98. Allen, M. Crafting a federal legislative framework for child welfare reform. *American Journal of Orthopsychiatry* (1991) 61(4):610–23.

99. Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, November 2002.

100. Nelson, D.W. Gratified but not satisfied on foster care independence. *Advocasey* (2001) 3(2):2.

Appendix 1

Examples of Programs and Strategies for Serving Older Youths in Foster Care

Program Name (Location)	Domain[a]	Target Population	Program Strategies and Intended Results[b]	Cost per Youth[c]
AmeriCorps, Colorado	Mentoring	Older adolescents and young adults	AmeriCorps members serve as advocates and mentors, helping young people leaving foster care master life skills, increase their success in "wraparound" planning, and participate in community service projects. In a project in Denver, about 160 youths were served in 2003.[d]	Not available
Beginning Employment and Training for Adulthood (BETA), Washington	Employment	Youths ages 14 to 21 (up to age 25 if space is available) who are or have been in out-of-home care through the state	A collaboration between the public child welfare agency, YMCA, and Treehouse, a voluntary agency. Provides a series of 10 competency-based classes including career planning, job preparation, and job search activities, and provides follow-up services to youths on the job. When funding is available, provides mentored paid employment (12 weeks at 15 hours per week) at the Treehouse WearHouse—a charitable distribution center for clothing, school supplies, and household supplies for children and youths in and transitioning from foster care.	$1,400 (includes administration, staff, supplies, equipment, preclass meals, and incentives)
Big Brothers Big Sisters of America, Nationwide	Mentoring	Youths of all ages	Youth development experts agree that in addition to parents, children need supportive, caring adults in their lives. Volunteers are, foremost, friends to children. They share everyday activities and expand horizons. Big Brothers Big Sisters serves hundreds of thousands of children in 5,000 communities across the country. (See http://www.bigbrothersbigsisters.org/.)	Not available
Bridges, Los Angeles	Housing	18- to 20-year-old recent graduates of foster care	Provides more than 200 beds in fully furnished apartments, with utilities paid, as early transition housing for youths who need housing and nonintrusive coaching/training. Youths may not be seriously mentally or physically impaired. More than 800 youths were served over a five-year period with approximately $20 million in core funding. Increases in employment and earnings, maintaining bank accounts, and some postsecondary education were noted.[e]	Not available
Camden Work Experience, Rehabilitation, and Collaborative Services (CAMWERCS), Camden, NJ	Employment readiness training, job placement	Youths ages 16 to 20 who are experiencing mental health problems—most of whom have no work experience	Provides a six-week work-readiness training program (vocational exploration, job-seeking skills, interviewing skills), followed by job placement and support services.[f]	Approximately $2,500
Chafee Medicaid Funds, Nationwide	Health	Youths aging out of foster care	Uses Medicaid funds to provide medical care	Not applicable

Program Name (Location)	Domain[a]	Target Population	Program Strategies and Intended Results[b]	Cost per Youth[c]
Jim Casey Youth Opportunities Initiative, Nationwide	Finances—money management	Youths ages 14 to 23 in or after out-of-home placement	Provides money-management training with an initial contribution to a youth's Individual Development and Education Account (IDEA), additional deposits as recognition for various achievements, and a "debit account" for payment of certain kinds of expenses.[g]	Not available yet because of recent implementation
	Finances—Opportunity Passports	Youths 23 years old in or after out-of-home placement	A "door opener" for youths, Opportunity Passports can be used to expedite access to education and training programs and to signify preapproval for low-interest loans, student aid, or tuition waivers.[h]	Not available yet because of recent implementation
Lighthouse Youth Services' Independent Living Program, Cincinnati, OH	Housing	Youths ages 16 to 19, as well as pregnant or parenting teens in county or state custody	Pays for housing in "scattered-site" apartments, including utilities, deposits, phone bills, and furnishings, plus a $65 per week living allowance ($20 of which must be placed in savings). Serves an average of 80 young people and 20 of their children per day. Average length of stay is 11 months.[i]	$53 per day
North Carolina LINKS Program	Finances	Any high-risk youth who is not yet 21 and who is or was in foster care between the ages of 13 and 21	Offers a "trust fund" of $500 a year (no contribution from youths), as well as a variety of other resources, including up to $500 for conferences/education, up to $1,500 for housing, and other funding opportunities, in exchange for participation in life-planning activities.[j]	Up to $2,500 (or more) per year
Orphan Foundation of America (OFA), Nationwide	Education—scholarships	Foster care alumni ages 18 to 35	Provides college scholarships, funds for living costs, and emergency funds for foster care alumni. Scholarships are awarded according to financial need and range from $2,000 to $10,000.	Average scholarship award is $4,600
	Education—E-mentoring	Foster care alumni ages 18 to 35	A volunteer program that helps youths aging out of foster care prepare for professional life by matching them with mentors via the Internet, based on professional interests.	$900 per year
Preparation for Adult Living (PAL), San Antonio, TX	Life skills	Youths 14 years of age or older[k] in state-sponsored out-of-home care	Offers personalized life-skills classes to strengthen skills needed to transition to independence, such as vocational training, GED assistance and college exam prep, driver's education, and counseling. Uses a 42-hour curriculum.[l]	Approximately $411.18
Treehouse, Seattle, WA	Education—advocacy and tutoring	Youths ages 11 to 16 in state-sponsored out-of-home care in King County	Provides academic interventions and positive support for middle-school-age youths to improve school attendance, retention, and achievement. Helps high-school-age youths complete secondary education and then apply for, enroll in, and succeed in postsecondary training or education.	$1,863
	Education—coaching to college	Youths ages 15 to 24 referred from a variety of sources.[l]	Helps youths and young adults complete secondary education and then apply for, enroll in, and succeed in postsecondary training or education. Community coaches assist in a wide range of activities, including obtaining GEDs, preparing for SATs, exploring various schools, completing financial aid forms and application materials, and securing appropriate housing.	$697

Program Name (Location)	Domain[a]	Target Population	Program Strategies and Intended Results[b]	Cost per Youth[c]
Strategic Tutoring Program (STP), Nationwide	Education	Youths ages 9 to 22 in 22 communities	Provides structured tutoring for youths to become independent learners. Includes academic and transition-skills training and support using a learning-strategy approach.	$1,500 (on average)
Youth Employment Services (YES), San Diego, CA	Employment	Youths ages 14 to 22, in or out of school, who are currently or were formerly in foster care	Integrates structured programming with individualized services and supports, including basic education, life-skills training, mentorships, technology training, tutoring, and paid internships. Intended outcomes: to improve educational attainment and employment status and to reduce involvement with the criminal justice system and high-risk behaviors.	$4,500 to $5,000 (including subsidized employment slots for those who need them)
Women in Need, New York, NY	Housing	Homeless single mothers who have aged out or have current involvement with the foster care system.[m]	WIN has seven shelters for homeless families. This specialized shelter has an intensive curriculum for young mothers that includes counseling and case management, housing assistance, therapeutic child care, job preparation and job placement assistance, HIV prevention education, domestic violence prevention and intervention, and special postpartum health services through a longstanding collaboration with nearby St. Vincent's Hospital.[n] The program serves 55 families per year.	$5,213 per family per year

[a]Many programs emphasize one particular domain but include other services or interventions as well. For example, an employment program might also include a more comprehensive life-skills training component.

[b]Because many transition programs are in early stages of implementation, little evaluation data are available.

[c]"Costs per child served" should decrease if programs maximize their caseloads in ways that minimize fixed-cost increases while allowing for variable cost increases commensurate with the increased number of youths served.

[d]The 2003 spending bill passed by Congress in February caps AmeriCorps enrollments for Fiscal Year 2003 at 50,000. AmeriCorps is working hard to enroll the maximum number of members under this cap. This limit applies to all AmeriCorps programs—state and national, National Civilian Community Corps, and VISTA—that receive education awards from the National Service Trust. See http://www.americorps.org/trustfaq.html for more information.

[e]See Kellam, S. An unfinished bridge to independence. *Advocasey* (2001) 3(2):16–25.

[f]Fitzgibbon, G., Cook, J.A., and Falcon, L. Vocational rehabilitation approaches for youth. In *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties.* H.B. Clark and J. Davis, eds. Baltimore, MD: Paul H. Brookes Publishing Co., 2000, pp. 83–85. Contact: Robert Piekarski at (856) 966-6770, ext. 231.

[g]Jim Casey Youth Opportunities Initiative. *Opportunity passports for youth in transition from foster care: A vision statement.* St. Louis: JCYOI, April 2002, pp. 3–5. For more information, see http://www.jimcaseyyouth.org/.

[h]See note g, JCYOI.

[i]The housing cost is about $53 per day, with a few additional expenses, depending on the specific needs of the youth. If the youth has a baby, for example, Lighthouse charges an additional amount to cover supervision, health care, and transportation costs. See www.lys.org or contact Mark Kroner at (513) 487-7130.

[j]Personal communication with Rick Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, May 10, 2002.

[k]In some regions of the state, youths must be age 16 or older.

[l]Leibold, J., and Downs, A.C. *San Antonio Transition Center PAL classes evaluation report.* Seattle, WA: Casey Family Programs, 2002.

[m]These services are centralized at Women in Need's Manhattan-based Alexander Abraham Residence, a family shelter serving 31 women and their children. More than half of the women have aged out of foster care. See www.Women-In-Need.org.

[n]St. Vincent's "Welcome to Parenting" workshop sensitizes new mothers to such things as the different cries a baby makes, problems related to feeding, and the developmental stages of childhood.

Appendix 2

Sources of Funds and Strategies for Helping Youths Transition from Foster Care

State	Chafee Funds[a]	Chafee Medicaid Option[b]	Medical coverage extended for youths ages 18 to 21 still in care, not using Chafee funds	College Scholarships
Alabama	•		•	•
Alaska	•		•	•
Arizona	•	•		•
Arkansas	•			
California	•	•		•
Colorado	•			•
Connecticut	•		• (up to age 23)	•
Delaware	•			
District of Columbia	•		•	•
Florida	•		•	•
Georgia	•		• (up to age 23)	•
Hawaii	•		•[c]	•
Idaho	•		• (up to age 19)	
Illinois	•			•
Indiana	•			
Iowa	•			•
Kansas	•			
Kentucky	•			•
Louisiana	•		•	•
Maine	•		• (up to age 23)	•
Maryland	•			•
Massachusetts	•		• (up to age 23)	•
Michigan	•		•	
Minnesota	•		•	•
Mississippi	•		•	
Missouri	•			•
Montana	•			•
Nebraska	•			
Nevada	•		• (but only through the Healthy Kids Program)	•

State	Chafee Funds[a]	Chafee Medicaid Option[b]	Medical coverage extended for youths ages 18 to 21 still in care, not using Chafee funds	College Scholarships
New Hampshire	•			
New Jersey	•	•		•
New Mexico	•		• (until age 19)	•
New York	•		• (limited)	•
North Carolina	•			•
North Dakota	•		•[c]	•
Ohio	•			
Oklahoma	•	•		•
Oregon	•		•	•
Pennsylvania	•		•	
Puerto Rico	•			
Rhode Island	•		•	•
South Carolina	•		• (amended state plan)	
South Dakota	•		• (under SCHIP until age 19)	•
Tennessee	•		• (with income limitations)	
Texas	•	•		•
Utah	•		• (under SCHIP until age 19)	
Vermont	•			
Virginia	•		•	•
Washington	•			•
West Virginia	•		•	•
Wisconsin	•		• (until age 19)	•
Wyoming	•	•	•	•
Totals	52	6	29	36

Note: Two major assessment tools for gauging youths' strengths and gaps have been developed and are now in use in all 50 U.S. states; Washington, D.C.; and Puerto Rico. One of these tools is the Ansell Casey Life Skills Assessment (ACLSA), which is a measure of skills necessary for living in the community. ACLSA and other instruments used by state and local agencies may change without notice. More than 36,500 ACLSAs were taken in 2002. (For more information see caseylifeskills.org.) The other tool is the Daniel Memorial Independent Living Skills (ILS) system, which is a software-assisted, systematic, competency-based approach to life-skills training. The system combines timesaving technology with a comprehensive assessment and reporting package to produce skill plans and transition plans tailored to individuals' needs. The ILS system assesses the youth or adult and enables him or her to focus on specific needed skills. The ILS is currently used by human service agencies in all 50 states and Canada. (For more information see http://danielkids.org/.)

Please note that the situation for state usage of each tool or Transition support strategy is fluid and changes frequently. Verification with your state of interest is advisable.

[a]Chafee funds are funds authorized by the Foster Care Independence Act of 1999 to help youths up to age 21 who have aged out of foster care and those who are likely to remain in foster care until age 18. (See http://www.acf.dhhs.gov/programs/cb.) The college scholarship column includes scholarships that are in addition to the Chafee Education and Training Vouchers (formula grants available to all states).

[b]The Chafee Medicaid option is a provision in the Chafee Act, whereby states can use federal funds to pay for health care for youths who have emancipated from out-of-home care. See Nixon, R. Ichikawa, D., and Tanzella, A. State implementation of Medicaid expansion under the Foster Care Independence Act of 1999 and other health care services available to youth ages 18–21. Washington, DC: National Foster Care Coalition, 2002. Contact Robin Nixon, National Foster Care Coalition, rnixon@connectforkids.org.

[c]Hawaii and North Dakota have clarified existing policy for coverage of single (poor) adults to include emancipated foster youth.