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Independent Living Skills: Evaluating Youth Leaving Foster Care

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Abstract

Youth in out-of-home care are at risk for several negative outcomes as they transition into adulthood. This quantitative study examines the basic independent living skills of 64 youth recently aged out of foster care. The data indicate that youth fared better in basic independent living skills when involved with formal foster youth organizations. Results indicate a significant difference between the scores of youth attending state or national foster care conferences and the general foster care population in all six skill areas measured.

Keywords: Foster care, child welfare, independent living, aging out, social work research

Introduction

Adolescents are some of the most vulnerable of the foster care population and experience myriad problems as they emerge into adulthood. Each year, between 18,500 and 25,000 teenagers age out of foster care by reaching the age of eighteen (Shirk & Stangler, 2004). In 2015 there were an estimated 427,000 children in foster care in the United States, with 37% falling between the ages of 11-18 (US Department of Health and Human Services [DHHS], 2016). Many of these youths encounter significant difficulties in achieving self-sufficiency and independence.

One of the most frequently cited problems for youth aging out of the child welfare system is a lack of independent living skills and associated negative outcomes such as lower educational attainment, employment difficulties, homelessness, mental health problems, and poor social support (Bradford & English, 2004; Collins, 2001; Courtney, Terao & Bost, 2004; Courtney & Dworsky, 2005; Yen, Hammond, & Kuschel, 2009; Stott, 2012). Youth in the US are discharged from foster care at age 18 or shortly thereafter, unless they extend their stays to

include educational or vocational programs. While some youths develop into successful, self-sufficient adults, many suffer from significant social problems and are unprepared for independent living. The current study examines the level of basic independent skills of 64 eighteen-year-old youth who had been in out-of-home care for at least one year. The primary purpose of this study was to examine independent living skills attainment in foster youth aging out of care who had been involved with formal youth organizations. Based on the findings, the authors make recommendations to better prepare foster youth transitioning to adulthood.

Foster Children Aging Out of the System

In 2004 approximately 23 billion dollars in federal, state, and local funds were spent on child welfare services (Scarcella, Bess, Zielewski, Warner, & Green, 2004) in the United States. Outlays on children were projected to fall from \$374 billion to \$339 billion, a decline of nine percent, by the end of FY 2016 (Hahn, Isaacs, Rennae, Steuerle & Vericker, 2011). Additionally, variable funding at the federal level has placed an undue burden on individual states to fund services for children aging out of child care (Wiltz, 2015). The out-of-home care component of the system has often been criticized for failing to provide adequate services for children and youth in care (Berstein, 2001; Freundlich & Avery, 2006; Hill, 2009; Kelly, 2000). Although there are some efforts to provide services for youth (Krinsky, 2011) there is reason to believe that these youth do not consistently receive services that enable them to live successfully as independent adults when they reach 18 years of age. Significant increases of children entering and leaving foster care; children and families with complex needs; a disproportionate number of children of color in care; and child welfare agencies overwhelmed

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with high caseloads, high staff turnover, and data limitations have impacted these services (Chipungu & Bent-Goodley, 2004). For example, a Washington state study of foster youth transitioning to adulthood found that most of the youth aging out of foster care were missing the basic skills and knowledge to successfully live independently (Bradford & English, 2004). According to one study, within four years of leaving care 25 % of youth become homeless and less than 20% become self-supporting adults (Conwell, 2006).

Most children in foster care have suffered from abuse and neglect at the hands of their biological families and some suffer maltreatment from foster parents as well. Many have emotional problems and/or developmental delays and are estranged from the family members most teenagers depend upon for basic needs and social and financial support (Loman & Siegel, 2000). The child welfare system itself can add to the trauma by moving children from foster home to foster home, allowing children to remain in care without adequate plans for a permanent home or independent living and overwhelming social services workers and foster parents with children with critical needs and few resources available to them.

Although substitute care is designed to be temporary, it is not uncommon for a child to spend several months or years in foster care. Approximately 55% of children remain in foster care for more than one year with 28% remaining in care for at least two years (US DHHS, 2016). Up to 55% of children in foster care experience three or more placements (Kools, 1997), with many moving numerous times. Youth who enter foster care at age twelve or older are more likely to “age out” than to be reunited with their families or adopted (Shirk & Stangler, 2004), and those aging out have remained in care an average of three times longer than youth who move to permanent homes (Child Welfare Information Gateway, 2013).

Independent Living Programs

In response to negative findings in foster care studies in the 1960s and 1980s (Festinger, 1983; Meier, 1965), independent living programs were instituted across the United States. In 1985, federal funds were awarded to all the states through the Independent Living Initiative (Public Law 99-272)

to assist foster youth in independent living skills. Over the next fifteen years, approximately two-thirds of older youth in foster care received some sort of assistance in building independent living skills, ranging from a thirty-minute course on resume writing to an eight-week course in household management. However, these services were only available to youth between the ages of sixteen and eighteen (Shirk & Stangler, 2004).

In 1991, Congress authorized states to provide independent living services until age 21, but appropriated no additional funds. This initiative was authorized indefinitely in 1993 and became the Independent Living Program (ILP). The program required states to provide basic training and services, but did not offer funds for room and board and provided for little review of states’ efforts. Public Law 106-169, the Foster Care Independence Act (FCIA) of 1999, gave states more funding and flexibility in assisting youth transitioning from foster care to adulthood and required outcome data from the states. Child welfare administrators have been very interested in the outcomes of independent living programs on transitioning youth (Courtney et al., 2004), particularly as funding for social service programs declines and the special needs of foster children increase. Research indicates that positive support systems are critical to the successful transition of youth into the community (Freundlich & Avery, 2006; Reilly, 2003). These systems can provide needed assistance for foster youth as they experience unexpected and often difficult circumstances.

This study examines the independent living skills attainment of foster youth aging out of care and asks the following questions:

1. Are 18-year-old former or current youth in foster care prepared for basic independent living?,
2. Do youth who attend foster youth conferences score significantly higher in basic independent living skills than foster youth who do not attend the conferences?

Methodology

Participants

Participants were randomly selected from three groups:

1. Youth who had spent at least one year in foster care and had attended a statewide foster youth independent living conference;
2. Youth who had spent at least one year in foster care and had attended a national foster youth independent living conference; and,
3. Youth who had spent at least one year in foster care and had not attended a statewide or national independent living conference.

Participation in the study was voluntary; participants had to be at least 18 years of age at the time of the study. The sample excluded runaways, those incarcerated, those who could not speak English proficiently, and those who were severely mentally ill or developmentally delayed as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association, 2000).

Results from the third group, youth who had spent at least one year in foster care and who had not attended a statewide or national living conference, were also compared to a large national sample ($n = 28,482$) of foster care youth surveyed by the Casey Family Programs organization (referred to as the CFP sample).

The three comparison groups were sampled as follows: a) group one was sampled from youth who attended one of two annual national foster care conferences; b) group two, from sampled former foster care clients who attended a state foster youth conference; c) for the third comparison group, data were collected from a representative sample of foster care alumni from a south-central state (referred to as the Statewide sample, $n = 23$). A random sample of alumni was selected from the state agency's records.

Participants at two national and one state level foster care conferences were informed of the opportunity to complete the Ansell-Casey Life

Skills Assessment (ACLSA) Version III 4.0 survey as well as the possibility of an interview. Of the 64 participants in the USA sample, 69% were female and 98% were age 18. In terms of their ethnicity, 59.4% were white, 23.4% African American, 12.5% listed "other," and 4.7% Native American. When asked about their living situation, the most frequently occurring responses were as follows: 32.8% with foster parents who were unrelated to them; 18% on their own, either alone or in shared housing; 9.4% with relatives who were also foster parents; 9.4% group home; and 7.8% with relatives that were not foster parents. When asked how long they had lived in that location, the range was 1-18 years, $M = 2.95$, $SD = 3.6$. The mode was one year ($n = 35$) and the next most frequent response was two years ($n = 9$). Eighty two percent of the sample had lived in their current placement five years or less. The sample was split evenly in terms of living in a rural ($n = 25$) or urban ($n = 25$) area. These classifications were made based on the 2000 US Census rural and urban criteria (US Census Bureau, 2000). For that particular census, urban areas included both urbanized areas (UA) and urbanized clusters (UC).

Measures

The Ansell-Casey Life Skills assessment was administered to each of the three comparison groups. The Ansell-Casey Life Skills Assessment Version III 4.0 was used to determine the mastery level of six specific living skills of the foster care alumni surveyed. Items were measured on a scale of 1-3, with 3 being the highest level of skill. Coefficient alphas were calculated for the six Knowledge and Behavior ACLSA Independent Living subscales in the Casey Family Programs (CFP) sample ($n = 28,482$), and each of the subscales demonstrated a high level of internal consistency. Inter-item correlations resulted in the following alphas: Communication (.80), Daily Living (.78), Housing and Money Management (.96), Self-Care (.89), Social Relationships (.81), and Work and Study Skills (.80).

Results

Data were obtained from 64 ACLSA USA sample surveys collected. The following mean scores (on a 1-3 scale with 3 ranked highest) for the USA sample respondents were obtained:

1. Self-care = 2.88
2. Daily Living = 2.76
3. Social Relationships = 2.75
4. Work and Study Skills = 2.57
5. Housing/Money Management = 2.47
6. Communication = 2.47

Youth scored highest in the area of Self-care and lowest in the areas of Communication and Housing/Money Management. Coefficient alphas were calculated for the six Knowledge and Behavior ACLSA Independent Living subscales in the USA sample (n = 64), and each of the subscales demonstrated a high level of internal consistency. Inter-item correlations resulted in the following alphas: Communication (.76), Daily Living (.85), Housing and Money Management (.96), Self-care (.91), Social Relationships (.73), and Work and

Study Skills (.86).

The mean scores in these six subscales were compared to the CFP sample of 28,482 foster care youth surveyed by the Casey Family Programs organization, also using the ACLSA questionnaire. T tests were calculated to determine any differences between the mean scores of the CFP population and the USA (n = 64) sample. Results indicated that there was a significant difference between the scores of the CFP and the USA youth in all six subscales ($p < .01$), with the USA youth scoring significantly higher.

T tests were also calculated to determine any differences by urban and rural location in the USA sample. There were no significant differences in the overall subscale means by geographic location. However, there were some significant differences in the means of some individual items on some subscales. From the communications subscale, on the item I clearly present my ideas to others, the urban sample scored higher (M = 2.56, SD = .58) than the rural sample (M = 2.24, SD = .65). The difference was significant, $t = -1.81$, $df = 48$, $p < .10$. From the daily living subscale, on the item I fix my clothes when they need it, the urban sample scored significantly lower (M = 2.04, SD = .93) than the rural sample (M = 2.52, SD = .82), $t = 1.9$, $df = 48$, $p < .10$. From the self-care subscale, on the following two items: I can explain health risks to

Table 1. Comparison of Mean Scores between USA and CFP Samples: Knowledge and Behavior Items #14-69

Knowledge & Behavior (Items 14-69)	USA Mean scores (N = 64)	CFP Mean Scores (N = 28,482)	t-test Scores (df =63)	p values
COMCATN	2.47	2.28	4.12	$p < .01$ *
DAYLIVN	2.76	2.57	4.37	$p < .01$ *
HOUSMOM	2.47	1.96	7.36	$p < .01$ *
SELFCAR	2.88	2.71	4.75	$p < .01$ *
SOCLREL	2.75	2.53	6.06	$p < .01$ *
WRKSTDY	2.57	2.39	2.67	$p = .01$ *

* Statistically significant at the .01 level.

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my body of tobacco, alcohol, drugs ($t = 2.29$, $df = 48$, $p < .10$); and If I need medical help quickly, I know how to get it ($t = 1.78$, $df = 48$, $p < .10$), the rural sample scored significantly higher on both items. On the item I avoid relationships that hurt or are dangerous, the rural sample also scored significantly higher ($t = 2.1$, $df = 48$, $p < .05$). The rural sample mean was 2.84 ($SD = .47$) and the urban sample score was 2.48 ($SD = .71$).

Mean scores of the CFP population were compared to a small representative sample of youth leaving care in a south central state, a group that had not been involved in formal foster youth organizations.

This Statewide group ($n = 23$) of foster youth leaving care was randomly selected and included youth from a diverse population. When these youth were compared to the CFP group, there were few significant differences in the six subscales. Only two subscales showed significantly different t test scores: Statewide foster youth scored significantly higher than the CFP population in the areas of Housing and Money Management ($t = 3.37$, $df = 22$, $p < .01$), and Self-care ($t = 2.09$, $df = 22$, $p < .05$). There were no significant differences noted in the other

four subscales measuring Independent Living Skills.

The initial finding of significant differences between the Statewide and CFP groups on two subscales was of interest. Data were analyzed further in an attempt to understand the nature of the differences between the USA youth leaving care and the CFP population of youth leaving care. Further analysis noted that approximately two thirds of the USA sample was collected from youth attending the three foster youth conferences. As predicted, foster youth affiliated with formal organizations scored higher on Independent Living Skills.

The data indicated that youth fared better in basic independent living skills when involved with formal foster youth organizations and highlight the importance of such programs to adequately prepare youth to live independently and successfully. Youth living in rural areas indicated a higher agreement on some skills including avoiding unhealthy relationships and seeking medical help. Given that urban areas typically have more resources, this indicates that these youths may not have had access to all of the areas of assistance needed.

Table 2. Comparison of Mean Scores between CFP and Statewide samples: Knowledge and Behavior Items #14-69

Knowledge & Behavior (Items 14-69)	CFP (consistency) Casey Family Program Mean scores ($N = 28,482$)	State Mean Scores ($N = 23$)	t-test Scores ($df = 22$)	p values
COMCATN	2.28	2.38	1.17	$p < .26$
DAYLIVN	2.57	2.74	1.76	$p < .10$
HOUSMOM	1.96	2.40	3.37	$p < .01$ *
SELFCAR	2.71	2.86	2.09	$p < .05$ **
SOCLREL	2.53	2.67	1.97	$p < .07$
WRKSTDY	2.39	2.58	1.41	$p < .18$

* Statistically significant at the .01 level.

** Statistically significant at the .05 level.

Limitations

With such small samples, caution should be used in interpreting these results. Since the participants only represent a small percentage of the total population of youth who have recently aged out of foster care, it cannot be concluded that all foster youth share the same or similar experiences, attitudes, behaviors, and beliefs. Secondly, since the data were self-reports, participants may not have been candid in all of their answers, and it is possible that some participants may have reported information that exaggerated or minimized their skills. It was difficult acquiring a random sample from a population of foster youth leaving care in a statewide system. Three separate mailouts were conducted, each with a poor return rate. Many surveys were returned due to invalid or outdated addresses; however, this is a common obstacle in foster care outcome studies (Williams, McWilliams, Mainieri, Pecora, & La Belle, 2006). Despite these limitations, the study adds to the ILP research base and these data can help drive the discussion on how to improve independent living skills for youth leaving foster care.

Recommendations

Based on the findings, the authors offer the following recommendations:

1. Youth in out-of-home care, regardless of their permanency goals, should be strongly encouraged to participate in foster youth organizations and to attend supportive meetings and conferences. Child welfare agencies should facilitate and support the formation of such organizations as well as provide funds for youths to participate.
2. Increase transitional care programs for youths approaching or reaching emancipation, particularly those providing housing assistance. For example, one program that assists foster children financially is the Jim Casey Youth Opportunities Initiative, a program offering housing assistance, health care, education, and employment to foster youths. Funds can help with college tuition, purchasing a computer, etc. These types of programs allow for a more gradual and supportive shift to adulthood.
3. Agency administrators, social services workers, and foster parents must be current on the array of independent living and transitional services available and ensure timely dissemination of the information to eligible youths. In some areas of the statewide sample, the Independent Living Coordinator positions were left unfilled due to hiring freezes and budget constraints, delaying or preventing information dispersal.
4. Start independent living programs earlier and ensure they are available to all youth in care.
5. Conduct more outcome-based research on the effectiveness of transition programs and services, nationally and internationally. In these times of scarce resources, funding needs to be directed to programs indicating successful outcomes. Foster youth involvement should be included in the research whenever possible.

Conclusion

Foster children leave the only homes they know, homes often filled with anger, violence, abuse of various forms, and neglect. A child is placed into a stranger's home that hopefully meets the child's needs, but contact with family members and friends is often lost. While children are dealing with multiple issues and challenges, everyday life goes on. They are expected to attend school, maintain friendships, and prepare for adulthood. Many struggle, but others overcome and become successful adults. Regardless of outcome, isolation from family, friends, and school occurs as a result of foster care. As a result of maltreatment and upheaval, youth in out-of-home care experience significantly more challenges than children living with their biological families.

Even with increased legislation in the 1980s and 1990s (Courtney et al., 2004), this area remains understudied and this population continues to be underserved (Maluccio, Canali, & Vecchiato, 2006). Foster children have complex needs that often go unmet. It is imperative to conduct evidence-based research on effective independent living preparation programs and services. It is also important to listen carefully to foster children's stories to better help them create happier and more hopeful lives (Whiting & Lee, 2003). Life as a

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foster child does not end at age 18--the experience impacts a lifetime. The emotional and financial costs to the youth and society cannot be ignored. With effective independent living services and well-trained workers and foster families, foster children's lives can be dramatically different.

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