

On Their Own: The Experiences of Youth After Foster Care

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ABSTRACT: This study used multiple means to identify 55 young adults who had left foster care in recent years. The young adults who had all emancipated from foster care under the auspices of social services were most often identified by former foster parents, social workers, or other foster youth. This sample of former foster youth are often struggling with ill health, poor educations, severe housing problems, substance abuse, and criminal behavior. Yet the youth in this sample may be surviving more ably than the many former foster youth whom we could not reach.

For many children, foster care is not short-term. It is "foster care with tenure" (Goldstein, 1975). Though long-term foster care is intended to be the remedy of last resort, plans to maintain children in foster care until the age of majority are still common. Foster children of every age will never return home nor be adopted. The number of children in foster care is again on the rise (Barth & Berry, 1988). Many of these are adolescents or will soon become adolescents. Federal statistics now indicate that children ages 11 to 15 constitute the largest proportion of children in foster care (cited in Mech, 1988). In an effort to develop program and policy initiatives that will address this problem, this article discusses interviews with former foster youth.

Available studies of children who have grown up in foster care are scarce and not definitive (Barth, 1986). Most clearly, the odds of moving easily into independence are stacked against foster children. Tim-

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berlack and Verdieck's (1987) assessment of the psychosocial needs of youth about to leave foster care shows that one-quarter needed academic remediation and demonstrated psychosocial shortfallings in such areas as self-control, managing home and school learning demands, and peer and adult relationships. Foster youth are less likely than non-foster youth to be at normal grade level relative to age. By age 17, only 30% of the foster youths are in grade 12 (Gershenson & Kresh, 1986). These findings converge with Festinger's (1983) that 34% of foster youth reported significant academic, physical, or social problems during their latter years in placement. Academic problems were greatest and physical problems were least common, although subsequent investigations (e.g., Halfon & Klee, 1986) suggest that adolescents in foster care suffer an unusual number of undiagnosed maladies. Males in Festinger's study had strikingly more academic and social problems than a comparison group of non-foster youth. Homelessness appears to be a too common result of leaving foster care. Studies of homeless young people in New York (Pettiford, 1981; Shafer & Caton, 1984) and Los Angeles (P. Robertson, personal communication, January 21, 1989) found that 30-40% had been in foster care. In the Los Angeles study, one third of youth who left foster care and were on the street reported spending their first night out of foster care on the street. That is, they left foster care in a rush and with no feasible living plans. The mental health needs of emancipating youth have not been well assessed, but they may suffer high levels of depression and discouragement (Beyer, 1986; Andersen & Simonitch, 1981). Yet reviews of outcomes for foster children also suggest their capacity to adjust rather well (Barth, 1986; Maluccio & Fein, 1985). Continuing research is needed.

In response to the rising number of youth in care and their obvious needs for more services, the Federal government has developed an initiative (P.L. 99-272: Section 477) the "Transitional Independent Living Program for Older Foster Children" to improve preparation for independent living for federally eligible youth in foster care. This federal initiative is intended to bring some evenness to what is available to foster youth leaving care. The federal initiative clearly offers an opportunity to learn more about the needs of foster youth. The information resulting from this study should directly inform the development of life skills training and allied services to prepare foster youth for independent living.

Method

Inclusion Criteria

Youth who had left social services foster care in the San Francisco Bay Area (and including Sacramento) more than one year prior to the study, and who were at least 16 years old at the time of emancipation, were the intended participants in the study. Youth who had principally been in juvenile justice or mental health care or who had not emancipated as dependents were excluded in order to improve the clarity of social service implications of the study. Foster youth who aged out of the dependency system and then committed crimes and were incarcerated at the California Youth Authority (CYA) were, however, sought through CYA records. Youth who had not been on their own for a year were excluded because of their more limited opportunity to learn from their post-foster care experience. Foster youth who left more than 10 years ago were excluded given the possibility that the permanency planning era has changed the experience of entering and leaving foster care.

Recruitment

Previous researchers have repeatedly demonstrated the difficulty of obtaining interviews with former foster youth (Festinger, 1983; Cook & Ansell, 1986). In anticipation of these difficulties, multiple strategies for recruitment were used. Flyers that advertised the study (and the \$25.00 payment for being interviewed) were posted in public health clinics, AFDC waiting rooms, employment offices, and hospitals. Flyers were also mailed to all foster parents in two counties by their Departments of Social Services. Letters were sent to 18 group care providers, 33 social workers who are principally responsible for children in long-term foster care, the California Conservation Corp, and Parole Officers of the California Youth Authority. The majority of these mailings included return addressed stamped envelopes. Recruitment matter was also sent to heads of foster parent associations. A cadre of interviewers ($n = 13$) also used their professional and personal contacts to attempt to recruit willing youth. They had considerable experience with foster youth. They received four hours of interview training. All together 85 names of former foster youth who had left care at least one year prior but not more than 10 years ago were obtained by the project. Almost 25% could not be reached.

TABLE 1
How the Sample Was Obtained

	<i>n</i>	<i>%</i>
Referred by Foster Parent or Group Home Provider	14	26
Referred by Social Worker	12	22
Referred by Foster Youth Services Providers	8	15
Referred by Other Foster Youth	7	13
Self-referred from Flyers	2	4
Recruited from California Conservation Corps	2	3
Recruited from California Youth Authority	6	11
Found by Interviewers	4	7
	55	101*

*A school-based counseling, tutoring, and jobs program for foster youth.

**Exceeds 100% because of rounding error.

The Interview

The interview schedule was developed in several stages. The interview schedule was designed to describe the experiences of former foster youth across several life domains and to ascertain strategies and successes in coping with the stressors they faced. Sections in the interview considered employment experiences, continued contact with former foster parents and birth relatives, educational preparation, life skills preparation received during foster care, health and health care use, substance use, criminal activity, and housing and income. An overall adjustment score was computed. The youth were also queried about satisfaction with foster care and about suggestions for foster youth and social workers regarding preparation for independent living. Although the study is not intended to test a theory, the theoretical rationale for the broad interview is drawn from stress and coping and socio-ecological theories which posit that overall adjustment is multiply determined by a confluence of environmental and personal resources and stressors (e.g., Germain & Gitterman, 1980).

Foster Youth Service staff and colleagues experienced with foster youth generated a universe of questions of interest. These items were provided to the author. Additional items were added from existing interview schedules from studies of former foster youth (e.g. Cook

& Ansell, 1986; Wimpfeimer, 1986). *The Center for Epidemiologic Studies Depression Scale (CES-D)*—developed by the National Institute of Mental Health (Radloff, 1977) to measure the incidence of depression in non-clinical samples—was the only standardized measure used. The CES-D is designed to identify levels of depression among former foster youth—a phenomenon noted by previous investigators (e.g., Mauzerell, 1983; and Anderson & Simonivitch, 1981). The CES-D (Radloff, 1977) was developed for use in epidemiologic surveys to assess symptoms of depression in the general public. Evaluative evidence suggests that the 20-item (4-points per item) CES-D has high reliability and validity (Radloff, 1977). Scores higher than 16 are considered to be in the clinical range. Selected items related to the use of alcohol and drugs were drawn from Erickson, et al's (1987) report on risk-taking behavior of a random sample of high school students in metropolitan Los Angeles. Interviews were typically (76%) conducted in youth's homes (24% were by telephone) and lasted from one to three hours.

Results

Backgrounds of Youth

The average age of the youth at the time of the interviews was 21 years of age. More interviewees were female (53%) and the majority were White (72%), Black (13%), or Latino (9%). The mean age at entering the foster care system was 12 years (with a mode of 14), and the average age of leaving care was age 17.6. The range was from 16 to 19.5 years. On the average, youth had lived in 3 foster homes (excluding shelter care, residential facilities and group homes) with a maximum of 14. The longest placement for each youth averaged 40 months and was most often *not* with a relative. About two-thirds (65.5%) of the youth experienced some part of their life in a group or residential care facility. The typical youth in our study left foster care three years ago.

In all, the sample is very accidental in composition. The “find them any way you can” recruitment methods allow no claims that the sample of interviewees represents all foster youth who have left care in the last decade in Northern California. Because 8 respondents (17%) had participated in one of California's four Foster Youth Programs, there is a good chance that the more competent foster youth with the

best academic preparation for independent living are over-represented. The study sample is favored in other ways. They were primarily from suburban counties, often had good relationships with social workers or foster parents, and had (at the time of the interviews) homes. Yet our outreach to Group Homes, the California Youth Authority, and the California Conservation Corps offers some balance. Even so, perhaps the best that can be said is that 55 youth spent more than 100 hours describing the experiences they had during and since foster care and suggesting the significance of those experiences for the foster care services and social workers concerned with foster youth.

Employment

The majority (75%) of respondents were employed—usually full time. Most youth (87%) began work before they left foster care. Youth reported the best jobs they had during foster care were sales, clerical, janitorial, and babysitting/day care. About half (48%) of the youth had occupied a steady job paid in cash during or since foster care. Only 1 youth indicated that he or she had difficulty completing an application form (although their difficulty may have been more readily noticed by their employer than by them). Some youth may have avoided jobs requiring application forms—this was not asked.

Youth's most recent job involved them for 36.2 hours per week and they earned \$6.21/hour. Among those who were working, monthly personal income was \$873—or \$10,476 per year. Yet, only 51% had paid vacations, 36% had sick leave, and 44% received health benefits. They rated their chances for promotion as between fair and good. On the average, they were very much satisfied with their jobs. A full 40% of youth did not file 1987 income tax. Almost one third (29%) indicated that lack of education/skills was the greatest barrier to obtaining the kind of work they wanted.

Respondents experienced extreme financial hardship. More than half (53%) indicated that they had had serious money troubles (like not being able to buy food or pay bills since leaving foster care), 33% reported that they had done something illegal to get money. Descriptions of these problems and illegal activities include living in a car, stealing for food, prostitution, and selling drugs. Nearly one-quarter indicated having trouble understanding bills. Youth indicated a wide range of jobs they would like to have. By far the highest percentage (25.5%) indicated a position as a social worker/counselor/psychologist/ or therapist. Despite their experiences with these difficulties, only

18% reported that they could not "make ends meet" with the amount of money they had to live on.

Continued Contact With Foster Parents

Most youth (89%) reported some contact with their foster or group home parents since leaving care, with an average yearly contact of 5 times per year, but a modal contact of just once. The most typical reasons for contact were holidays. Most (83%) indicated that they planned to continue contact. A striking 15% indicated having no "psychological parent" or person to turn to for advice. A significant percentage (26%) of youth indicated that they think of their foster/group home parent as their psychological parent, with almost equal numbers indicating their birth parent (17%) and the largest group (42%) indicated "other" (mothers-in-law were commonly identified). When problems occur in their lives, 89% of youth report that they have someone to talk to, 80% indicate they would know how to find a counselor or social worker if they needed one, and 71% are aware of a crisis hot line in their area. A considerable number (40%) indicate keeping in touch with social workers, therapists, or tutors they met in foster care.

While they were in foster care, 65% of respondents indicated that they saw their birth parents or relatives (excluding siblings). These contacts average about 10 times per year. At the time of the interview, respondents saw any birth family members or relatives more often than they had during foster care (an average of 80 times per year). About 50% of respondents saw a relative 3 times a week or less and 28% saw them more than weekly. Thirteen percent of respondents were ever adopted: most of them at birth. About one-quarter (27%) ever talked to their social worker about the possibility of adoption. Of those youth who did not talk about adoption, 13% said they wished that adoption had been discussed with them.

Most youth (63%) indicate that their social worker or foster parent should have made leaving foster care easier. These include strong concerns that the social worker had no part in emancipation planning or the departure itself; for example, "Nobody ever approached the subject of emancipation. Maybe they thought I was smart and already knew it" and "just a pep talk and goodbye would have helped." They vehemently call for more preparation for independent living. Although a few respondents exclaim over their freedom, there is little rejoicing in the words of most interviewees as they describe their experiences since foster care. Their descriptions of their best times since

foster care generally reflect temporary relief from hardship. A typical comment illustrates: "Knowing that even though it's rough, I can make it on my own. Nobody tells me what to do any more."

Education

More than half (55%) of youth left foster care without a high school degree. Reasons for their educational shortcomings are legion and include multiple school changes, lack of support by some foster parents, and little understanding of the significance of school. At the time of the interview, all respondents had some high school education, although 38% had not graduated. Of the high school graduates, 33% had some college. The group included 2 AA and one BA graduates. Only 43% of those who had not finished high school at the time of leaving foster care had participated in subsequent education or training. All together, 73% of the total sample went on to further training or school.

Life Skills Preparation

Most youth had no exposure to independent living skills content during foster care or since. Only 35% indicated getting some tutoring during high school. Twenty-two percent indicated that they did not know how to use public transportation when they left foster care. Table 2 shows the services offered to youth while in care and how valuable they thought the services. Youth thought their educational preparation could be improved with more independent living skills preparation and more information about educational options. For example, few youth had even visited a community college.

Health and Health Care

Former foster youth are vulnerable to serious health care problems. Almost four-of-ten (44%) had had a "serious illness or accident" since leaving foster care with 24% of the sample requiring hospitalization. Most (62%) of the youth had health or medical coverage at the time of the interview. Of all youth, only 2% paid for coverage themselves with 15% using Medi-Cal and 33% getting it from their own or their spouses' work; 40% report sometimes or often having problems or worries about medical bills. Overall, only half (53%) rate their health as very good or excellent. A full thirty-eight percent indicate they have a current untreated health problem. Thirteen percent reported hospitalization for an emotional problem since foster care. Most (91%)

TABLE 2
Services Offered and Used

			Would It Be or Was it Helpful?		
	% Yes	% No	% Very	% Somewhat	% Not
<i>Counseling</i> for personal problems.	78	22	51	29	20
Help with <i>medical</i> problems (help with diagnosis and/or treatment).	71	29	57	27	17
Help with <i>school</i> work (help with schooling, help in getting into a school, and/or help with school applications).	60	40	56	26	19
Help in finding a <i>job</i> and/or job skills training.	56	44	55	26	20
Help in locating and/or getting together again with your <i>birth parents</i> or relatives.	43	57	27	16	57
<i>Family planning</i> (pregnancy, contraception and/or abortion).	43	57	39	33	28
<i>Counseling</i> for <i>drug</i> and/or <i>alcohol</i> use.	36	64	38	32	30
General assistance with <i>money</i> and/or how to budget.	31	69	57	27	16
Help in finding a <i>place to live</i> .	27	73	61	25	14

*Because of rounding errors all rows do not add to 200%.

are sexually active and report using birth control—on the average—most of the time. Seventeen percent had had a sexually transmitted disease and 40% reported a pregnancy since leaving foster care (approximately 27 pregnancies were unplanned).

Table 3 indicates the percent reporting any of 14 health and social problems and whether they received treatment and the discrepancy. The most commonly cited problems were family, dental, depression, headaches, sleep, and weight problems. The greatest discrepancies were sleeping, family, feeling alone, "can't make friends," and weight. The mean score on the CES-D was 36 which means that the average score for this sample is higher than the cut-off score used to indicate the presence of depression. This is a highly depressed group.

Satisfaction with Foster Care

A full 56% of youth reported ever running away when they were in foster or group care, and the average number of runaway episodes for those youth was 5 (42% only ran away once) times. Overall, the sam-

TABLE 3
Health Problems Since Foster Care

	% Who Experienced Problem	% With Problem Who Obtained Treatment	% Difference
Family problems	55	18	37
Dental problems	44	33	11
Sad/depressed too much	42	15	27
Headaches	38	13	25
Weight problems	38	11	27
Sleeping problems	38	0	38
Feel alone, can't make friends	36	9	27
Drug/alcohol problems	33	18	15
Vision problems	33	22	11
Can't control anger	27	7	20
Thoughts of suicide	22	11	11
Sexual problems	18	6	12
Vomiting	16	11	5
Hearing problems	15	7	8

ple rated their foster care experience as between neutral and “somewhat” good. Youth recalled the best things that happened to them during foster care and these most commonly involved acceptance by the foster family as most important. Incidents they described as the low point of their time in foster or group care often included mention of inadequate clothing and funds during foster care.

When asked whether their life would be better or worse if they had stayed in their birth family and not entered foster care the most common response by far (69%) was MUCH WORSE with a mean of 1.5 falling between MUCH and SOMEWHAT WORSE. Few youth indicated that their life would be BETTER (10%) or MUCH BETTER (6%). Thus, youth report that foster care had been a great aid to them. Many youth believe that the foster care experience gave them a vital escape from violence and degradation: e.g., “It would have been much worse. I would not have broken the cycle of madness and dependency” and “It would have been much worse because my father sexually abused me and beat my mother and everyone came to know it and it was totally embarrassing and rotten.” Still, 68% of respondents indicated ways that foster care should be improved.

Substance Use and Abuse

When in foster care, 19% of youth reported drinking once a week or more. This is quite comparable to a random sample of high school students (Erickson, et al., 1987)—this has decreased by 2% since they left care. More than half (56%) of the sample indicated using street drugs during their time in foster care. This compares unfavorably to the general population of high school students (Erickson, et al., 1987). During their last month of foster care, half of those who used street drugs used them once or twice (25%) a week or more. About the same percentage (56%) have used since aging out. Twenty percent of total sample have used in past month. Of all youth who used drugs during foster care, only 25% use drugs more now than they did in foster care.

Criminal Activity

Youth indicate considerable involvement in illegal activity during and after foster care systems. More than one-third (36%) were arrested while in foster care. Even after excluding youth who were interviewed in CYA, 24% of former foster youth had criminal involvement since foster care. Among the whole sample, almost one third

(31%) had been arrested, 26% had spent time in jail or prison, and 33% had done something illegal to get money.

Transition to Independent Living

Foster youth often (45%) reported that it was somewhat harder for them to live on their own than it was for kids who hadn't been in foster care, with 28% indicating it was somewhat harder. On the average, youth who stayed in their foster or group home until graduating from high school left their foster home within 3 months after graduation. Thirty-seven percent reported that it was difficult to find their first place to live. The average cost to get started in their first residence (includes first and last month's rent and deposit + utilities + phone) was \$953; about half (47%) were surprised by the cost.

A striking 29% reported that there was a time that they had no home or were moving about every week or more. Thirty-nine percent report that they sometimes or often had problems with housing and two-thirds (64%) reported that they sometimes or often had worries about running out of money or food. On the average, youth had lived in 6 places (with a high of 60).

About one-of-eight respondents reported receiving AFDC or GA at the current time. Twenty-four percent reported that they definitely could count on their foster or group parents help to adjust to living on their own when they were preparing to leave foster care. Those who said they could not count on this help most commonly mentioned that they could not get financial and emotional help. The low and high points of their lives since foster care or group care were queried. The nadirs were commonly associated with homelessness or financial hardship. The high points are modest at best and often involved finding companionship. When asked what they had done that had been most helpful to them since leaving care, youth indicated that finishing school or finding new work or training opportunities ranked high.

Overall Adjustment

A composite outcome index was constructed from single-item indicators of the adjustment to independent living. Table 4 indicates the items used in the index (and the percentage of respondents who met each standard). Responses indicating successful coping were scored +1 whereas responses indicating difficulties in living were scored

-1. (Not all categories had +1 and -1 derivatives.) The percentages of youth who met the typically stringent criteria for "difficulty" and "success" in each category indicates the grave challenge in the transition to independent living. The most notable difficulties were that 100% of youth had high depression scores or reported problems with depression or had been in a mental health hospital, 47% had been on AFDC or General Assistance or often had problems paying for food or housing, and 46% had difficulties with their health or health care coverage. On the successful side, 56% had attended more school or training since completing high school and 79% had a driver's license or reported success using mass transportation to obtain work. Scores on the outcome index are significantly related ($r = .39$; $p < .05$) to the level of preparation received prior to emancipation and tend to be associated ($r = .31$; $p = < .07$) with the level of contact with providers after leaving foster care.

Suggestions for Social Workers

When asked what they would tell social workers about making foster care better in the future, the most common responses called for greater attention to teaching life skills and in helping youth find housing. Several youth mentioned the need for residential options for youth *before* they leave foster care. Another substantial group mentioned the need for educational services. Their need for counseling, life planning, and career guidance were also commonly proclaimed by youth. On the average, they indicated that post-placement, like warm-lines, support groups, and counseling, should be available for three years after emancipation.

Suggestions for Foster Youth

When asked what they would tell youth who are leaving care, many youth felt the need to forewarn current foster youth about the hardship waiting them and to challenge them to work hard now to get set for emancipation. Other youth offered pep talks that included pleas for perseverance despite the great adversity of independent living. Our respondents most commonly suggested: save money, get lots of counseling and tutoring while in foster care, and learn how to budget and plan. Several indicated that foster youth should try to collect some possessions so they would not have to start totally from scratch.

TABLE 4

Indicators of Difficulties and Success in Independent Living*DIFFICULTIES*

Depression Score is Above Clinical Level; or Has Been in Mental Health Hospital; or Report Problems With Depression.	100%
Has Been Arrested or Convicted or Spent Time in Prison or Jail Since Leaving Foster Care.	35%
Had Unplanned Pregnancy or Got a Woman Pregnant; or Contracted a Sexually Transmitted Disease; or is Sexually Active and Rarely or Never Uses Birth Control.	40%
Has Fair or Poor Health; or Has a Serious Illness; or Worries Often about Medical Bills and Has No Health Insurance.	46%
On AFDC or GA or Has Had Serious Money Troubles or Often Has Problems Paying the Rent or Often Worries About Running Out of Money or Food.	47%
Has Had No Home or Moved From Home-to-Home Very Often or Living Arrangements Change About Once a Month.	35%
Completed High School Only or Less	38%
Drinks 4 or More Drinks Per Day or Uses Street Drugs More Than Once Per Day or Uses Drugs Much More Now Than Did When Left Foster Care or Reports Having Drug/Alcohol Problems.	33%

SUCSESSES

Attended More School or Training Since Completing High School or Has More than High School Education.	56%
Employed Part Time While in School, or Unemployed Parent Supported by Spouse or Employed or Student Full Time, Has Had No Major Financial Problems or is Employed Full or Part Time.	6%

Living Arrangements Change Once a Year or Less and Has No Worries About Paying Rent or Housing	24%
Has Excellent or Good Health <i>and</i> Health Insurance	20%
Is Unmarried and Not Sexually Active or Uses Birth Control Most of the Time.	47%
Has Drivers License or Gets to Work on Public Transportation and Does Not Report Transportation as Largest Barrier to Obtaining Work.	79%
Never Drinks or Drinks Less Than Once a Week and Did Not Use Street Drugs in Last Month or Use Drugs Much Less Now Than When Left Foster Care and Reports No Drug/Alcohol Problems.	20%

Conclusions

The study tells us more about the needs of foster youth for life skills training than how to organize services to better meet the future and current needs of former foster youth. Still the evidence related to these needs is instructive. Former foster youth had many educational deficits. A 55% high school graduation rate is strikingly low. The rate would probably have been lower, except that almost one-third of youth received some tutoring. This percentage is undoubtedly higher than it might be because 15% of our sample was recruited from former recipients of Foster Youth Services Program which provides counseling and tutoring. The health care needs of former foster youth are large and their access to health care is limited by poor health insurance. Youth reported continuing health problems, many had not received treatment since leaving foster care and many indicated a serious illness or hospitalization since leaving foster care.

Former foster youth had great difficulty obtaining and keeping housing. For almost one-third, there had been a time when they had no home or moved weekly. Many former foster youth had, despite their limited education and considerable mobility, gained employment. They almost always began their work careers during foster care but still had marginal attachments to the labor force. Partly because of chronic financial problems, criminal activity among former foster youth is high.

Youth generally indicated that foster care was a positive experience and most believe that their lives were much better as a result of having been in foster care. Still, a large proportion stated that their current circumstances could have been more positive with better preparation for the post-foster care period. Many youth complained that they were allowed to just drift away without any services, guidance, pep talks, or good byes. Youth strongly indicated the need for independent living skills preparation that included content around money management, that considered opportunities for future education and that offered a transition to independent housing.

Youth often commented on the need for transitional housing programs that would allow them to develop independent living skills while receiving financial support. The demand to cope with the strain of establishing and maintaining a viable residential situation *and* at the same time learning to manage money was considered very harsh. Youth often reported on the need for resources to help them with the adjustment to independent living—the suggestions ranged, but most often included some form of drop in center or continued contact person in DSS.

The implications of these findings are organized in a way that facilitates various levels of program and policy change: first, changes that can be made in the basic delivery of child welfare services; second, ideas for specialized independent living programming; and third, policy implications.

General Child Welfare Services to Adolescents

All foster youth should be provided with a minimum of three life planning interviews—beginning at age 16. These interviews should assess health and educational needs, identify ways to obtain needed resources and clarify the youth's rights and opportunities regarding future contact with foster parents and social workers. The interviews should include the foster parent, youth, and social worker. Increased efforts to promote contact between foster youth and birth relatives well before emancipation may not help the majority of youth, but can greatly benefit a few. This should be part of the life planning review (see McDermott, 1987). Training of foster parents must continue and needs a special adolescent focus to help reduce the strain experienced by youth leaving foster care and increase foster parents' ability to prepare youth to be on their own.

Specialized case management for youth leaving foster care—especially when combined with volunteer support—is a promising way to

organize services to foster youth approaching emancipation. Such case managers can become expert in the development and service issues arising during the emancipation process. Given reasonable case-loads, they can facilitate life planning reviews. They can also help intervene to prevent early leaving which is a harbinger of the worst outcomes for youth. Arizona has specialized adolescent case workers in their Arizona Young Adult Program. Youth can be referred to the program at age 16. Individual volunteers are also assigned to each youth. Youth participate in skill training groups. This approach would also help serve the needs of youth who want or need to receive some post-emancipation resources. A portion of the social worker's time should be reserved (and funded from community resources, if necessary) for work with recently emancipated youth.

Specialized foster care for adolescents needs further development. Although foster care is the least restrictive setting for adolescents who cannot return home, this need not be a less intensive resource for youth with serious emotional and behavioral problems. The lack of support for foster parents in current child welfare programs has made this expectation come true. Foster care could, instead, gain greater primacy as a treatment modality. Specialized foster care has been shown to reduce placement moves by difficult foster youth (Boyd & Remy, 1978). Specialized foster care is increasingly available for our youngest and most disabled foster children. It is critical that our adolescents (who also have a unique vulnerability based on their life situation) receive the level of specialized foster care they need. Such programs could be expected to reduce early leaving by foster youth which stems from misunderstandings with foster parents. A reduction in early leaving should also increase youth's access to existing independent living skills programs. As compared to group home care, a specialized foster family care offers more of the intimacy that our respondents called for and a more stable setting and family to return to in future years. But, like better versions of group home care, it offers the skilled level of care adolescents require if they are to leave and meet society's demands.

Specialized Independent Living Programs

Whether youth go out on their own from their longstanding foster home, from a specialized group home, or from supervised apartment living, they need an independent living skills curriculum that is streamlined and relevant. They also need incentives and transportation to attend such activities. The evaluation suggests that teaching

use of mass transportation (even in suburban areas) is not critical. Less clear is the need for instruction in family planning. Knowledge of birth control is not highly sought after by youth, yet our sample of young adults experienced many unintended pregnancies. Problems with substance abuse and health suggest a renewed effort there. Of all the skills, the lack of money management skills was most often lamented by youth (although a large part of the lament may be attributable to insufficient money).

Exposure to an independent living skills curriculum should not be confused with adequate preparation for independent living. As helpful as such classes may be, youth need additional *experiential* assistance. A continuum of transitional services is critical (Barth, 1989). Perhaps most needed is the development of transitional living arrangements. These offer youth the chance to try living more-or-less on their own with a safety net under them but without the foster parent-adolescent conflict that often results during the last years of foster care and which often precipitated impulsive and premature leaving before age 18.

Former foster youth often called for transitional housing arrangements or more realistic preparation for being on their own. Such programs can serve these needs. The best-tested and most successful models are supervised apartments and independent living subsidy programs. In these programs youth experience living on their own before age 18 and while still receiving some support from the agency. For example, Arizona's (Arizona, 1986) Independent Living Subsidy Program (ILSP) enables youth to live in an unlicensed facility without in-home supervision. Case managers meet a minimum of twice a month with youth and volunteers are assigned to them—as required by law. They meet with youth at least three times per week for the first month and at least weekly thereafter. A contract specifies the responsibilities of the youth, case manager, and volunteer.

Although these study findings shed little direct light on the value of special group homes for youth leaving foster care, the evidence from a range of efforts to create emancipation or group homes for youth leaving foster care is that youth leaving such group homes have the disadvantage of little support or contact after they leave (Mecum & Sepate, 1988). Such facilities are also hard to fill and keep filled, (Wimpfheimer, 1986) and for this and other organizational reasons, may promote an institutionalized form of child care practices. More specialized foster care is needed to supplement or supplant group homes. Other elements of the continuum of care also need fur-

ther development. Programs that draw on mentors to assist youth in the transition to independent living appear to be an especially promising approach (Barth, 1986; Mech & Leonard, 1988).

Policy

Foster youth need a comprehensive service program to prepare them for emancipation. Compensatory educational counseling and tutoring should be the cornerstone. As early as possible, we need to give foster youth the opportunity to identify themselves as people who can learn. Foster children should begin receiving educational remediation *well before their teenage years*. Foster youth services program that provides tutoring, counseling, and job development for foster youth should be in every municipality. Since compensatory education is a top priority in preparing youth for successful post-emancipation employment, such a vital service deserves support. Foster youth who are continuing into higher education should also be eligible to remain in state care until age 21 or graduation. The states or municipalities might pay 75% of their board rate and the youth the remainder.

A direct policy remedy that would support youth's success is to allow youth to save more money before leaving care. The current ceiling on savings is clearly inadequate to establishing a residence and having any cushion for periods of unemployment or health problems. An emergency loan system is also needed to help youth avoid the vagaries of homelessness and hunger and to have alternatives to resignation, crime, and prostitution.

Independent Living Skills programs deserve continued financial support. This requires shared Federal, state, county, and private sector commitment. Youth overwhelmingly called for and deserve such assistance. Independent living skills programs should be made available to foster youth—whether federally-eligible or not—for six months after they leave care. Licensing regulations should be reviewed with the help of ILSP specialists to facilitate the development of transitional living programs for appropriate foster youth ages 16 to 18. Requirements that an adult be continuously present in each living unit or that meals be prepared for youth residing in each facility should be relaxed for those youth. Several states (Arizona, Florida, Oregon, and West Virginia) require that youth demonstrate knowledge of minimum independent living skills prior to their placement in a transitional living program but are then able to live independent of foster parent care. Their statutes can serve as a guide.

The health of former foster youth is poor as is their health coverage. Medi-Cal should be automatically extended for former foster youth for one year after discharge from foster care. Better access to dental care is also needed to redress significant dental problems among foster youth. COBRAs that automatically continue Medi-Cal for one year should be granted foster youth as they leave care. This would help them make the transition to self-sufficiency.

Problems in finding and keeping housing are significant for former foster youth and are associated with criminal activity. Pilot programs that test the application of transitional housing are needed. Previous work in other states and municipalities suggests that independent living subsidy programs may be most successful, followed by supervised apartment living approaches. Such programs would require legislative and regulatory efforts but can build on experiences in other states. Finally, Title IV-E independent living funds should be made available to assist youth in transitional living arrangements.

Other states would do well to follow the example of New York (New York, 1987) which has proposed a statewide regulatory policy that outlines the types and amounts of training youth shall receive. It specifies standards that must be followed to prepare youth in basic skills, education, and vocational training. No youths can be discharged to independent living unless they have an adequate post-discharge living arrangement. It requires a "trial discharge" status for six months before final discharge, during which local service districts are required to provide support. Finally, local districts are required to maintain case supervision until discharged youths reach age 21.

Children who remain in foster care to majority typically do so because they were seriously abused or neglected and because their unsafe family circumstances, or their troublesome behavior has precluded the other options of going back to their birth families or finding an adoptive home. The educational and social performances of these youth continue to be handicapped by their history of deprivation and hardship. We have a fundamental responsibility to see that these youth have the opportunity to overcome these handicaps. At its best, foster care provides an opportunity for corrective action and to see that these youth who have come to our attention receive services that give them a fair chance to be successful adults. Many youth who also live in treacherous and disabling situations will not receive such resources that the child welfare system offers and will end up homeless, ill, and involved in criminal activity. We should not be blind to

the chance to see that few of our foster youth experience these outcomes.

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