

Transitioning from congregate care: Preparation and outcomes

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Abstract Of particular concern to child welfare professionals working with youth in foster care is the quality of services rendered to youth in foster care who are imminently making the transition to adulthood and independence, i.e., those at risk for aging out of foster care, many of whom live in congregate care facilities. This qualitative study focuses on the experiences of youth in congregate care in New York City's foster care system, the effectiveness of efforts to prepare youth for life after foster care, and post-discharge outcomes for youth, particularly when discharged to independent living. The study included interviews with professionals as well as young adults who had exited foster care after placements in congregate care settings. Results indicated that professionals and young adults were concerned about the quality of independent living preparation, viewed housing as a serious issue for youth exiting foster care, attributed youth's lack of employment to poor pre-discharge educational and work preparation services, and emphasized the importance of personal connections after youth leave care.

Keywords Foster care · Youth · Aging out · Independent living · Congregate care

In December 1995, Children's Rights and Lawyers for Children filed a lawsuit on behalf of children and youth in foster care against the New York State Office of Children and Family Services (OCFS) and the New York City Administration for Children Services.

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The lawsuit alleged a number of serious problems with the child welfare system in New York City, including problems related to placements and services for youth in foster care. In December 1998, the lawsuit was settled and the City agreed to utilize the expertise of independent outside child welfare experts to guide it in undertaking the systemic reforms that were necessary. An expert advisory panel was convened and assessed the strengths and weaknesses of the City's child welfare system. The panel's work concluded with a final report in December 2000 in which it was noted that more work was needed to ensure that the system worked effectively on behalf of children and youth and their families (Special Child Welfare Advisory Panel, 2000).

Of particular concern to child welfare professionals working with youth in foster care is the quality of services rendered to youth in foster care who are imminently making the transition to adulthood and independence, i.e., those at risk for aging out of foster care, many of whom live in congregate care facilities. In 2002 close to one-fifth of all children and youth in foster care in the United States were in congregate care arrangements (U.S. Department of Health and Human Services, 2003), and one-third of all youth ages 11 and older in foster care in New York City in 2001 were placed in some type of congregate care setting (New York State Office of Children and Family Services, 2002).

Research indicates that foster youth living in out-of-home placements, particularly those aging out of foster care, often need highly intensive and specialized services to prepare them for independent living. For example, studies have documented high rates of acute, chronic, and disabling health conditions, both physical and emotional, among youth in foster care (National Foster Care Awareness Project, 2000). Studies also have identified the impact of risk-taking behaviors on adolescent health (National Survey of Child and Adolescent Well-Being, 2002). Further research indicates that despite high levels of health needs, there are numerous barriers to meeting those needs for children and youth in congregate care. Most disturbing are studies indicating that youth who age out of foster care are at high risk for lifelong disadvantage because of educational limitations. National estimates of the percentage of youth in foster care who leave care with a high school diploma range from 37% to 60%, depending on the size of the population studied and other research constraints (Burley & Halpern, 2001). Mech (1994), in his aggregation of four studies of youth entering adulthood from foster care, found that the average high school completion rate among them was 58%. The Washington State Department of Social and Health Services found in its study of youth age 18 or older who left foster care that only one-third (34%) of these youth had a high school diploma or GED (Burley & Halpern, 2001).

Other studies have found that youth who age out of foster care face unemployment and underemployment in significant numbers (Courtney, Piliavin, Grogan-Kaylor, and Nesmith, 2001). Because of poor employment outcomes, youth who age out of foster care are at higher risk of poverty (National Foster Care Awareness Project, 2000) and, as a result, many youth rely on public assistance at different points in time. Studies further suggest that youth who age out of foster care often face homelessness (Texas Foster Care Transitions Project, 2001).

In terms of preparing youth for independent living and decision-making, youth appear to be poorly served within the foster care system. Research indicates that youth are not involved significantly in making decisions that affect them while they are in foster care nor in planning for themselves post-discharge. This study focuses on the experiences of youth in congregate care in the New York City foster care system, with particular focus on outcomes for youth who have exited care within the past five years. The objectives of the study are to examine the overall quality and effectiveness of efforts to prepare youth for life after foster care, particularly when they have a permanency goal of independent living,

and to determine outcomes for youth who leave foster care, particularly when discharged to independent living. These outcomes include access to health care services and housing, education, employment, and personal connections.

Method

This qualitative study, jointly undertaken by Children’s Rights and its research partners (Juvenile Rights Division of the Legal Aid Society and Lawyers for Children) focused on the experiences of, and outcomes for, youth age 12 and older in congregate care in New York. For purposes of the study, “congregate care” was defined as group homes, residential treatment centers (excluding diagnostic centers and Residential Treatment Facilities), mother-child facilities, and maternity facilities. The study design involved individual interviews with a total of 77 respondents representing six stakeholder groups bringing relevant perspectives to the complex and interrelated issues under study: seven family court judges and referees representing the five boroughs of New York City; fourteen representatives of private child welfare agencies that provide congregate care for youth in foster care in New York City; eleven law guardians; ten social workers; fourteen representatives of advocacy and other relevant organizations in New York City; and 21 young adults 18 to 25 years of age who were formerly in foster care and who had been placed in congregate care settings.

The young people interviewed for the study ranged in age from 18 to 25 years. Thirteen (62%) were female, 7 (33%) were male, and 1 (4.7%) was transgender. The young people had been out of foster care from 1 month to 5 years. They reported a wide variation in the number of placements that they had had while in care. One respondent reported having a single placement throughout her stay in care, but seven respondents reported ten or more placements. The young adults varied significantly with regard to their ages at the time they most recently entered care. One had entered foster care at the age of two months, eventually aging out of care, while one respondent had most recently entered at the age of 15. All of the young adults had been placed in a group or residential care settings while in foster care. Approximately one-half reported also being placed with a non-relative foster family at some point during their foster care stays; about 15% reported they also had been placed with both a relative and a non-relative foster family; and 25% stated that they had been placed only in group or residential care settings. In addition to the individual interviews with young adults, two focus groups were conducted with ten young adults aged 18–25 who formerly had been in foster care and had been placed in congregate care settings.

The young adults who were interviewed were identified through the researchers’ active outreach efforts to a range of youth and family serving organizations in the City. The professionals who were interviewed were identified through a consensus building process involving the research partners, representatives of the city’s public child welfare agency, the chief administrative judge for the family court system of New York City, and foster care advocates in New York City. The focus group participants were identified through the same mechanism. For each group of stakeholder interviews, sample sizes were maximized to the extent possible based on the number of individuals who agreed to be interviewed and resource constraints.

All interviews were conducted using pilot-tested instruments developed for each stakeholder group in consultation with the study’s research and social work consultants. Interviewers received in-depth briefings on the study and its objectives and ongoing training and debriefings throughout the interview process to ensure interview quality and interviewer objectivity. The focus group protocols focused on the young adults’ perceptions

of what worked well for them in congregate care, what did not work well for them, and what recommendations they would make to improve the foster care system for youth in care.

Respondents in the professional stakeholder groups provided verbal informed consent. Interviewers provided the young adults with informed consent forms, explained all provisions orally, and obtained written informed consent forms prior to the interviews. All interviews were conducted under conditions of strict confidentiality. Most interviews (94 percent) were audio-taped. Interviewers took notes during interviews as an alternative to audio-taping when respondents stated that they did not wish to be audio-taped. Audiotapes were transcribed using a 2-reviewer sequential method. Transcripts were read (and re-read) to retrieve all comments of each stakeholder group according to the substantive domains. The principal investigator coded transcript content into relevant domains and identified themes within each domain through a coding process that organized and synthesized the comments and observations of each interview group. Steps were taken to corroborate the accuracy and completeness of the findings, including corroboration by members of the research team and triangulation of study findings through multiple reference points among stakeholder groups.

Results

Findings from interviews with professional stakeholders

Five professional stakeholder groups were interviewed. Their comments focused on two areas: the overall quality of preparation for independent living and outcomes for youth who leave foster care. Respondents were asked about the extent to which youth in congregate care are adequately prepared to leave foster care and live on their own. Only agency representatives gave independent living programs good marks. A number of these respondents indicated that independent living programs adequately prepare youth for life after care. Some agency representatives, however, reported that youth vary in terms of their level of preparation. One agency representative said that 55–60% of youth are ready for independent living, “40% of teens are slow starters” and may need to re-enter care after trying independent living, and another 5% “live out the negative stuff, like going to jail.” Some agency representatives focused on the need to strengthen aftercare services for youth as a “critical” area needing attention.

Only among agency representatives were comments made that the lack of success of independent living preparation is attributable to the youth themselves. One agency representative said that some youth have “no motivation” to graduate from school or get a job. Another expressed frustration with the task of teaching teens how to live independently when they lack the desire to learn such skills: “[E]ven if you are able to teach, how does one hold youngsters accountable when they are not willing?” One agency representative also attributed deficits in independent living preparation to the public child welfare agency’s rules and regulations, stating that “issues such as safety take precedence over giving youth opportunities to be independent.”

Judges, law guardians, social workers, and advocates were significantly more negative in their assessments of current efforts to prepare youth in congregate care for independent living, and they were more likely to attribute the weaknesses in these programs to programmatic issues rather than to the youth or to the public child welfare agency. One judge, for example, stated,

[Independent living programs] do not tend to foster self-sufficiency, to encourage children to build on their individual skills and talents. It does not play to the child's individual strengths, but instead, it funnels kids to public assistance and Section 8 [housing].

Law guardians and social workers likewise expressed concerns that youth receive only limited preparation for independent living and then are expected to manage completely on their own. One social worker observed that teens with a goal of independent living are not prepared to live in the community after they leave care. Advocates expressed similar views, saying:

There is not a lot of understanding about the kids' real range of needs. If you are actually trying to create independence, what does that look like?

Some of these kids don't know what it's supposed to be like for them once they age out so they expect the real world to mirror what group home life is like.

Social workers and advocates stated that classroom instruction is insufficient to prepare youth for life on their own. One social worker reported teens' descriptions of independent living workshops as covering the same five or so topics that are repeated again and again. One advocate stated, "*You cannot teach a kid to balance a budget in the abstract. Classroom-based training for independent living does not work.*" Social workers stated that more focus is needed on "*living in the world*" with opportunities for the young person to "*practice*" for adult life in the community. One social worker stated that youth need role models or mentors to show them what they need to be doing to prepare for the transition.

Social workers, along with some agency representatives, highlighted Supervised Independent Living Programs (SILPs), which provide youth with their own apartments under some level of adult supervision as a key component in preparing youth for independent living. One social worker, for example, said that SILPs "*have been really, really great in making that transition easier. We can supervise, but they learn to do things on their own.*" Social workers and agency representatives, however, also commented on the limitations of SILPs, saying that they are effective only for young people who are highly functioning and very good students. Agency representatives focused on the limited resources available for these programs.

Both social workers and advocates stated that the concept of independent living for youth aging out of foster care at the age of 18 or 21 is unrealistic. Social workers, for example, stated,

[It can't be] assume[d] that an 18-year-old, either in foster care or not, is going to be ready to go out and get their own apartment, get a job, live on their own and support themselves.

Even if you are very adaptable, which most people aren't, and you start to do really well in the congregate care facility, there is still this day when you are not going to live there anymore. The decision to leave home is hard even in a family but here you have a situation where there isn't a lot of personalized care or individual planning — you are asking these kids to decide to be discharged at 18 or 21 with no one to go back to.

Advocates also criticized the current approach to independent living as failing to take into account the demands on poorly prepared youth when they exit foster care.

Respondents also pointed to the poor quality of aftercare services provided by congregate care facilities, the absence of accountability for what happens to youth after they leave foster care, and the failure to develop concrete plans with youth that provide a "*viable plan for survival.*" These respondents endorsed the permanency options of reunification, adoption, and connections with relatives and other caring adults as the more appropriate plans for youth in congregate care. Respondents also made a number of observations regarding outcomes for youth who have aged out of foster care. They had different perspectives on young adults'

access to health care after they leave foster care. Some agency representatives reported that teens have at least “*some*” access to health care because health care is made a part of the discharge conferences for youth at the agencies. Other agency representatives reported that youth are able to access health care when they work and have insurance through their jobs, or alternatively, they can obtain insurance through Medicaid. Law guardians and advocates, however, expressed concerns about youth’s attempts to rely on Medicaid as their health insurance program. One law guardian stated that most teens discharged from care are usually unable to obtain health insurance and that only the “*more together*” youth are able to negotiate the Medicaid process. Another law guardian stated that most youth leave care without health insurance because youth cannot initiate Medicaid or public assistance benefits until after they leave foster care, resulting in a “*really tricky*” situation. Advocates similarly reported that there is no “*smooth rollover of Medicaid*” when youth leave care and as one advocate stated,

The biggest problem I think young people face going into care is that they are totally disconnected from the health care system. Nobody knows them, so you suddenly get discharged, and nobody knows who you are. And so you just drift.

All respondent groups commented on *housing* resources for youth who age out of foster care. Only agency representatives stated that housing resources were adequate for youth. One agency representative in this group stated, “*most youth have appropriate . . . living situations when they leave*” foster care and another reported not “[*hearing*] of too many of our kids who end up in shelters.”

Most respondents, however, expressed concerns about the adequacy of housing for youth who age out of care. Several judges commented that youth often are not discharged to specific addresses. Judges, for example, stated,

The law guardian comes in and requests that the kid remain in care because they don’t have a place to go. So I stall, threaten, and control. And if I’ve seen it several times, it has to be fairly common. We get an extension of placement petition. If the child does not agree to stay in foster care, the placement just ends, and she lives wherever she lives, with a boyfriend or whatever. The specific address is generally not the destination because its fluid.

Another judge reported “a high prevalence, an unacceptably high prevalence of homelessness” among youth aging out of foster care.

Social workers expressed similar concerns that many youth who leave care “*end up homeless.*” One social worker observed,

Housing for those who age out is terrible! Finding New York City housing is so terrible for anyone, especially these kids. How can a teen get it all together, pay rent, and everything else?

Another social worker illustrated the problem with the story of a young mother who had a job but could not obtain housing. The social worker stated,

. . . this young lady is going to lose [her child] because she doesn’t have housing. She is going to be punished because she doesn’t have housing. This is the number one problem – adequate housing.

Advocates expressed the same concerns. One noted,

The thing that’s more difficult here is the housing issue. I mean it is impossible to find affordable housing in New York City. It’s unimaginable that you could be 20 or 21 years old and be able to find a place to live in the City.

Respondents also commented on the Section 8 housing voucher program. Some respondents had favorable views of the program. One agency representative reported,

The kids are now eligible for Section 8 housing. [The public child welfare agency gave them that] a couple of years ago. They can [go] right [to] the front of the line for it now, and that's been great. The kids are really happy about it, too.

Some law guardians stated that the Section 8 voucher program has resulted in more youth being discharged to a specific address.

Other respondents, however, believed that the program is not working as well. One concern was that because there is heavy competition for Section 8 housing, youth with housing vouchers cannot actually utilize them. One judge stated that landlords often prefer to rent to potential tenants “*who show up with cash*” and not a Section 8 voucher. A law guardian concluded that although Section 8 housing is the most common housing option for teens after they leave care, only a small percentage of youth obtain housing through the program. The law guardian observed, “*the rest are on the streets, in prison, or with family.*”

Social workers and advocates identified additional concerns about the Section 8 housing voucher program. Social workers stated that caseworkers remain uninformed about Section 8 housing and do not give youth correct information. One social worker related the story of a 19-year-old who wanted to leave care with her baby, go to a shelter, and apply for Section 8 housing. The caseworker incorrectly told her that she could not apply until she was 21 (a youth can apply at age 18). The social worker observed, “[*The caseworkers*] *don't know what the services are.*” Advocates stated that problems arise because discharge planning does not occur in a timely way. One advocate observed:

I think there are tons of kids who don't get any discharge planning until three days before they turn 21. That includes no application for a Section 8 voucher. If there is somebody who is putting in those applications, they are not done correctly.

Respondents addressed two aspects of *educational outcomes* for youth who age out of care: high school graduation and college attendance. One judge believed that most youth obtain a high school diploma or GED, but social workers expressed concern that because many youth in foster care lack basic reading skills, they are not likely to accomplish either goal. One judge expressed concern that far more youth have GED service plans than high school diplomas.

A few respondents reported that many youth go on to attend college. One law guardian, for example, commented, “*A lot of my clients are college-bound and are juggling getting financial aid and taking care of themselves and going to college,*” and one judge reported that more youth attend college than might be expected. This judge stated, “*one of the best things [the City's public child welfare agency] does is help children go to college.*” A number of other respondents, however reported that few youth go to college. One social worker expressed concern that agencies do not encourage college but instead “*they encourage kids to get their high school diploma or GED, get a job, and get the hell out of care.*”

Of all respondent groups, advocates and agency representatives were most concerned about *employment outcomes* for youth who leave congregate care. Advocates emphasized that youth must have an income to have a stable living situation and focused on the importance of mentoring, career counseling, and career exposure before youth leave foster care. Agency representatives emphasized the challenges that teens experience when attempting to find long-term employment, particularly when they do not have job skills. One stated, “*a lot of kids get jobs but they don't keep them too long.*” Another commented, “[*The*] *harsh reality is that it isn't easy [for teens] to find a job . . . They're at a terrible disadvantage because other kids can go home, and have physical and emotional resources to fall back on.*” This respondent focused on the importance of helping youth develop pre-employment skills, such as professional etiquette and skills in applying for work.

Judges, social workers and advocates focused on the importance of youth's personal connection with adults after they leave care. One judge noted that youth need connections with their families even if they do not wish to live with them and highlighted the importance of "any approach that establishes a significant connection with an adult who's really interested in the child." One social worker stated that "we really need to find and strengthen [youth's] connections with adults who can be supportive after leaving care . . ." An advocate made a similar observation, saying, "There should be a connectedness between the resources a young person coming out of child welfare needs and the community that they are connected to."

Agency representatives unanimously agreed that teens in care need mentors or adults with whom they can develop relationships, although one stated that "This is another unfunded mandate."

Findings from interviews with young adults and focus groups

Young adults expressed a range of feelings about leaving foster care. Several stated that they were eager to leave care, while others expressed trepidation. One, for example, said:

I was scared . . . I was scared to be responsible. Like what happened if I run out of food, what would I do? If I wake up late to go to work? Stuff like, if I lose my job, what am I going to do? If I can't pay for my school? I was just scared of being alone. Nobody around me, being scared.

Most respondents reported that they were discharged to live on their own. One young adult, however, reported being discharged to prison at the age of 20, and another reported having been discharged to a hospital. This respondent commented, "I don't see how they [could] discharge me just like that and just basically to a hospital. A hospital is not a placement."

Some young adults, however, said that they were well prepared to live on their own: "So that social worker told me everything I needed to know. What steps to take, where to go. How to do things. How to budget my money. . . . They talk to you about hygiene and stuff like that." Other respondents focused on their own responsibility for working with the agency to prepare themselves for life on their own. One respondent, for example, said:

I think [the agency] did good.. They'll help you if you help yourself. And a lot of people are going through the agency like they are going to give me this and they HAVE to . . . they don't have to do anything. What they do, you got to work with it. That's it. It's just that simple.

Respondents who expressed satisfaction with their preparation for independent living often focused on the fact that they were encouraged to stay in high school or obtain a GED and that they received strong preparation for work. They highlighted programs that taught them how to conduct themselves on an interview and in a business environment and how to complete a job application and programs that provided them with computer and other office and vocational skills. Other respondents who were satisfied with their independent living programs also pointed to the value of SILPs which provided them with their own apartments and training on specific life skills, such as how to do laundry, budget money, grocery shop, and cook.

A number of other respondents stated that they were not well prepared to transition from foster care. Among the statements that these young adults made were the following:

I wasn't prepared. They gave me that \$500 check but you know that goes but so far. I left, I had my driver's license . . . But I wasn't really prepared. And I think they should have an after-care type of thing, because . . . you shouldn't leave an agency without having a job, without having a place to live. And basically, they knew I really had nowhere to go.

They [the staff] never discussed [how to prepare for the transition from care], while I was in there. They didn't give me time to think it out. They told me the day before it was time for me to be discharged. Once I turned 18, that's when they threw all the pressure at me. Like, 'well, you're going to have to do this and you got to do that and you got to' . . . OK, I understand that, but the whole time I was up here, you didn't train me for any of this. So you expect me to just go out there and just get everything in one shot. But it's not like that. It takes time.

The young adults were divided in their experiences regarding access to *health care*. Five respondents said that they had health insurance and access to health care services after they aged out of care. Among this group, one respondent explained,

They paid for my baby to be born . . . I had just turned 21, and they let me know they was gonna cut [my Medicaid], but they [said that they would] pay for the baby . . . [and] so they did. After that, they cut [my Medicaid]. But they don't just cut you off without letting you know how you can achieve this for yourself. They [tell you] what you need to do, who you need to call, what is it that you need to send in to get you some health care.

Another reported having health care insurance through the respondent's employment with UPS. A third reported receiving health care from the same doctor at the same health clinic that provided services to him when he was in foster care.

Three respondents, however, reported having no health care insurance coverage, including one who said, "*I've been out of the system for two years now. Two years and I still don't have a health plan. I finally signed myself up to a health plan. You are supposed to stay with Medicaid after you leave for about 6 months to a year . . . They cut me off the same day I left.*"

Respondents described mixed success in efforts to obtain a Section 8 *housing voucher*:

[The agency] did help me out as far as Section 8 . . . I was working and got a call one day, my worker said a new program just started where they are helping kids to apply for Section 8 . . . so, when they do age out, they have a better chance of getting an apartment and they still have that help. A little extra help . . . That was a good thing that came through for me . . .

What happened was when I was about to age out, when I was about to turn 21, I was trying to get Section 8. I was trying to get the people to give me a letter so I could take it to Section 8, so I could get my apartment faster . . . But it never happened. I was trying to get Section 8 and to this date, I've been waiting for Section 8 housing since 2000.

Some respondents reported that staff helped them find a place to live. One stated, for example, that the independent living program connected him with a landlord who had an apartment available. Other respondents, however, reported receiving little or no help from staff. However, eight young adults reported that they had been homeless at some point after leaving care. One respondent said that she was discharged with her children with \$68 and no place to live. "*I was homeless,*" and another said that staff said nothing about housing resources when she was discharged. One respondent reported having signed out of care with a \$750 stipend "*and I gave it to my brother . . . he was selling drugs. So I was like, 'I'll give it to him and he could double that easy for me'. He doubled it a couple of times, and then he got locked up about six months ago. And that's when I went to the shelter.*"

Some respondents reported success in finding and maintaining *employment* and attributed their success, as discussed earlier, to strong job preparation prior to leaving care. Only eight young adults reported, however, that they were employed at the time of the interview. Two stated that they had not worked since leaving foster care. One respondent reported that despite learning "*how to go out there and talk, I just never seem to get a job.*" Another said that she had had to do "*a lot of things to manage.*" This respondent reported "*stripping a little to basically survive,*" but she stated that she had not at any time prostituted.

In terms of *connections with adults* after leaving care, some respondents stated that they could always turn to the staff at their group homes after they left care if they needed someone to talk with or needed help. One adult commented:

The group home will help us with resources . . . Not forever but as long as the director doesn't change and the social workers still remember us . . . Yeah, I go to visit. I go like every 3 or 4 months . . . I keep in contact with them and the group home [has] a reunion every year. So, girls from before me, they come every year. And the home arranges it. They try to keep everybody's address together so they could do it . . . It's like a family reunion.

One respondent reported having no one to turn to as she faced the problems in her life.

I have no job. I don't have a high school diploma. I don't have a GED. I'm not in school. What else am I going to do in the streets? How am I going to eat when the day comes? Where am I going to sleep tonight? It's all these questions that go through your head. You feel like you don't have a family that you can turn around to and be like I need help or you know you feel like the situation that you are in right now, you just don't want to deal with it because it's not going the way you would like.

Discussion

The professionals and young adults who were interviewed for this study demonstrated a remarkable level of agreement on a range of issues that impact youth placed in congregate care settings. At the same time, there were some interesting differences in their perspectives on certain topics. The study resulted in key findings regarding the issues on which the research focused: overall quality and effectiveness of efforts to prepare youth for life after foster care, particularly when they have a permanency goal of independent living, and the outcomes for youth who leave foster care, particularly when discharged to independent living.

Both professionals and young adults (most of who had aged out of foster care to live independently) stated concerns about the quality of independent living preparation. Professionals were concerned that too much of the "preparation" focuses on classroom instruction unconnected with the real challenges that youth face after discharge from care. They endorsed SILPs as a strong model for preparation of youth for "real life." The young adults varied somewhat in their assessments of their own independent living preparation. Although some stated that they were ready to leave care (principally youth who had been encouraged to obtain a high school diploma or GED and job training), many young adults stated that they were not ready to be on their own. Many commented on the failure of staff to begin preparing youth sufficiently in advance of their discharge dates.

Previous research makes clear that youth are less likely to succeed post-discharge from foster care if they lack education, employment skills, housing, health care and/or connections with adults who will "be there" for them. In this study, both young adults and professionals discussed negative outcomes for those who leave care without adequate health care, access to housing, preparation for employment, and personal connections to adults in their lives. The young adults reported far more problems with health care coverage than professionals generally acknowledged. It was clear, however, that both groups viewed housing as a serious issue for youth who leave care. Problems were attributed to both limited housing resources and to staff not focusing on this issue in a timely and helpful way. Eight of the 21 young adults interviewed reported being homeless at some point after leaving care. Young adults also reported being without employment, which both they and professionals attributed to poor educational and work preparation services prior to discharge. Both groups also focused on the importance of personal connections after youth leave care. Interestingly, a few young

adults stated that they turned to the staff at their group homes for help after they left care. This finding, like others, demonstrates that there are successful staffing models that provide youth with family-like connections after discharge from care.

Both young adults and professionals reported very poor preparation of youth for life after foster care although some young adults, particularly those who received educational and job training opportunities, expressed satisfaction with their “independent living” preparation. This study documented that the services offered to youth in each of these areas fall far short of what youth need if they are to take responsibility for themselves when they leave foster care. The study further highlighted that, in too many instances, the preparation for independent living begins far too late in the youth’s foster care stay and that after leaving care, youth find that few, if any, aftercare services are available. Accentuating these difficulties were the absence of family-like support and role models while youth were in care and the lack of attention to ensuring youth’s connections with caring adults when they left care.

The first recommendation emanating from the study is that states should require that all agencies under their authority focus on preparing youth to leave care from the time they enter foster care, regardless of their permanency planning goal. Agencies should be required to develop a plan with youth 13 and older that specifies the permanency goal, the services needed while the youth is in care, and the services and supports needed after leaving care. In addition, the plan should focus on establishing and/or strengthening connections with family members and/or other adults during the youth’s stay in care and after exiting care.

The second recommendation emanating from the study results is that states should mandate that each public and private child welfare agency has a sufficient number of full-time educational coordinators for the youth in congregate care and that these staff work with the local Department of Education to ensure that the educational needs of each youth are assessed and addressed on an ongoing and timely basis and that formal and informal educational services are coordinated such that no youth exits from care without a high school diploma or GED. They also should serve as advocates on the behalf of youth with the educational system, attend meetings with the Department of Education and educational advocates, and advise each young person on educational issues while youth are still in care.

Results of this study indicate the devastating circumstances that can occur when young adults age out of care without specific adult supports to turn to. The literature highlights adolescence as a critical period of self-development and emphasizes that a key component of healthy development is the formation and maintenance of quality relationships with adults who help youth bridge the transition to adulthood and provide a foundation for the young person’s psychological health, successful academic performance, and success in later marriage and family relationships (Hair, Jager, & Garrett, 2002). States should require clear documentation that a specific adult (family member, mentor, or other caring adult) has been identified for each youth aging out of care and the adult has agreed to make a long-term commitment to the young person.

Finally, states should hold agencies accountable for outcomes for youth exiting care. Agencies should be required to document the circumstances of youth aging out of care in a pre-discharge report that verifies the youth’s health insurance, living address post-discharge, job or source of income, and an adult committed to the youth on a long-term basis. Agencies should maintain contact with youth discharged to “independent living” for one year after discharge to document youth outcomes after discharge in a post-discharge one year report that documents outcomes for youth in relation to housing, employment, legal issues, and the youth’s physical and mental health status. Study results indicate that the first 12 months post-discharge are critical ones for youth aging out of care and that the likelihood of homelessness and other negative outcomes increase for youth without adult supports.

Absent a system that focuses on the achievement of clearly defined outcomes it will be difficult, if not impossible, to ensure that child welfare agencies are fully accountable to the youth whom they serve. Child welfare agencies should, at minimum, require the collection of data on a set of defined youth outcomes that can be used to improve and refine programming. These data, when linked with “performance-based contracting,” will enable child welfare agencies to make decisions regarding the continuation of contracts with agencies based on each agency’s achievement of established goals.

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