

---

---

**An Evaluation of Independent Living Services in Ohio**

**Digest of Findings and Conclusions**

---

by  
**L. Anthony Loman, Ph.D. and Gary L. Siegel, Ph.D.**

**A report of the  
Institute of Applied Research  
St. Louis, Missouri**

**February 2000**

---

---

Copyright © 2000 by the Institute of Applied Research  
1047 S. Big Bend, Suite 201  
St. Louis, Missouri 63117  
(314) 645-7444  
email: [\*\*iar@iarstl.org\*\*](mailto:iar@iarstl.org)  
website: [\*\*http://www.iarstl.org\*\*](http://www.iarstl.org)

This document may be copied and transmitted freely. No deletions, additions or alterations of content are permitted without the express, written consent of the Institute of Applied Research.

---

---

## Table of Contents

---

---

Introduction	1
Research and Program Literature	1
Independent Living Programs in Ohio Counties	3
Youths in Care and Discharged from Care	5
Interview of Youths	8
Service Needs and Barriers	11
Conclusions and Recommendations	13

---

---

## Introduction

---

---

This is a digest of the final report of a study of Independent Living (IL) programs in the state of Ohio. The study was commissioned by the Ohio Department of Human Services (ODHS) and was conducted during the latter half of 1999. Independent Living services prepare youths who will be emancipated or age out of foster care to live on their own. In Ohio, state law mandates that all youths in foster care older than 15 years receive such assistance.

A variety of tasks were carried out in the project. Recent research literature on independent living was reviewed to provide an informed context for the study. An inventory of IL programs and services available throughout the state was conducted through surveys and site visits. To gain a greater understanding of the independent living service needs of youths across the state, as well as the IL services they receive and where they live, representative samples of older youths in out-of-home care and youths that had recently left care were selected for detailed study. Caseworkers in local offices were surveyed about these youths and the youths themselves were contacted and interviewed. Finally, a general needs assessment survey was conducted of public and private agency representatives around the state.

**New Federal Legislation.** While the research described in this report was being conducted, Congress approved new legislation known as the *Foster Care Independence Act of 1999*. Federal funding was doubled. And while the law continues to provide for services to assist youths in transition from foster care, it spells out specific

uses for the funds, such as substance abuse prevention, pregnancy prevention, and preventive health services. The law explicitly supports the use of mentors and dedicated adults. States must use federal training funds (authorized by Title IV-E of the Social Security Act) to help foster parents, adoptive parents, group home workers, and case managers to address issues confronting adolescents preparing for independent living. States must ensure and certify that youths participate in designing their own program activities to prepare them for independent living. States must use some portion of their funds for youths in the 18 to 21 years age range who have left care. Up to 30 percent of all funds a state receives can now be used for room and board. The new law permits states to extend Medicaid to youths in this group through age 20. States may extend their independent living program to children younger than 16 years of age.<sup>1</sup>

---

---

## Previous Research

---

---

Prior research that has examined the characteristics and needs of youths in foster care and evaluated independent living programs designed to prepare them to live self-sufficiently can be briefly summarized.<sup>2</sup>

- **Relationships with nuclear and extended families** for older youths in foster care are usually poor, nonetheless substantial proportions who age-out of foster care return to live with relatives.<sup>3</sup>
- **Relationships with foster providers** continue beyond care for a minority of young people.<sup>4</sup>

- **Emotional and behavioral problems** are experienced by a high proportion of youths leaving foster care. Behaviors such as truancy, running away from care, dropping out of school sometimes are evidence of emotional withdrawal. Similarly, risky behavior, including unprotected sex and drug and alcohol abuse, may be signs of emotional problems. In one study, 38 percent of youths were clinically diagnosed as emotionally disturbed; 50 percent reported using illegal drugs since discharge; 25 percent reported having trouble with the law.<sup>5</sup>
- **Birth rates** among young women leaving care tend to be quite high, over twice that of women of the same age in the general population.<sup>6</sup>
- **High school completion** rates at discharge from foster care and after discharge are significantly lower than national rates for youths of similar ages.<sup>7</sup>
- **Comprehensive training in daily living skills**, according to a major national study, was being provided to fewer than half of the youths in foster care at the time the original Federal independent living program was begun in the 1980's.<sup>8</sup>
- **Employment** rates prior to leaving out-of-home care have been found to range from 40 to 50 percent of foster youths. Larger percentages of young people have been found to have jobs after foster care, although most paid wages below self-sufficiency.<sup>9</sup>
- **Training in basic life skill areas** has been found, in a large national sample, to be related to later positive outcomes. This occurred for youths who had received skill training in five core areas (money, credit, consumer skills, education, and employment). When training was received in all these areas in combination, significantly better outcomes were found in 1) ability to maintain a job at least one year, 2) ability to access health care when needed, 3) whether the youth was a cost to the community (on welfare, in jail, or on Medicaid), 4) the existence of a social network in the youth's life, and 5) overall success in all outcomes measured.<sup>10</sup> One small study showed that life skills instruction in the context of an intensive program of social work with youths in care was positively correlated with graduation rates, employment, and a self-supporting lifestyle at the point that youths left foster care.<sup>11</sup> Learning through models has been accomplished in independent living programs through *mentors*. Mentoring usually involves an older individual, typically a volunteer, in a one-to-one relationship with a younger person. Mentoring programs of different kinds are in place around the country.<sup>12</sup> Researchers have indicated that mentoring programs can be made to work when and if other needed services are offered at an anchoring program site.<sup>13</sup> Another study has shown that youths in the least restrictive out-of-home living situations, where they were most in charge of their own lives, scored highest in a life-skills inventory. These results suggest that the more extensive the independence permitted to youths, the better the acquisition of life skills.<sup>14</sup>
- **Educational programs** that are intensive (and include such elements as school placement assistance, student advocacy, tutoring, counseling and employment readiness) have been found to lead to positive educational outcomes among foster youths--higher rates of graduation, improved academic growth, lower dropout rates and reduced maladaptive behavior.<sup>15</sup> Youths in less restrictive living arrangements in foster care have been found to enroll more often in postsecondary education and training programs.<sup>16</sup>
- **Transitional living arrangements**, in which youths begin to learn how to live on their own, have been found to be necessary elements in independent living programs. Examples of such arrangements include: scattered-site apartments, supervised apartments, shared homes, live-in adult/peer roommate apartments, specialized foster homes, host homes, boarding homes, transitional group homes, shelters, subsidized housing, and residential treatment centers.<sup>17</sup>

---

## Independent Living Programs in Ohio Counties: An Overview

---

An inventory of programs in each county was conducted. Of the 88 counties surveyed, 81 responded with information about their programs. In addition, site visits were made to IL programs in 7 of the state's larger counties.

Training and preparation of youths for independent living are handled largely by public workers in some areas and by a combination of public and private workers in others. Many larger offices (28) had an independent living coordinator or a supervisory position mainly responsible for IL cases; 13 counties had a unit of workers that specialized in independent living. Responsibility for IL programs in the remaining counties fell to generic child welfare caseworkers and/or contracted professionals.

**Life-Skills Assessment.** Of the 81 counties responding to the survey, 52 indicated that they used a formal assessment instrument to determine the service needs of youths eligible for independent living services. A majority of these (65 percent) utilized the Daniel Memorial Institute (DMI) Independent Living Assessment for Life Skills. Most of the other offices used a locally created instrument. In most cases, public or private agency workers responsible for the IL program administered assessments. In a few (5) counties, foster caregivers either administered or participated in administering the life-skills assessment.

**Instruction and Training.** Local office representatives in each county were asked about instruction and training provided in the acquisition of life skills. In some (22) counties the primary setting of instruction was the classroom. In other counties (30), particularly those with small caseloads, training occurred in non-classroom settings. There were also offices that indicated they provided instruction both inside and outside the classroom (27). In 24 counties, a public agency worker specialized in life-skills instruction.

The materials used in life skills instruction varied considerably from one county to another.

DMI workbooks and class materials were widely used throughout the state. A variety of other curriculum materials were also used including, in a few offices, materials designed to develop interpersonal and pre-employment skills. Although most local offices indicated that they "*sometimes*" afforded youths opportunities for experiential learning in these areas, very few (less than 20 percent) said they "*frequently*" did so.

**Education.** About three-quarters of the offices indicated that assessments of educational status and needs were provided to youths. A slightly smaller proportion (69 percent) said that career planning was available. Eleven offices had workers that specialized in educational issues. In most cases the school system was cited as the provider of educational services. In a smaller number of counties the local Job Service office, Jobs Training Partnership Act (JTPA) agency, or Private Industry Council (PIC) was listed. In twelve counties, the public children services office was cited in some way as the service provider. GED preparation classes were available to youths in virtually all counties. However, only 58 percent indicated that college preparation services were available. Respondents in 27 counties noted that post-secondary assistance was available to youths who remained in care (that is, while they were legal wards).

**Employment Preparation.** Fifteen offices had a worker that specialized in preparation for and access to employment. Nearly all said that youths could find assistance in obtaining part-time work while they were in care, but a smaller proportion, about 70 percent, indicated that career exploration, job skills training, and/or job search training were available. And 63 percent indicated that assistance was available for youths in finding work upon emancipation.

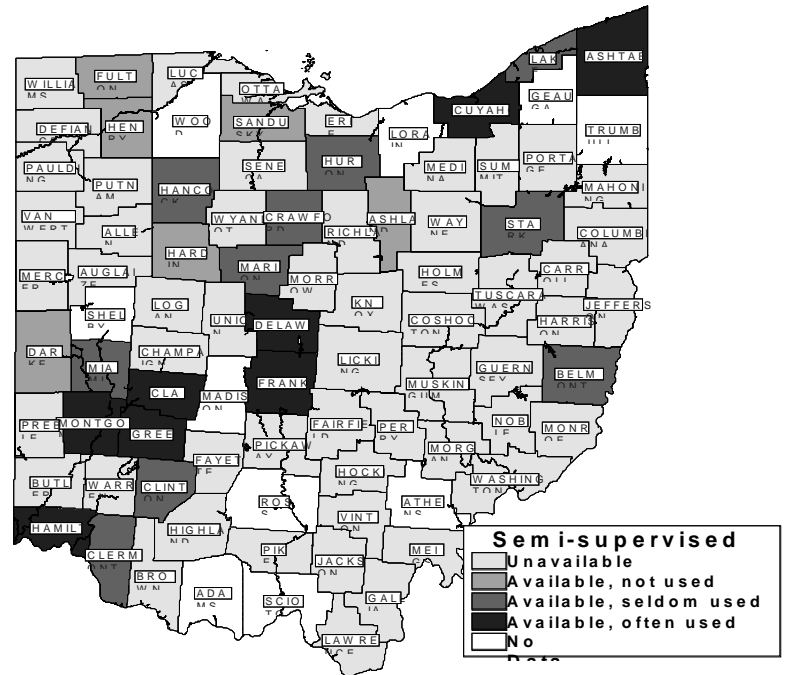
**Social and Recreational Services.** About 44 percent of local offices said that socialization, cultural and/or recreational services were available to youths who were likely to be emancipated from out-of-home care. Many of these were provided in a group setting that afford young people in foster care opportunities to discover that other individuals their own age share similar interests and emotional experiences. Specific kinds of events included: field trips for

recreation, sporting events or movies; arts experiences; events sponsored by church groups, the YWCA, or the YMCA.

**Foster Parent Training.** Two-thirds of survey respondents said that foster parents in their counties were trained in how to impart basic living skills to youths whatever their ages. Fourteen counties reported that special training was available for foster parents of adolescent youths. Some persons interviewed during site visits indicated that special training had been tried but, because it was voluntary, they have found it difficult to get foster parents to participate. Nonetheless, 27 counties indicated that they had foster providers who specialized in caring for older youths destined for independent living, and 16 of them offered a higher per diem for this. Foster care training has been identified as an area of need within the last four years. A 96-hour competency-based curriculum is being developed, and the Public Children Services Association of Ohio is advocating its adoption in local offices.

**Transitional Living Arrangements.** Local office representatives were asked about four different categories of transitional living arrangements that might be available to youths. These were: 1) independent living arrangements at residential facilities, such as special cottages, wings of buildings, etc.; 2) transitional group homes; 3) supervised apartments with live-in staff; and 4) semi-supervised apartments or boarding homes. The general finding was one of modest availability and utilization of independent living arrangements for youths across the state during the last three years. The counties of greatest availability and utilization tended to be those with the largest caseloads, however. Arrangements at residential facilities were most common but were used on a frequent basis in only 19 of Ohio's 88 counties. Fourteen counties regularly used transitional group homes, five used supervised apartments, and eight used semi-supervised apartments. Private agencies were largely responsible for providing the independent living arrangements for youths in care. Some agencies provided services to more than one county and

may have provided different kinds of services. Only eight counties reported that they frequently utilized supervised and semi-supervised transitional apartments for youths. The counties that reported using semi-supervised apartments are shown in Figure 1. Public and private agencies were visited in several parts of the state. Of the



**Figure 1. Availability and Utilization of Transitional Semi-Supervised Apartments**

sites visited, exemplary transitional living programs were found Cincinnati, Dayton, Columbus, and Cleveland.

**Aftercare.** There are relatively few organized and systematic aftercare programs in the state. A number of individuals interviewed around the state in public and private agencies lamented the absence of such services and believed they were needed. In the survey, 18 counties indicated they had "many" cases of aftercare, in which counseling and/or emotional support were provided to youths who had become emancipated. There were fewer instances of more comprehensive aftercare, involving such services as employment assistance (eight counties); housing assistance with rent, utilities, etc. (seven counties); educational assistance (four counties); and, cash assistance (four counties). Changes in Fed-

eral law now permit states to expend IL funds for youths in the 18 to 21 year age range who have been discharged from care.

**Programs for Pregnant Teens and Teen Parents.** A few of the responding county offices (16) indicated that they had workers that specialized in cases of pregnant teens and teen parents. A larger number of counties (32) indicated that they had workers that specialized in older adolescent and independent living cases, among which most pregnant teens and teen parents are found. Over 80 percent of the offices reported sufficient prenatal care resources for pregnant teens, a finding that was supported by follow-up interviews with young women.

Most counties had foster care arrangements for pregnant teens and teen parents, although only 37 percent said resources were sufficient for the former and 23 percent for the latter. Group homes and residential facilities were much less abundant, with the majority indicating that none were available (without placing the youths in other parts of the state).

Over half the offices said there was sufficient daycare for teen parents while they were attending school. Conversely slightly less than half said there were deficiencies, and about one in ten respondents said they had none.

Respondents also noted the availability of school and instructional programs of various kinds for these youths. In few instances did more than half of the counties respond that programs were sufficient. The areas of greatest need were support programs and counseling for teen parents and programs to avoid another pregnancy.

---

### **Youths in Care and Discharged from Care: Views of Workers**

---

A case-specific survey was conducted of a representative sample of 475 youths in and out of foster care in Ohio. Because older youths were targeted in sampling, 63.4 percent of this sample was no longer in foster care by the time surveys were returned. In over 95 percent of the cases the worker who provided information had worked with the youth. Through this methodol-

ogy a picture emerged of older youths in care who were appropriate for independent living services.

**Time in Placement.** While these older youths had been placed in care as early as infancy and throughout their adolescence, a significant majority (69.6 percent) had first entered care after the age of 10. And eight out of every ten were in foster care before their sixteenth birthday. The median time in care was 11 months. Over one-third experienced seven or more changes in placement while in care.

**Reasons for Entry and Exit.** Youths were removed and placed outside their homes for the full range of reasons. The most frequent was dependency, followed by child neglect. Other less frequent reasons included physical abuse, emotional maltreatment, sexual abuse, delinquency, and unruly/status offender.<sup>18</sup> Among those who had left care, seven of every ten had left because of their age or because they had been emancipated by the court. Smaller proportions were reunified with parents or relatives.

**Disability and Delays.** Of all the youths, 43.9 percent had at least one disability. About a third were considered to have learning disabilities and more than one out of ten to have a developmental disability (including mental retardation), a developmental delay, and/or ADHD. These findings point to a substantial overlap of the older out-of-home population of abused, neglected, dependent and delinquent children with the MR/DD and LD populations. Programs in independent living are also being pursued for these populations as well.

**Emotional and Behavioral Problems.** Upwards of two-thirds of the youths were said to have emotional problems, and these were considered to be moderate to severe for 43.6 percent. Respondents indicated that 16.8 percent of the youths had attempted suicide at some time in their lives. Diagnosed psychiatric conditions were present in 19.4 percent of the youths, and moderate to severe behavior problems were present in 52.2 percent. Over half (52.2 percent) had run away from a placement at some point in their lives. Substance abuse was or had been a problem for 30.4 percent of the youths. Chronic



health problems were reported in less than 10 percent of the cases.

**Relationship of Emotional and Behavioral Problems to Reasons for Entering care.** Emotional problems were found least often in cases of child neglect and physical abuse and were highest for victims of emotional maltreatment and sexual abuse, followed by delinquency and status offenses. The pattern was the same but more pronounced for diagnosed psychiatric problems. Behavior problems were most pronounced for delinquents and unruly/status offenders but were found in over half of the youths in every category. Finally, drug and alcohol abuse was thought to be a problem for over half of the youths in the delinquent and unruly/status offender categories.

**Pregnancy and Teen Parenthood.** One of every three females in this population had been pregnant at least one time while one quarter had given birth to a child. A small proportion of males (6.8 percent) were known to be fathers of children. Significantly fewer young women who were pregnant or who had given birth had psychiatric or substance abuse problems. No pregnancies or births were found among young women with developmental disabilities and the rates were lower for those with learning disabilities. Significantly higher rates were found in cases involving child neglect, dependency, and unruly/status offenses. Risky sexual activity was also reflected in the level of sexually transmitted diseases (16.1 percent) within this population (male and female combined). Sexually transmitted disease was inversely related to educational aspirations of youths.

**Types of Families.** A majority (56.4 percent) of youths in care had come from mother-only families. One in four (24.7 percent) came from two-parent families. Father-only families were only a small portion of the total. Grandmothers by themselves headed families of 4.2 percent of the youths.

**Family Visits.** Visitation with youths is a good indicator of the quality of relationships. Mothers were most likely to visit, although only 28.2 percent of youths received one or more visits per month. Over half of the youths received no visit from their mother while in care. Some received

visits from other relatives, non-relatives or siblings. Workers considered relationships between youths and their parents and caretakers, whether in the home or not, to be "poor." Workers tended to view relationships with extended families as better, although these were considered poor in a substantial minority of cases. These findings suggest a low likelihood of continuing family support from fathers, mothers and grandparents for most of the youths in care. Yet, this was not corroborated by interviews of young people discharged from care, who were quite often living with relatives.

**Termination of Parental Rights.** In only 23.6 percent of cases had parental rights been terminated. The percentage is somewhat higher than the finding of 11 percent in the Westat national study of 1988, reflecting possible differences in sampling or, more likely, the effects of the Adoption and Safe Families Act in the interim.

Information on preparation for independent living was obtained on the youths in care, including life-skills assessment and training, educational level achieved by the youth, employment and work experience, and transitional living arrangements.

**Life-Skills Training.** Assessments for life-skill training needs had been conducted for 71.7 percent of youths. The percentages were slightly higher for youths who had left care and for those who were in care for longer periods. Two types of cases were consistently rated as more in need than others. These were child neglect cases and the unruly/status offense cases. Delinquents were rated most in need in job planning and career development, assistance in finding employment, money management, and self-esteem training. A little less than seven out of every ten youths (68.6 percent) were reported to have participated in training in life skills.

Local offices use various sources and means of imparting life-skills instruction. The largest of these is contracted work by organizations or individual instructors, although workers indicated that only 35 to 40 percent of youths receive instruction in this way in each life-skills area. Public workers themselves were said to be responsible in a minority of cases. Foster parents and other substitute care providers were

said to be responsible for instruction for 30 to 45 percent of the youths in various life-skills areas.

**Education.** Youths in the sample and were all over 16 years of age. Of those still in care, nearly two-thirds (65.3 percent) were in the tenth or eleventh grade, and very few had graduated at the time of the survey. The youths who had left care had in most cases left when they were 18 years old or older. Most had not finished high school. A little over 41 percent had completed their senior year before exiting, and, of these, about one in every ten had completed at least one year of post-secondary work.

Dropouts. Of youths who had exited care, 44.1 percent had dropped out of school prior to leaving care while 45.2 percent had not (and respondents did not know in another 10.7 percent of cases). Of those who had dropped out before exiting care, more than half (55.1 percent) had plans for continuing their education.

Non-Dropouts. Of those who had not dropped out by the time they exited care, a higher proportion (72.0 percent) had plans for continuing their education. Of these, 9.4 percent intended to obtain a GED, 69.8 percent wanted to go to college, 13.2 percent intended to go into skills training, and 7.5 percent were bound for the military.

**Employment.** Over three-quarters of these youths (76.1 percent) had been employed at some point before leaving care. Of those who had worked, most (55.6 percent) had held two or three jobs and another 15.7 percent had held more than three. This is in contrast to the national study conducted in the last 1980's in which only 39 percent of youths had been employed before leaving care.<sup>19</sup> This may reflect the current state of the economy and relatively low unemployment rate for the state of Ohio as a whole (less than 4 percent in late 1999). Jobs were most frequently in fast food establishments or restaurants (waiters and waitresses). The next largest category was retail sales in grocery or clothing stores.

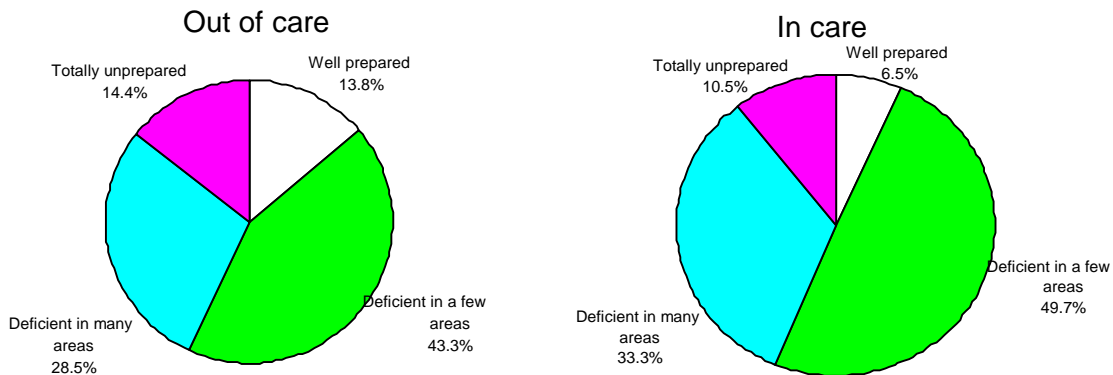
**Living Arrangements.** During their period in out-of-home care these youths lived in many different arrangements. Nearly all had lived with more than one residential provider in the

course of their tenure in care. The large majority of youths had lived in non-relative foster care at some point. About 9 of every 100 had lived in a transitional group home, where greater independence was permitted. About 4 in every 100 had lived in a residential treatment facility and 17 of every 100 had lived in a transitional apartment prior to leaving care.

**Characteristics of Youths Receiving Life-Skills Training or Living in IL Arrangements.** Males were significantly more often placed in IL arrangements including transitional apartments than females in this sample. No differences were found in training or living arrangements for the disabled portion of the population, but youths with emotional and behavior problems were less likely to be placed in transitional arrangements of any kind. Youths who participated in life-skills training were more likely to be involved in a transitional living arrangement.

**Employment and Educational Correlates.** The relationship of four variables to participation in life-skills training and placement in IL arrangements were examined. These were: whether the youth was ever employed, length of time employed, number of jobs held, number of years of school completed. Youths who participated in life-skills training or who lived in an IL living arrangement, particularly a transitional apartment, were significantly more likely to hold jobs while in foster care. These youths were also more likely to hold a larger number of jobs, work for a longer period of time, and, overall, obtain more work experience prior to emancipation. They were also more likely to finish high school and/or continue their education beyond high school. In most instances, individuals who participated in apartment programs scored highest on measures of employment and education.

**Workers' Ratings of the Preparation of Youths for Independent Living.** As noted, the workers who provided information were in nearly all cases familiar with the youths in question, with 78.8 percent saying they had met with youths 10 or more times. They were asked to provide their ratings of the youths preparation to live on their own. Their responses are illustrated in the following charts (Figures 2).



**Figure 2. Ratings of Preparation in Knowledge Necessary for Living**

---

## Interviews of Youths

---

Obtaining information directly from youths themselves was considered to be an essential part of the study. Interviews were conducted with 91 youths still in care and 66 youths who were out of care. Some of the highlights of the interviews follow.

**Training for Independent Living.** Each youth was asked whether he or she had received instruction in any of the following skill and knowledge areas that are often part of IL training.

1. Finding a place to live
2. Opening a bank account
3. Writing a check
4. Applying for a credit card
5. Managing money
6. Looking for a job
7. Filling out a job application
8. Handling oneself in a job interview
9. Finding out about job and skill training programs
10. Planning for a future career
11. Cooking
12. Shopping for health foods
13. Cleaning one's house
14. Personal grooming and hygiene
15. Dressing well
16. Finding health and dental care
17. First aid
18. Birth control
19. Safe sex
20. Taking care of small children
21. Child development

*Youths in Care.* Each youth interviewed said he or she had received some instruction from some source in one or more of these areas. For all but four of the areas, over 70 percent of the youths said that someone had taught them about these things. Although over half (58.2 percent) indicated that they had attended IL classes, most of the instruction they received came from other sources. The responses during interviews de-emphasized any training received from public and private workers and through life-skills classes. Instead, youths heavily emphasized important adults such as family members and schoolteachers. *Youths out of Care.* Of youths discharged from care, 57.5 percent indicated that they had been in independent living classes while they were in foster care. Some had high praise for the classes and said they learned things they did not know before attending, but more said that the classes covered many things they already knew, that they were repetitious, or that they seemed to be geared for very slow students. Like the youths in care, they tended to place greater emphasis on what they had learned from their families and teachers.

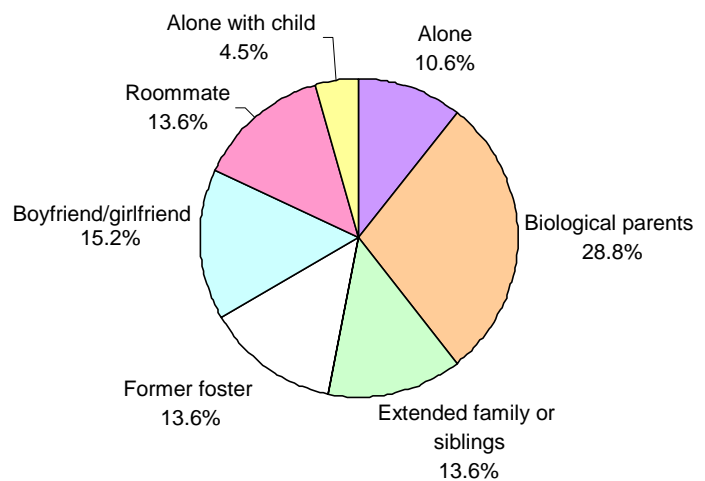
There were six daily living skill areas where a large proportion of the youths interviewed did not feel completely competent. These were finding a place to live, managing money, finding out about job and skill training, planning for a future career, and knowledge of parenting and children.

**Living Situations and the Knowledge to Live Independently.**

*Youths in Care.* Most of the 91 youths in care (65.9 percent) who were interviewed lived in non-relative foster care arrangements, while 15.4 percent lived in group homes and 14.3 percent lived in relative foster care arrangements. Nine percent indicated that they were in some type of transitional living situation. When asked where they would like to live they expressed a general satisfaction with their current situation, but few had given much thought to their transition to independent living. The large majority, however, said they thought they would be ready when they finished high school or GED. *Youths out of Care.* Counting immediate family, extended family and siblings, 42.4 percent of the youths were living with relatives. In some instances, women had their children with them, and in 3 of the 66 cases they were living alone with their children. Some (13.6 percent) were living with former foster parents. An equal number (13.6 percent) were living with roommates, in some cases at school. A slightly larger number (15.2 percent) were with boyfriends or girlfriends. These percentages are illustrated in Figure 3. These youths were asked whether they had been prepared to live on their own when they first got out of foster care. Over half (53.0 percent) said they had been unprepared. When asked what was the hardest thing about living on their own, upwards of half (46.9 percent) talked in terms of finances, including having enough money, budgeting and spending money wisely, and paying bills.

**Models and Relationships.** *Youths in Care.* About one in every five (21.9 percent) of the youths in care said there was no adult or older person that they knew personally and admired. The remaining majority mentioned foster parents (25.3 percent), older siblings and other relatives (21.1 percent), biological parents (14.1 percent), and others such as, teachers, coaches, and foster siblings. Most (83.5 percent) also said there was another person--a friend or a relative--to whom they could talk and ask questions. *Youths out of Care.* The same questions were asked of the 66 emancipated youths. The question about adult models was stated as: "when you were in foster care, was there any adult or older person that you knew personally and that you admired?"

The proportion that answered affirmatively (75.6 percent) was comparable to that of youths still in care. However, a very different list of admired adults was forthcoming from these older youths. Over half (54.0 percent) said that one or both of their foster parents were people they admired. While none of the youths in care mentioned their caseworkers as models, several of these individuals did. The large majority (84.8 percent) said they had someone at the present time to whom they could talk or ask questions. Three out of four (74.2 percent) said that that they had a close friend.



**Figure 3. Living Situation of Youths Discharged from Care**

**Education.** *Youths in Care.* Most (92.3 percent) of the youths in care said that they were still in school. Of these, one in five (20.24 percent) was in the ninth or tenth grade, and 31.0 percent were juniors in high school. The remaining youths were in their senior year or were working for their GED. Attitudes toward teachers, classes and school generally were positive. *Youths out of Care.* When they were discharged from foster care, 53.0 percent of these young people had not graduated from high school. At the time of the interview, some 20 of the 66 youths had advanced one grade level but only four had finished high school. Of all discharged from care 56.1 percent said they were not currently attending school. More importantly, of the 35 who had not completed their senior year, 15 (42.9 percent) were not in school at the time

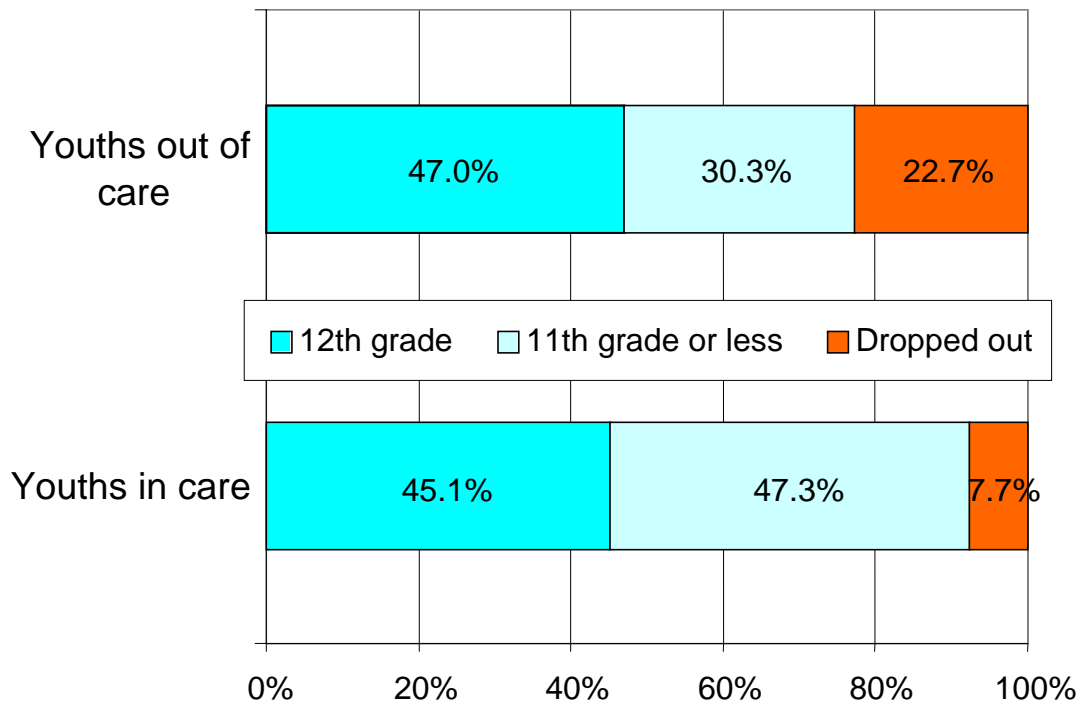
of the interview. Over 8 out of 10 believed that they would go back to school, and most of these wanted to go on college and beyond. Only three said they would not and another four were not sure. However, 20 mentioned barriers that might stand in the way of attending school. Of the 29 attending school, 2 were in GED preparation classes, 1 was doing home schooling, and 11 were in high school. Of the remaining, 4 were in vocational/technical education at the high school level and 11 were in post-secondary education.

**Dropping Out.** The findings demonstrate that not completing high school prior to leaving care greatly increases the probability of dropping out. The proportion of youths from the group with less than 12 years of education who had dropped out after leaving care had effectively tripled (see Figure 4).

**Employment and Finances.** *Youths in Care.* A minority (40.7 percent) had jobs at the time they were interviewed. The average time worked per week was 23 hours with five of them working 40 hours or more per week. The average wage was \$5.60 per hour. The average length of time in the job was 4.5 months. *Youths out of Care.*

The average number of jobs held since discharge was 2.5 per youth, and that the job length ranged from a very few months to about a year and a half. Only two-thirds were employed at the time of the interview, although a number were attending school. The average number of hours worked per week was 29.5, and in contrast to the youths in care, 17 of the 44 (38.6 percent) who were employed were working 40 hours per week or more. The average hourly wage was \$6.64, about one dollar more than the youths in care were earning. They had held these jobs on average six and a quarter months.

**Youths out of Care: Finances in Context.** On a full-time basis, \$6.64 per hour translates to between \$13,000 and \$14,000 per year (depending on whether paid holidays and vacation are assumed), but many were not working full time. Most of the youths said that their yearly income last year had been less than \$5,000. Otherwise, 25.6 percent had incomes between \$5,000 and \$10,000, and 9.3 percent had incomes between \$10,000 and \$15,000. Few were earning or had earned a “living wage.” One-third (32.9 percent) of the youths said they had trouble paying their bills. None of those interviewed were



**Figure 4. Dropout Rates of Youth In and Out of Care**

homeless or completely destitute because they had found other means of financial support. For most, this was achieved through their living arrangements, which provided room and board and other supports. And some found other sources of income. Nine youths in college or vocational/technical school were receiving financial aid or had taken loans. Three were identified as receiving social security income, although there may have been others who failed to mention this source. Two were receiving TANF (and presumably food stamps). And 14 said they received some help from friends or family with whom they were not living.

**Health Care of Youths out of Care.** About one in every five youths discharged from care cited a health problem. Over a third (34.8 percent) of the entire sample said they had no medical insurance of any kind. Slightly more were still receiving Medicaid (36.3 percent) in some fashion (because of disabilities or welfare). Of the remainder, 13.6 percent had private health insurance, 9.1 percent had other state or county insurance, and 6.1 percent had insurance through their school. About a fifth (22.7 percent) said they were unable to get medical care when they needed it, citing the expense of medical treatment and/or their loss of Medicaid.

**Drug and Alcohol Problems.** Over one-fourth of this sample admitted to drug or alcohol problems. The large majority said the problem was serious to very serious, but all said that their drug or alcohol abuse was not currently a problem.

**Mothers and Children.** Eight young women discharged from care had children, and in seven cases their children were living with them. Four had children under the age of one year. Only two of the seven indicated that anyone had taught them how to take care of a baby or how children develop before their child had been born. All said they were able to take their child for doctor visits, and a specific doctor or health clinic was mentioned. Six of the seven said that daycare was available for them when they were working or going to school or in other circumstances. In two of the seven cases, the father was living with the mother and child. In two others the father gave the mother and child some

financial support and visited periodically, while in three cases the father was not involved at all.

---

## Service Needs and Barriers

---

The initial research phase of this project involved an assessment of service needs related to Independent Living. Because no two young people who enter the state's child welfare caseload and face the transition to adult life with little if any support from their natural families are exactly alike, their service needs can differ markedly. At the same time, despite their diversity and individuality, such youths have much in common--in terms of their time of life, their limited resources, the emotional stress from abuse and/or neglect, and the lack of solid grounding and supports from their natural family.

**Services Needed.** A statewide sample of 260 child welfare professionals in both public and private agencies were asked about the kinds of IL services youths in foster care needed and what they were receiving. The following table shows the overall ranks for specific services in terms of assessed need, service provision, and unmet need. It shows, for example, that more of these youths are seen by the professionals who work with them as needing assistance with decision making and communication skills than any other service, followed closely by a need for financial planning assistance, daily living skills training, help developing a positive self image, help with health care planning and help finding a job. While services near the top of the list are viewed as needed by nearly all of these youths (over 95 percent) those near the bottom are seen as needed by many of them (over 50 percent). Sometimes one service area may be perceived as less crucial than another because it is more often being successfully addressed by existing resources or another institution. An example of this appears to be the area of education.

**Services Provided.** The service provision column shows that the service most often provided to these youths is daily living skills training. This is followed by education and then a set of services often available through a counselor or therapist, namely educational testing, decision making and communication, individual



### Rank of Services Needed and Services Provided

Service area	Overall Rank of		
	service need	service provision	unmet need
Decision-making/communication	1	4	6
Financial planning	2	11	1
Daily living skills training	3	1	14
Develop positive self-esteem	4	6	7
Health care planning	5	13	2
Securing/maintaining a job	6	8	5
Workplace readiness	7	9	4
Career counseling/guidance	8	7	8
High School completion/GED	9	2	12
Securing a residence	10	15	3
Evaluating educational needs	11	3	13
Other counseling	12	5	11
Integration/coordination of servs.	13	10	9
Vocational/skill training	14	14	10
Referral/coord. w. other systems	15	12	15

counseling, help in developing a positive sense of self, and career guidance. These, then, are followed by more concrete kinds of assistance or help in the planning of practical matters—help in finding a job and getting ready to work, case management assistance and referral to services, financial planning, vocational skills training, and securing a place to live.

**Unmet Need.** The third column in the table is an attempt to determine the relative ranking of needs that remain unmet to the population of youths facing emancipation. As can be seen, planning for the future and concrete assistance during the period of transition tend to be the largest gaps that exist. Planning related to their financial situation and health care, help securing a place to live, and help finding a job rank at the top of the list of unmet needs. Most if not all youths facing life on their own need help in these areas and many are not able to obtain it.

**Housing.** Housing is a particularly critical problem. It is an area of significant unmet need, but unlike some other needs that may not be met, housing cannot be done without. A young person may do without financial planning help or help planning their future health care needs, for instance, but he or she cannot do without a place

to live. When respondents described housing problems they were referring to living arrangements for youths who were transitioning to independent living as well as acceptable arrangements after emancipation. In some areas, both urban and rural, appropriate housing was simply not available. Other difficulties associated with housing were funding, affordability, and liability. Housing problems were frequently raised in reference to teen parents. In this instance the primary problem was finding living arrangements in foster or group homes for pregnant teens or housing that would accept a teen mother and her child.

**Barriers to Service Provision.** The professionals who participated in the survey were asked about the reasons gaps existed between the needs of youths facing emancipation, on the one hand, and the services provided to them, on the other.

**1) Funding.** Perhaps not surprisingly, funding was cited as a major factor lessening the effectiveness of IL programs statewide. This involved both too little funding and limits on the use of funding. Both public and private agency professionals emphasized the potentially expensive nature of real and serious preparation for independent living. There was a broad consensus that included both direct service workers and program administrators that funding was inadequate for the needs of these children.

**2) Caseload Size.** The second most commonly cited barrier to the delivery of effective IL services were problems related to staff levels and caseload size. Workers were seen, and saw themselves, as often having too little time to work with youths sufficiently.

**3) Resources.** It was often the case that too few resources was mentioned in the same breath as too few funds. Both public and private agency respondents tended to evaluate availability and quality of resources for independent living in similar ways. Almost 60 percent of both felt that lack of resources and services in their county was a very critical or frequent problem. Over 40 percent of each group rated poor quality of resources in the same way. Respondents cited a lack of resources to explain the absence of or

difficulties in delivering a wide variety of specific services, including counseling, transportation, job assistance, independent living classes, and, in certain parts of the state, employment. A problem emphasized by some was the number and quality of foster parents who work with older youths, a critical piece of the IL puzzle.

Other serious problems cited included transportation and liability issues, cooperation problems with youths (often arising from naïve optimism about their ability to cope with matters on their own or from never having learned how to accept genuine efforts to help them), and limited coordination and collaboration among social service systems in their counties.

---

## Conclusions and Recommendations

---

### *General Needs*

**Education.** The direct relationship between level of education and future earnings is well known. Many youths leave foster care without having completed high school. As a consequence they are more likely never to finish school. Higher levels of dropping out after leaving care were observed in the present research. There is a need for individuals to work directly with youths to focus specifically on such issues as student advocacy, educational placement, counseling, employment readiness, and tutoring. Research has shown that specialized educational support and advocacy for youths in foster care can lead to significantly higher rates of high school completion, decreased rates of dropping out, improved academic performance, and reduced maladaptive behavior.<sup>20</sup>

Reductions in teen pregnancies and sexually transmitted diseases—both the results of risky sexual behavior—may follow from efforts to improve the educational aspirations of young people in care. Educational aspirations may also be promoted in turn through improvements in “life options,” such as savings accounts and scholarships for post-secondary education.<sup>21</sup>

Another finding in the IL literature is the inverse relationship between the degree of restriction of placement settings and educational achievement. Generally, youths in less restric-

tive placements, such as scattered site apartments, showed greater educational participation after leaving care.<sup>22</sup>

**Employment.** Youths currently in foster care in Ohio were employed at significantly higher rates than youths studied in previous research reviewed.<sup>23</sup> Part-time employment during late adolescence, so long as it does not interfere with education, can provide a useful introduction to the world of work. Whether or not they hold part-time jobs, youths in foster care need to begin thinking about future employment. This implies the need for the same kind of individualized support and advocacy regarding employment and training suggested above for education.

**Life-Skills Training.** When asked about sources of life-skills instruction, workers tended to emphasize formal instruction, such as life skills classes. Young people, on the other hand, were much more likely to refer to the significant adults in their lives—parents and relatives, foster parents, and educators; they mentioned life-skills classes infrequently. The best practice in promoting IL skills, therefore, will be to build upon these natural sources of instruction and example in ways that make them more effective. Foster parenting should be presented as primarily a job of assisting youths to develop rather than merely providing custody and protection. All foster parents need to participate in training that emphasizes their role as informal teachers and role models and gives them specific tools to instruct and guide the youths in their care.

Of the types of mentoring programs studied, “mentoring homes” suggests a practical approach that would be highly beneficial for all youths in care.<sup>24</sup> Recasting foster care for adolescents as “mentoring care” is a way to emphasize this side of foster care arrangements. Mentoring care or mentoring homes might be paid at a higher rate than normal foster care, while placing greater responsibility for instruction on the foster parents and an obligation to participate in special training.

It was initially surprising to interviewers in this research how many youth indicated that they had learned specific life skills from their mothers and fathers, brothers, sisters, grandparents,



and other relatives. This implies that children who have been removed from their homes may still take away some positive experiences and memories. Ways to support modeling and instruction from youths' families, especially extended families, need to be explored.

Similarly, because so many youths emphasized school programs and particular teachers, the agency should advocate for school programs and for dedicated teachers to instruct all school children in life skills, healthy life styles, sex education, and parenting. An important responsibility of caseworkers will be to make sure that foster youths take advantage of such classes in the schools they are attending.

A number of respondents to the initial needs assessment survey indicated that preparation for independent living should begin earlier than age 16. Age restrictions have been removed from current law and it will be possible to begin emphasizing pre-independent living skills for youths in early adolescence. For example, instruction in household skills such as cooking, cleaning, washing clothes, buying certain personal items, handling an allowance, saving money, and so on, can begin in preadolescence.

Only about 20 percent of the youths in the study who were discharged from care and were interviewed had lived in transitional living arrangements before leaving care, and of these, only a minority had lived in transitional apartments. IL skills can be acquired in foster arrangements, some of which afford a degree of freedom and personal responsibility to older youths, but significant opportunity for learning is found in living arrangements that allow youths to begin to live with less supervision.

**Planning.** The need for individualized planning for each youth destined for independent living has been re-emphasized in the recent Federal legislation. States must ensure and certify that youths participate in designing their own program activities to prepare them for independent living. It was not possible in the present study to track consistently the planning activity that went on for youths, nor the extent of their participation in planning. A system for routinely

tracking such activities will be necessary in the future.

### ***Special Problems***

**Disabilities.** Very high rates of developmental and learning disabilities were found in the sample of Ohio youths 16 to 21 years of age. Most of the individuals in the study sample that were identified as having disabilities were receiving special education services. This included virtually all with learning disabilities, developmental delays, mental retardation and/or ADHD. This is a positive finding in light of research in other states showing that youths in foster care who need such services often do not receive them.

On the other hand, this study led to the conclusion that problems existed in some parts of the state in coordination with local MR/DD boards. The recent Federal legislation places an emphasis on coordination with other agencies that offer similar services. MR/DD agencies are a source of education and training services for youths with disabilities. Moreover, in some areas there are well-developed transitional independent and supported living programs available for persons with developmental disabilities. Given the level of developmental problems encountered in the older adolescent foster population, state and local initiatives to coordinate MR/DD and child welfare might have significantly beneficial consequences for youths in foster care.

**Emotional and Behavioral Problems.** Emotional and behavioral problems are common among youths subjected to emotional maltreatment, sexual abuse and neglect and those placed for status offenses, unruly behavior and delinquency. These issues point to the need for coordination with other agencies directly concerned with mental health. Workers in the needs assessment survey reported slightly better coordination with mental health in comparison to MR/DD agencies, but over 30 percent of public workers and over 60 percent of private agency representatives regarded services from mental health agencies as deficient for youths in independent living.

Public and private workers reported deficiencies of substance abuse treatment services

similar to mental health services. About 30 percent of youths in the study sample were reported to have had mild to severe substance abuse problems. Rates of over 50 percent were reported for delinquents and status offenders. This was confirmed in follow-up interviews. This suggests three courses of action. First, substance abuse treatment should be available for every youth where such a problem has been identified. Second, substance abuse prevention services should be made available to all older youths in care, a service mentioned explicitly in the 1999 IL legislation. Third, because so many youths return to their families after discharge from foster care, programs are needed to enable them, as young adults, to cope with drug and alcohol abuse by parents, siblings and other relatives.<sup>25</sup>

**Health.** About seven percent of the youths in the study sample suffered from chronic health problems. In follow-up interviews over one in every five youths who had exited care indicated that they could not get health care when they needed it because of the expense involved and their loss of Medicaid. Over a third indicated they had no health insurance of any kind at the time of the interview. These findings exemplify the need for extended Medicaid coverage for this vulnerable group. States now have the option, under the 1999 IL legislation, to extend Medicaid coverage through age 20 for youths who have been in foster care. The findings of this study support enactment of such coverage in Ohio.

**Pregnancy and Parenthood.** Very high rates of teen pregnancy and births were found among the young women studied in this research. Evidence from the case-specific follow-up was that prenatal care services were generally available for pregnant teens. Most counties had foster care arrangements for pregnant teens and teen parents, although only 37 percent said resources for pregnant teens were sufficient, and just 23 percent said they were sufficient for teen parents. Respondents also noted the availability of school and instructional programs of various kinds for these youths. Most indicated that programs were insufficient. However, in a third of the counties respondents pointed to specific school and health programs for pregnant teens and teen parents. The areas of greatest need

were support programs and counseling for teen parents and programs to avoid another pregnancy. This consideration, coupled with the high levels of teen pregnancy, supports the need for additional pregnancy prevention programs, another area explicitly mentioned in the 1999 IL legislation.

Teen pregnancy and parenthood were inversely related to disabilities and psychiatric problems while they were directly related to cases of child neglect, dependency, and unruly behavior or status offenses. These suggest areas in which pregnancy prevention programs should be focused.

Teen pregnancy often results from risky sexual behavior. Such behavior also exposes young people to sexually transmitted diseases. Youths with higher educational aspirations were less likely to engage in risky sexual behavior, a finding that replicated in the present research. This points to the potential value of pregnancy prevention activities that promote educational aspirations of young people in care, like those discussed above.<sup>26</sup>

### *Leaving Foster Care*

**Support Networks.** Only a minority of youths in care were visited by mothers, fathers or grandparents more than once a month. Caseworkers estimated relationships with families to be poor in most cases and felt that there was usually little hope of financial support from families. Yet, many research studies of emancipated young adults, including this study, have shown that significant proportions maintain relations with parents and extended families after emancipation.<sup>27</sup> This suggests that greater attention should be paid to helping these natural families prepare for the reunification that often occurs.

Continuing efforts are necessary to engage parents and extended families in the planning process for youths whose placement goals have been changed from reunification to independent living. This planning might focus on needs for room and board after emancipation and/or periodically during young adulthood. This even applies to cases in which parental rights have been legally terminated. In addition, ways of actively

helping families prepare for the return of their older children need to be explored. The intentions of youths themselves should be determined regarding their desire to live with their relatives and the likelihood that this will occur. The problems that they will encounter should they return as young adults to situations from which they were removed as children should be considered and openly discussed. In this light, an increased focus on educating youths in ways of coping with problems of parents or relatives, such as mental illness and substance abuse will be valuable.<sup>28</sup> Alternative support systems based on continuing relationships with foster parents, mentors, or other important adults in the lives of youths in care, should be emphasized. In this light, the specialized foster parent programs for adolescents mentioned above might serve as models.

**Transitional Living Arrangements.** One experienced respondent noted that emancipating youths directly from residential or foster care to living on their own is a “recipe for failure.” The missing step in that picture is relatively unrestricted transitional living while youths are still legally wards of the court. Many aspects of such living situations are essentially the same as youths will soon experience when they have been discharged, such as budgeting, buying necessary food and supplies, paying for telephone and other expenses, dealing with friends and visitors, setting a schedule for themselves, and meeting work and school obligations. At the same time, supervision, instruction, and modeling from those responsible for the youths can provide the context of support that is always necessary when young people learn by doing.

Transitional living arrangement can be divided into two general classes: less supervised and more supervised. Examples of the former are scattered site apartments, host homes, boarding homes, and apartments with an adult or peer roommate. Examples of the latter are clustered apartments, shared homes, specialized foster homes, transitional group homes, and specialized arrangements in residential treatment centers. All provide some independence in comparison to foster care or to standard group homes or residential centers. The difference lies in how often agency supervisors are in contact with

youths and the degree to which youths’ behavior is directly controlled by supervisors.

A frequent response of agency representatives to questions about transitional living was that many foster youths at ages 16 or 17 are not ready to live this way because they are too immature. Yet, these same youths may be and often are discharged from foster care soon after they turn 18. The argument can be made that if they are not ready to live in transitional apartments at 17, when they can be provided the supports they need, they are not ready to be discharged at 18 to live on their own without supports.

Transitional living arrangements of any kind were unavailable in most geographic areas. These arrangements were available in group homes and residential facilities in a minority of counties (about one in five). Supervised and semi-supervised apartment living was found in less than 10 of Ohio’s 88 counties, although some counties occasionally placed a youth in such programs elsewhere in the state. It could be argued that such living arrangements were available where the needs, as measured in sheer numbers of youths in care, were greatest. On the other hand, the counties that sponsored such programs accounted for considerably less than half the youths in the foster population who aged out of care in a given year. There is room for considerable expansion of transitional living programs of this kind in Ohio.

There is a need for at least one type of less supervised and one type of more supervised arrangement available throughout the state for the foster care population. More closely supervised situations would be a first step for some youths who could gradually be given freedom over their own activities until they graduated to less restrictive living situations. Others could move directly to less supervised arrangements. When necessary, some youths could be moved back into more supervised and more restricted settings. The goal for all would be to learn about living self-sufficiently.

**Aftercare Programs.** Virtually everyone interviewed in public and private agencies and many who responded in writing gave examples of continuing contact with youths, but in only one in-

stance of a private program in Cleveland did the researchers find a *systematic program* of follow-up and support. At the same time, aftercare was mentioned again and again as one of the top needs of the current system. Now, with the advent of the 1999 Federal IL legislation, financial support for aftercare is at last forthcoming.

One way of thinking of aftercare is as a continuation of the support provided in transitional living arrangements. Aftercare should provide concern and encouragement as well as concrete assistance. Services will vary depending on the living situations of youths. Those who are living alone and with minimal supports may need advocacy with agencies where they qualify for services, legal assistance, information and referral to education, training and employment services, counseling concerning living situations and relationships, advice and assistance concerning living arrangements, and in some instances, direct financial assistance. Youths who are living with relatives may need many of the same services as well as counseling and the special kinds of support suggested for coping with problems in their families. Young women with children may need assistance with their children's health care, with daycare arrangements, in obtaining child support, and a variety of other family needs. Some so-called "high functioning" youths will need minimal support, particularly those who are able to continue their education and those who have good social support from friends and adults. The extension of Medicaid services to youths after foster care is another needed component of aftercare programs. That very little aftercare was found in the state while at the same time many respondents decried its absence suggests that new programs would be broadly supported.

### ***Regional Programs***

Life skills assessment and training appeared to be the most widespread IL service, but the training was not conducted through an organized program in many areas. Educational and employment services appeared to be more widely available, often through school systems or job training programs, but few offices had positions that specialized in coordination of such services or in advocating for youths in these areas and

linking them to services and programs. Few locations had the full range of transitional living services that youths in foster care need. A frequently encountered explanation during the study for the absence of an independent living program and gaps in services was that the number of youths who qualified for such services was too small to justify an IL program. The limited allocation of IL funds by the state to many smaller counties reflects this. Federal funds are allocated to local offices on the basis of their proportion of the statewide caseload, with a budget floor of \$5,000. Allocations during state fiscal year 1999 were less than \$10,000 in 69 of Ohio's 88 counties.

Several individuals suggested that the benefits of existing programs could be spread more widely by developing regional IL programs based upon pooling of state and local funds. Furthermore, many believed that a regional program devoted explicitly to independent living would insure that IL funds were expended only for independent living services. Regionalization seems particularly appropriate for independent living programs because many of the critical elements do not have to be geographically fixed and can be adapted as necessary.

Life-skills assessment and training are a case in point. Both assessment and training in life skills can be transported to different sites within a region. Similarly, youths can be transported, so long as distances are not too great, to locations where regional services are offered to groups. Those responsible for life-skills assessment and training in such a regional program could also promote educational and employment services. The work would involve assessment, participation in individual planning for independent living, consulting with public and private caseworkers concerning the educational and employment needs and progress of youths on their caseloads, visiting schools to advocate for youths with teachers and counselors, insuring that young people who needed special education received it, working with MRDD boards to promote coordinated services, and cataloging other employment and training services in the community and bringing them to the attention of youths, foster parents, and workers.

The least restrictive types of transitional living arrangements—those that are the most spotty in Ohio—are the easiest to establish in new locations. Setting up scattered site apartments, for instance, is a matter of finding cooperative landlords. Respondents in some parts of the state indicated that no apartments were available for these purposes in their communities. When this is the case, other analogous types of housing can be sought, including host homes, boarding homes, specialized foster homes with minimal restrictions, and apartment sharing with adults or older peers. A key element is availability of knowledgeable staff for periodic supervision and to handle emergencies, as well as fallback, temporary living situations for youths when they fail in less restrictive arrangements.

Regional efforts should build on the experience of existing programs. For example, there are strong programs in several counties in southwest Ohio. Regional efforts there should build upon the existing partnership between public agencies and private agencies, such as Lighthouse Youth Services in Cincinnati and Choices in Dayton by extending their services to smaller surrounding counties. Similarly, the public program in Franklin County might be expanded to include certain surrounding counties. In many other locations, either the startup of new programs or the expansion of existing programs in private foster care agencies will be necessary to include the full range of independent living services.

In order to promote regional independent living programs and to find feasible approaches, two or three regional demonstrations might be sponsored by ODHS through an RFP process. Preference in distribution of new Federal funds might be given to counties that move in this direction. Groups of public agencies and select private agencies would submit proposals. A critical requirement would be support by the juvenile court in each county of all elements of the regional effort, and in particular transitional living. Such an RFP could specify that proposals include certain required elements, such as:

- Pooled funds.
- Coordinated life-skills assessments.

- Coordinated life-skills training.
- A method (preferably specialized personnel) for promoting education and employment of youths in IL.
- Participation of regional workers in individualized planning for independent living.
- A method of promoting specialized foster arrangements, such as mentoring homes, to prepare adolescents for independent living.
- A transitional living program with more and less supervised elements.
- A follow-up and aftercare program for youths that have exited care.
- Specific emphasis on services to pregnant teens and teen parents who are destined for independent living.

Ohio currently has a coterie of experts from existing programs to provide technical assistance in localities establishing new programs. Such assistance could be provided to counties that develop proposals.

Copies of the full report on this project are available from:

Institute of Applied Research  
 1047 S. Big Bend, Suite 201  
 St. Louis, Missouri 63117  
 (314) 645-7444

Consult <http://www.iarstl.org> for order form and pricing

<sup>1</sup> More detailed information on the content of the Act can be found at the following internet websites: <http://www.cwla.org/cwla/publicpolicy/hr3443.html> and [http://www.childrensdefense.org/hr3443\\_summary.html](http://www.childrensdefense.org/hr3443_summary.html).

<sup>2</sup> The most comprehensive research following up on youths formerly in foster care was conducted by Westat, Inc. over a decade ago (Westat (1988) *A national evaluation of Title IV-E foster care independent living programs for youth, phase 1 (final report)*; Rockville, MD; Westat (1991) *A national evaluation*

of Title IV-E foster care independent living programs for youth. *Phase 2: Final report*. Rockville, MD; Cook, R. (1994) Are we helping foster care youth prepare for their future? *Children and Youth Services Review, 16*(3/4), 213-229). This research involved a representative national sample of 1,644 youths discharged from care during 1987 and 1988. It examined Title IV-E Foster Care Independent Living programs and the IL service needs of foster care youths. The study examined the relation of various measures of outcomes two to four years after youths were discharge from life-skills training programs. Two earlier studies of former foster youths were Festinger's study of 364 individuals who had left care in the New York Metropolitan City area and the study by Jones and Moses of 328 youths in West Virginia (Festinger, T. (1983) *No one ever asked us: A postscript to foster care*. New York: Columbia University Press; Jones, M. A. and Moses, B. (1984) *West Virginia's former foster children: Their experience in care and lives as young adults*. New York: Child Welfare League of America). Later studies of outcomes after foster care have included Barth, Courtney and Piliavin, and Mallon that studied 55, 113, and 46 youths, respectively (Barth, R. P. (1990) On their own: The experience of youth after foster care. *Child and Adolescent Social Work Journal, 7*(5), 419-440; Courtney, M., & Piliavin, I. (1998) Foster youth transitions to adulthood: Outcomes 12 to 18 months after leaving out-of-home care. Univ. of Wisconsin-Madison (<http://polyglot.lss.wisc.edu/socwork/foster/wave2.pdf>); Mallon, G. P. (1998) After care, then where? Outcomes of an independent living program. *Child Welfare, 77*(1), 61-78). More recently, a follow-up study of 25 youths formerly in foster care by McMillan et al. focused on the youths' opinions about what had been the most and the least helpful to them in achieving their independence, rather than on objective outcomes. In addition, McMillan and Tucker did case record reviews on 252 youths (McMillan, J. C., Rideout, G. B., Fisher, R. H., & Tucker, J. (1997). Independent-living services: The views of former foster youth. *Families in Society, 78*(September-October), 471-479; McMillan, J. C., & Tucker, J. (1999). The status of older adolescents at exit from out-of-home care. *Child Welfare, 58*(3), 339-360).

This work has been supplemented by a body of research examining a number of different areas related to independent living: independent living programs (e.g., Stehno, S. M. (1987) A last chance for youth "aging out" of foster care. *Children Today, 16*(5), 29-33; Scannapieco, M., Ph.D., Schagrin, J., & Scannapieco, T. (1995) Independent living programs: Do they make a difference? *Child and Adolescent Social Work Journal, 12*(5), 381-389; Colca, L. A., &

Colca, C. (1996) Transitional independent living foster homes: A step toward independence. *Children Today, 24*(1) ), particular IL program elements such as mentoring (e.g., Mech, E. V., Ph.D., Pryde, J. A., MSW, & Rycraft, J. R., Ph.D. (1995) Mentors for adolescents in foster care. *Child and Adolescent Social Work Journal, 12*(4), 317-328) and educational services (Ayasse, R. H. (1995) Addressing the needs of foster children: The Foster Youth Services program. *Social Work in Education, 17*(4), 207-216), exploring youths' needs and readiness for IL (e.g., English, D. J., Kouidou-Giles, S., & Plocke, M. (1994) Readiness for independence: A study of youth in foster care. *Children and Youth Services Review, 16*(3/4), 147-158 and Goerge, R. M., Van Voorhis, J., Grant, S., Casey, K., & Robinson, M. (1992) Special education experiences of foster children: An empirical study. *Child Welfare, 71*, 419-437), and assessing service availability and delivery (e.g., DeWoody, M., Ceja, K., & Sylvester, M. (1993) *Independent living services for youths in out-of-home care*. Washington, DC: Child Welfare League of America). The increasing concern for the fate of children "aging out" of the foster care system and the resulting attention given to IL programs has resulted in special issues of journals (e.g., *Children and Youth Services Review* v.16 n.3-4), conference proceedings (e.g., Mech, E. V., & Rycraft, J. R., eds (Eds.). (1995) *Preparing foster youths for adult living: Proceedings of an invitational research conference*. Washington, DC: Child Welfare League of America), and edited volumes (e.g., Maluccio, A. N., Krieger, R., & Pine, B. (Eds.). (1990) *Preparing adolescents for life after foster care: The central role of foster parents*. Washington, DC: Child Welfare League of America) devoted to the subject. Concerning integration with child welfare generally, Waldinger and Furman show the benefits of coordinating ongoing child welfare services with emancipation preparation services, especially the benefits of encapsulating both kinds of activities in a single person. (Waldinger, G., & Furman, W. M. (1994) Two models of preparing foster youths for emancipation. *Children and Youth Services Review, 16*(3/4), 201-212). An exemplary type of community integration is illustrated by Mech, Pride, and Rycraft (1995) in their discussion of mentoring programs for adolescents in foster care across the nation.

Note: the Westat (1991) study cited above is available from the National Resource Center for Youth Services, College of Continuing Education, the University of Oklahoma, 202 West Eighth Street, Tulsa, OK 74119-1419, 918-585-2986.

---

<sup>3</sup> For example, 54 percent of youths in the Westat (1991) study went to live with their family or extended family upon discharge, and 38 percent were still living in this situation 2.5 to 4 years later. Two-thirds of the youths studied by Barth (1990) reported monthly contact with family and relatives. In the follow-up by Courtney and Piliaven (1998), 40 percent of the youths reported that their families had tried to help them, 46 percent indicated their families provided emotional support to them, and 49 percent agreed that they could talk with family members about problems; about one-third lived with relatives after discharge, and family members were the most common source of monetary help immediately after discharge. McMillan and Tucker (1999) reported that 26 percent of the youths studied were living with relatives at the time of their discharge, and 10 percent of the placements were not planned, involving situations in which the agency could find no other placements for the youths or in which the youths had run away from placement to live with their families. A relatively large percentage of youths (57 percent) in the Westat study reported that they had strong concrete or emotional support networks, which included family members, after leaving care.

<sup>4</sup> For instance, in the Westat (1991) study about nine percent of youths lived with foster parents immediately after discharge from foster care. Courtney and Piliaven (1998) indicated that about one third of their sample were able to stay with foster parents after they technically left care.

<sup>5</sup> See Westat (1991).

<sup>6</sup> See Barth (1990) and Westat (1991).

<sup>7</sup> The rate of high school completion upon discharge from foster care was 48 percent in the 1887-88 national sample (Westat 1991). This figure had risen to 54 percent by the time the youths were interviewed two to four years after discharge. This compares to 80 percent of individuals nationally in the 18 to 24 year age range that had completed high school. Barth (1990) found that just 45 percent of the youths (age 21) in his study had completed high school. More recently, Courtney and Piliavin (1998) found that 55 percent of 113 Wisconsin foster care youths had completed high school 12 to 18 months after discharge.

<sup>8</sup> See Westat (1991).

<sup>9</sup> For example, only 39 percent of the youths in the Westat (1991) study had any job experience. At fol-

---

low-up some years later, 38 percent had maintained employment for one year. About 48 percent had held a full-time job during the ensuing period at a median weekly salary of \$205. A somewhat larger proportion (75 percent) was working in Barth's (1990) follow-up. In Courtney and Piliavin's (1998) study 50 percent were employed and average wages were less than \$200 per week. In the Westat (1991) study only 17 percent of youths were self-supporting through their jobs. About a third (32 percent) survived through their earnings coupled with other sources of income. The remaining 51 percent of individuals with no jobs either were totally dependent on other sources of income (44 percent) or received welfare (7 percent).

<sup>10</sup> See Westat (1991).

<sup>11</sup> See Scannapieco, Schagrin & Scannapieco (1995).

<sup>12</sup> See Mech, Pryde and Rycraft (1995).

<sup>13</sup> This is supported by the work of Griem and associates (Greim, J. (1995) Summary of Public/Private Ventures' Investigations of Adult/Youth Relationship Programs. In E. V. a. R. Mech, Joan R. (Ed.), *Preparing Foster Youths for Adult Living* (pp. 105-110). Washington, DC: Child Welfare League of America, Inc).

<sup>14</sup> Mech and associates confirmed that youths in the most unrestricted out-of-home living situations (scattered site apartments) where they were most in charge of their own lives scored highest in a life-skills inventory (Mech, E. V., Ludy-Dobson, C., & Hulseman, F. S. (1994) Life-skills knowledge among foster adolescents in three placement settings. *Children and Youth Services Review*, 16, 181-200).

<sup>15</sup> Ayasse (1995) reported on several school-based programs in California designed to provide educational services to youths in foster care.

<sup>16</sup> See Mech, E. V., & Che-Man Fung, C. (1999) Placement restrictiveness and educational achievement among emancipated foster youth. *Research on Social Work Practice*, 9(2), 213-228.

<sup>17</sup> Kroner has produced the most comprehensive descriptive handbook of alternatives for transitional living. He describes in detail housing options and practical issues surrounding the operation of housing programs (Kroner, M. J. (1999) *Housing options for independent living programs*. Washington, DC: Child Welfare League of America, Inc).

---

<sup>18</sup> The reason for removal counted were those associated with the last removal of the youth.

<sup>19</sup> See Westat (1991).

<sup>20</sup> See Ayasse (1995).

<sup>21</sup> This is convincingly argued in the following research: Auslander, W. F., Slonim-Nevo, V., Elze, D., & Sherraden, M. (1998) HIV prevention for youths in independent living programs: Expanding life options. *Child Welfare*, 77(2), 208-221.

<sup>22</sup> See Mech, E. V., & Che-Man Fung, C. (1999).

<sup>23</sup> See Note 9.

<sup>24</sup> The *mentor homes* model is described Mech, Pryde and Rycraft (1995) as involving four to six adolescents who are placed with an adult mentor. The program works with at-risk youth, and the mentor is responsible for guiding the youths in relation to education, employment, community services and so on. The mentors are usually college students who live in the homes. Beside teaching basic living skills they serve as positive models to the youths of behaviors in which the youths themselves are usually engaged, such as getting to school and work on time and studying for classes. Relevant to the present discussion, the number of youths in the home and the status of mentor are less important than the required orientation of the mentor to the youths: teaching and modeling.

<sup>25</sup> Programs with instructional curricula and therapeutic approaches are already in existence from such groups as the National Association of Children of Alcoholics, Al-Anon/Alateen, and the Children of Alcoholics Foundation. The latter is sponsoring a program called *Collaboration* in New York City that, among other things, is designed to offer cross-disciplinary training to child welfare and substance abuse professionals. Each of these organizations has extensive websites: <http://www.health.org/nacoa/>; <http://www.al-anon-alateen.org/> and <http://www.coaf.org/>.

<sup>26</sup> See Note 18.

<sup>27</sup> See Note 3.

<sup>28</sup> See Note 25.