Center for Advanced Studies
in Child Welfare

CW360°:

a comprehensive look at a prevalent child welfare issue

Safety

Permanency

Well-Being

Permanency or Aging Out: Adolescents in the Child Welfare System
Spring 2009

From the Editors

FROM THE EDITORS

Greetings! Welcome to the Center for Advanced Studies in Child Welfare's second annual issue of *CW360°*. The focus of this issue is permanency and aging out of foster care for adolescents. The magazine is jam-packed with information, practice approaches and resources to assist those working with adolescents in child welfare. What we knew to be true as we began to create this publication is that there are many complex issues facing adolescents in foster care, as well as the family members, community members and professionals working with them. Each circumstance is different and each youth unique. We were mindful of these 'truths' as we invited authors to submit articles. Our entire team is excited to publish this robust and well rounded collection of articles which we believe will benefit everyone involved in the lives of adolescents in foster care.

CW360° presents overview articles that describe the successes, challenges and outcomes for youth from all backgrounds emancipating from the child welfare system and in finding permanency. Also included are practice articles, which review current research completed and the special challenges that GLBTQ youth and youth with disabilities face as it becomes time to transition out of care and into independence. Finally, articles detailing the personal struggles and triumphs from former foster youth, their workers, and the organizations that serve them are included to give us all perspective in this critical area of child welfare practice. We hope that as readers are introduced to the complexities that are often present when working with adolescents in foster care, they are also provided with solutions and innovations for improving practice.

As is the case each year, this publication acts as a companion piece to the half day conference hosted by the Center for Advanced Studies in Child Welfare (CASCW). The conference takes place on April 22, 2009 at 9:00 am. We are pleased to have renowned researcher, Mark Courtney, Ph.D., as the keynote speaker for the conference as well as a panel of community practitioners and service providers who will engage in interactive discussion with conference participants. Panelists include: Michelle Chalmers, Co-Executive Officer of Ampersand Families; Claire Hill, Consultant, Adolescent Services, MN Department of Human Services; and Elizabeth Hinz, Liaison for Homeless and Highly Mobile Students for the Minneapolis School District. The conference can be attended in person, or via interactive television (ITV) sites and through the internet. For more information on attending or viewing the conference over ITV or through web streaming technology, visit our website at http://cehd.umn.edu/SSW/cascw/events/adolescentsFosterCare/.

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Join Us on April 16th, 2009

A half-day conference will serve as a parallel resource for each issue of *CW*360°. The conference will be held in Minneapolis, Minnesota and broadcast using interactive television to over 30 sites. The conference will be available for viewing through webstream and will be archived for later viewing. Please visit our website at http://cehd.umn.edu/ssw/cascw/events/adolescentsFosterCare/default.asp for dates, times, ITV locations and/or webstreaming connections.

*CW*360°

Child Welfare 360° (*CW*360°) is an annual publication that provides communities, child welfare professionals, and other human service professionals comprehensive information on the latest research, policies and practices in a key area affecting child well-being today. The publication uses a multidisciplinary approach for its robust examination of an important issue in child welfare practice and invites articles from key stakeholders, including families, caregivers, service providers, a broad array of child welfare professionals (including educators, legal professionals, medical professionals and others), and researchers. Social issues are not one dimensional and cannot be addressed from a single vantage point. We hope that reading *CW*360° enhances the delivery of child welfare services across the country while working towards safety, permanency and well-being for all children and families being served.

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Adolescents in the Child Welfare System
Improving Permanency and Preparation for Adulthood Outcomes

Madelyn Freundlich, MSW, J.D.

In 2006, forty percent of the children in foster care, more than 190,000 youth, were age 13 or older (US Department of Health and Human Services, 2008). Federal law mandates that public child welfare agencies with responsibility for these youth ensure their safety and well being and achieve permanency for each youth in care. Since the enactment of the Adoption Assistance and Child Welfare Act of 1980, permanency has been a goal that child welfare agencies are required to achieve for children and youth in their care and custody. The Adoption and Safe Families Act of 1997 and, most recently, the Fostering Connections to Success and Increasing Adoption Act of 2008 have strengthened the mandate that each youth leave foster care with a permanent family through safe reunification with their parents, adoption, or guardianship or that they have "another planned permanent living arrangement" (Center for Law and Social Policy, 2008).

Nonetheless, some youth leave foster care at the age of majority — usually at 18, but in some states at 19, 20, or 21 if they are in school — without a permanent family. These youth are said to "age out" or leave care through "emancipation" or to "independent living." Over the past decade, the number of youth who age out of foster care has steadily risen. In 1998, 17,000 youth "aged out" of foster care; by 2006, that number had increased by 50 percent to more than 26,000 youth (Kids are Waiting, 2007). Both federal law and child welfare practice have recognized the critical importance of assisting these youth in making the transition from foster care to adulthood. The Foster Care Independence Act of 1999, commonly known as the Chafee Act, provides federal dollars to states for the provision of youth services (including mental health services, life skills, mentoring, employment preparation, and education, among others), stipends for housing, and extended Medicaid eligibility through age 21 at state option (National Foster Care Awareness Project, 2000). States also receive federal funding for vouchers for education and training, including postsecondary training and education, for youth who have aged out of foster care or who leave the public foster care system to adoption or guardianship after age 16.

This federal structure that addresses youth permanency through one set of federal laws and preparation of youth for adulthood largely through other legislation has

> Over the past decade, the number of youth who age out of foster care has steadily risen.

resulted in the development of a system of services for youth in foster care that silos permanency services on the one hand and "independent living" services on the other. Services for youth in foster care typically are provided along two tracks: youth are either on a "permanency" track where the options of reunification, adoption and guardianship are being explored and planning around youth's needs as they transition to adulthood does not take place, or youth are on an "independent living" track where the focus is on services to support youth in transitioning to adulthood and no permanency planning takes place.

Adequate Preparation of Youth for Adulthood?
Youth who age out of foster care and who then face life "on their own" quickly confront the harsh realities of life as an adult when they lack family relationships and resources to support them.

Although the Chafee foster care independence program provides a range of services that could be expected to adequately prepare youth for the transition to adulthood, data have shown that only about two-fifths of eligible foster youth receive independent living services, with services varying significantly among the states (Courtney, 2005). The Chafee program budget of $140 million translates to a maximum of only about $1,400 per eligible youth (Courtney, 2005). Only 17 states have extended Medicaid coverage to youth through age 21 (National Resource Center for Youth Development, 2008). Recent evaluations of independent living

programs have found few impacts on any assessed outcomes, leading evaluators to conclude that there is no reason to believe that the services have a significant positive impact on any of the concrete indicators of successful transition to adulthood, such as educational attainment, employment, earnings, and avoidance of economic hardship (Courtney & Zinn, 2008).

Given the absence of supportive family relationships for youth who age out of foster care and the discouraging findings regarding the impact of independent living services, it is not surprising research has found that these youth face significant challenges. Two recent studies that examined the experiences of youth following exit to "independent living" (the Midwest Evaluation of the Adult Functioning of Former Foster Youth and the Northwest Foster Care Alumni Study) found that these youth often struggle to complete their educations; they frequently have significant health and mental health problems; they often are unemployed or underemployed and face poverty; many experience homelessness and housing instability; they are at risk of becoming involved in crime or becoming the victims of crime; and, as a group, they are more socially isolated than their non-foster care peers (Courtney & Dworsky, 2005; Pecora et al., 2006).

Adequate Permanency Planning for Youth in Care?
Without families, young people do not have the comfort and security that belonging to a family network brings, and they lack models for creating resilient families, successful work lives, and strong cultural and ethnic identities. Importantly, as they approach adulthood, they lack a vital safety net. Support from family is recognized as an important contributor to successful adolescent transitions to adulthood. Parents typically provide their children with progressive preparation for adulthood and then continue to support their children including, in many cases, providing them opportunities to return to live at home. Youth in foster care,

however, do not have the benefit of their birth parents' preparation for the adult world, and when they age out, these youth often do not have the safety net of family support. By its very nature, foster care disrupts a youth's relationships with parents and extended family. Youth who age out of foster care remain, on average, much longer in care before leaving care (in 2004, 60.3 months) compared to all children and youth exiting care (in 2004, an average of 21.5 months) (Kids Are Waiting, 2007). This extended separation from family disconnects youth from the support that families can provide to youth as they begin to navigate the adult world. Like other young people, youth in foster care need family as they prepare to launch into adulthood: a safe place to live, food, health care, emotional support, guidance in making key decisions, emotional support, cheerleading, and celebration in good times.

Over the past decade, improving family permanency outcomes for youth in foster care has become more of a priority (National Resource Center for Foster Care and Permanency Planning & Casey Family Services, 2004). Achieving and sustaining family permanence for youth has prompted the development of child welfare practices that: help young people and their families cope with trauma, separation, and other challenges that can be barriers to permanence with families; fully engage youth and family in planning; reconsider the role of birth family as planning and permanency resources; and explore adoption and guardianship as viable permanency options for youth. Greater attention has been given to the role of the courts as critical decision makers in the lives of young people and families involved in the child welfare system. Nonetheless, significant challenges remain in achieving family perm-

> Without families, young people do not have the comfort and security that belonging to a family network brings, and they lack models for creating resilient families, successful work lives, and strong cultural and ethnic identities.

anence for youth in care. Most youth in care live in group homes or institutions that do not provide opportunities for them to form the kind of lasting relationships with responsible adults that will help

them move into adulthood. In some states, youth are automatically assigned goals of "independent living" at a specified age, and all permanency planning efforts cease. In many states, when youth are on a "permanency" track of reunification, adoption or guardianship, they do not receive Chafee program services to help them prepare for their lives as adults (Casey Family Services, 2008).

One Track, Not Two?

If outcomes for young people at risk of aging out of foster care are to improve, it is essential that youth be safely connected with their own families or have the benefit of new families through adoption or guardianship. To thrive, young people need strong relationships with families who are committed to them and effective preparation for adulthood, including life skills development; a strong education coupled with job readiness and career planning; and access to quality housing and health care. The circumstances of youth who age out of care raise important questions for policymakers and practitioners:

- How can child welfare policy and practice help maintain existing supportive family relations for youth in foster care and build new relationships

that can support youth during the transition to adulthood?

- How can child welfare practice more fully engage youth in their own planning so that plans for family permanence and preparing the youth for adulthood meet the specific needs and desires of the youth?
- How can "independent living" programs be designed to recognize that youth in foster care cannot reasonably be expected to be "independent" at age 18 (or 21) but instead need help in developing and strengthening "interdependent" living skills?
- How can preparation for adulthood programs be strengthened to more effectively meet the needs of youth in foster care? How can family be fully engaged in preparation for adulthood activities?

Through addressing these questions, it is possible to integrate family permanence and preparation for adulthood for each youth in care — a one-track approach that holds real promise in improving outcomes for youth in care.

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Overview

Should the State Parent Young Adults?
Evidence from the Midwest Study[1]

Mark E. Courtney , MSW, Ph.D

When children are removed from their homes due to parental abuse or neglect and placed into out-of-home care, the state public child welfare agency, under the supervision of the juvenile court, takes on the role of parent. While children are in out-of-home care, the public agency is responsible for ensuring their day-to-day care and supervision. This state responsibility continues until the child is returned home, placed with another family through adoption or guardianship, runs away from care and cannot be found, or moves to another care system through institutionalization (i.e., is incarcerated or placed in a psychiatric facility). If youth in out-of-home care do not exit care via any of these routes, they eventually reach the age at which the public agency is allowed under state law to "emancipate" them to independent living, regardless of the wishes of the youth.

From the perspective of the state agency, discharging a youth to emancipated status means that the state ceases to bear any legal parental responsibility towards the youth's care and supervision. Thus, while a public child welfare agency may voluntarily decide to provide a variety of services to youth after discharge from care, the agency is not obligated to do so and the juvenile court cannot compel the agency to do so. Put simply, when youth "age out" of the foster care system in the U.S., the state ceases to be their parent. In all but a few jurisdictions, states relinquish their parental responsibilities when youth reach the age of majority; the federal government currently only reimburses states for the costs of foster care through age 18 under Title IV-E of the Social Security Act.

In recent years, child welfare practitioners and policymakers have begun to question the wisdom of federal policy that ends reimbursement to states for foster care at age 18. Reflecting continuing interest by policymakers in improving prospects for foster youth in transition, the Fostering Connections to Success and Increasing Adoptions Act (Public Law 110-351) was signed into law by President Bush in October 2008. The new law amends Title IV-E by giving states an option to extend foster care to age 21 with continuing federal financial support. Whether states will exercise this option may depend in part on whether policymakers believe that remaining in care past 18 is of benefit to foster youth.

The Midwest Study

The Midwest Evaluation of the Adult Functioning of Former Foster Youth ("Midwest Study") provides evidence of the potential benefits to foster youth

> Put simply, when youth "age out" of the foster care system in the U.S., the state ceases to be their parent.

of extending the provision of foster care past age 18. The Midwest Study is a collaborative effort among the public child welfare agencies in Illinois, Iowa, and Wisconsin, the Chapin Hall Center for Children at the University of Chicago, the University of Wisconsin Survey Center (UWSC), and Partners for Our Children (POC) at the University of Washington, Seattle.

The Midwest Study is following the progress of foster youth in the three states who had entered care prior to their 16th birthday, had been in out-of-home care for at least one year at the time of baseline interviews, and whose primary reason for placement was abuse and/or neglect. Baseline interviews were conducted with 732 youth in the three states between May 2002 and March 2003 when all of the youth were 17 or 18 years old. Eighty-two percent (n = 603) of these 732 youth were re-interviewed between March and December 2004 when nearly all were 19 years old. A third wave of survey data was collected between March 2006 and

January 2007 (n = 591) when nearly all of the young people were 21 years old. The Midwest Study describes the experiences of foster youth in transition to adulthood between ages 17 and 21 across a broad range of indicators of well-being.

Policy variation across the states involved in the Midwest Study allows for an examination of the potential effects of supporting states to extend foster care past 18. Foster youth in Iowa and Wisconsin are generally discharged from care around the time of their 18th birthday and almost never after age 18, whereas Illinois foster youth are allowed to remain in care until their 21st birthday. While some anecdotal reports suggest that many foster youth would not choose to remain under the care and supervision of the public child welfare agency and juvenile court past 18, our study findings from Illinois suggest the opposite; most of the young people in Illinois remained in care past their 20th birthday with many remaining to age 21. The differing state policies lead to vastly different care experiences; Illinois youth remained in care an average of over 20 months longer than their peers in Iowa and Wisconsin.

What do our study findings suggest regarding the potential benefits of extending foster care past age 18?

Higher Education

Our data suggest that foster youth often carry preexisting educational deficits into their early adult years. Nearly one-quarter of the young adults in the Midwest Study had not obtained a high school diploma or a GED by age 21. In fact, these young adults were more than twice as likely not to have a high school diploma or GED as their peers. Conversely, only 30 percent of the young adults in the Midwest Study had completed any college compared with 53 percent of 21 year olds nationally.

1 This paper is based on the following report: Courtney, M. E., Dworsky, A., & Pollack, H. (2007). *When Should the State Cease Parenting? Evidence from the Midwest Study*. Chicago: Chapin Hall Center for Children at the University of Chicago. The report is available at: http://www.chapinhall.org/article_abstract.aspx?ar=1355.

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To provide a test of the effect of allowing youth to remain in care past age 18 on college enrollment and attainment, we compared, between states, the percentage of youth at 21 who had (1) ever been enrolled in college and (2) had completed at least one year of college. Youth in Illinois are 1.9 times more likely (58% versus 30%) to have completed at least some college and 2.2 times more likely (38% versus 17%) to have completed one year of college than their peers in Iowa and Wisconsin. We also conducted multivariate statistical models of both of these higher education outcomes controlling for the characteristics of the youth in the study as assessed during our baseline interviews at age 17-18. These analyses also show strong between-state effects on the likelihood of college participation by the foster youth in the Midwest Study. Even after controlling for observed differences in the characteristics of the youth in our study, the estimated odds of foster youth in Illinois attending college by age 21 were about four times greater than those of foster youth in Iowa and Wisconsin; the estimated odds of foster youth in Illinois having completed at least one year of college by age 21 were approximately 3.5 times higher than those of foster youth in the other two states.

Earnings

Data from the Midwest Study provide a sobering view of the employment and earnings of foster youth in transition to adulthood. When interviewed at age 21 only about half were currently working, which is lower than the employment rate among 21 year olds nationally. Although more than three-quarters of the young adults in the Midwest Study interviewed at age 21 reported having any income from employment during the past year, their earnings were very low. Median earnings among those who had been employed were just $5,450.

We chose to examine the potential relationship between remaining in care and earnings by estimating the effect of each additional year of care on self-reported earnings during the 12 months prior to our interviews at age 21. First, we estimated a statistical model of earnings in the year prior to the wave three interviews, controlling for the characteristics of the youth in the study as assessed during our baseline interviews at age 17-18 and focusing on the effect of each additional year that a youth remained in care on their later earnings. We found that each additional year of care was associated with a $470 increase in annual earnings. Using an alternative estimator of the relationship between remaining in care and earnings, one that attempts to control for unmeasured differences between youth that are associated both with their likelihood to remain in care and their likelihood of having earnings, we found that each additional year of care was associated with an increase of $924 in annual earnings.

Pregnancy

Despite declining overall pregnancy rates among adolescents, teenage pregnancy and childbearing remain significant problems, particularly among youth in foster care. Seventy-one percent of the young women in the Midwest Study had been pregnant by age 21, and half had been pregnant by age 19; rates that are much higher than for the general population. Considerable costs are associated with teen pregnancy, both to the young women involved and to their children, implying that delayed pregnancy among female foster youth making the transition to adulthood should be considered a worthwhile goal.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth ("Midwest Study") provides evidence of the potential benefits to foster youth of extending the provision of foster care past age 18.

In order to assess the relationship between remaining in care and the timing of pregnancies among the young women in our study, we estimated a multivariate statistical model of the timing of pregnancies between our first wave of interviews at age 17-18 and our last interviews at age 21. These statistical models allow us to assess the association, if any, between being in state-supervised out-of-home care and becoming pregnant while controlling for the baseline characteristics of the young women in our study. Our analyses suggest that being in care is associated with a 38 percent reduction in the rate at which the young women in our study become pregnant between ages 17-18 and 19.

Implications

Our findings provide support for state-level efforts to implement the recent amendments of Title IV-E of the Social Security Act that provide federal funding for states that choose to allow young people to remain in state care past age 18. In Illinois, where remaining in care until age 21 is already an option, foster youth are more likely to pursue higher education. This policy also seems to be associated with higher earnings and delayed pregnancy. As states decide to opt in to these new provisions of federal law, it will be important to evaluate the effects of variations in how states extend foster care to young adults in order to improve policy and practice directed towards this group of young adults.

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Overview

Permanence or Aging Out? A Matter of Choice

Lauren Frey, MSW, LCSW

Aging out of foster care means a youth's entire childhood is spent without safe and permanent parenting. Data regarding increased risks is compelling; aging out youth fare poorly compared to their peers in education, employment, emotional and economic well-being, early pregnancy and parenting, involvement with the criminal justice system and more (Courtney et al., 2005). These are painful illustrations of the deep and enduring effects of life with the state as a parent. But we have a choice. Aging out is prevented when youth achieve permanence — when they leave foster care prior to the age of majority with their family status restored (through reunification with a birth parent or reconnection with kin) or reconstructed (through adoption or legal guardianship).

In the 2007 Kids Count Data Book essay, the Annie E. Casey Foundation calls for family permanence as a paramount and defining goal of child welfare work in America, directing *all* activities of the child welfare system toward that goal (AECF, 2007, pp. 5, 33). Reform of that magnitude is urgent, and it will take time. If you are a caseworker or supervisor who wants to make a difference today, what can you do? If even one youth on your caseload will age out before permanency reform comes to full scale, where can you start?

assures lifelong connections to birth and extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language (Frey & Greenblatt, 2005, p. 3).

One of the greatest challenges of a multi-county effort in California to achieve

within a structure of safety because they offer hope, meaning, purpose, motivation, belonging, identity and connectedness. Family members and other caring adults are sought out to provide essential information, to be part of the planning team, to help identify or support another permanent parent even when they *cannot be* the permanent parent themselves.

Reunification, adoption and legal guardianship are the only goals that purposefully aim to resolve a youth's family status and achieve family permanence. APPLA (Another Planned Permanent Living Arrangement) and IL (Independent Living) address a youth's placement or living situation. APPLA and IL are not permanency goals; they perpetuate the state as the youth's parent. Even older youth who want to be on their own deserve both a place to live *and* permanent, legal family status.

Use a youth-centered team. Develop an individual team for each youth, first asking the youth to identify important members of their own team. Make the youth the central team player. In the collaborative permanency planning approach used at Casey Family Services, the direct service agency of the Annie E. Casey Foundation,

> Permanence is about a relationship—an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and assures lifelong connections to birth and extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion and language.

Think relationship, not placement. Placements are about physical safety — shelter, food, provisions and a living environment free from harm. A placement is an event that occurs at a point in time. A relationship spans time and place. Permanence is about a relationship—an enduring family relationship that is safe and meant to last a lifetime; offers the legal rights and social status of full family membership; provides for physical, emotional, social, cognitive and spiritual well-being; and

permanent lifelong connections for youth in foster care was "turning the focus of caseworkers and supervisors away from placement and toward connections" (Louisell, 2007, p. 4). When placement is the priority, stability becomes the standard. Past relationships are cut-off because they might disrupt the youth's behavior. Parents, family members and other caring adults are dismissed if they can't provide the youth with a place to live. When "relationship" is the priority, past relationships are preserved

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88% of teams for youth over the age of 12 had youth in attendance and 100% of those youth said they "had a say" in decisions (CFS, 2008). Find creative ways for younger children to have a voice in team planning, too. Help them assist in developing the team meeting agenda, contribute photos, drawings and stories, or ask them to send a message to the team through an adult team member. Join youth, birth parents, foster parents, family members and other important adults together with professionals on the planning team (Freundlich, Frey, Kerman & Greenblatt, in press, p. 407).

Be collaborative, include everyone for what they can contribute, don't exclude them for what they cannot contribute. Let the youth's needs for safety, permanency and well-being guide team planning. Facilitate a pro-active and continuous teaming process until youth reach permanence rather than episodic or crisis-driven meetings. Build trust and strengthen relationships among all family and team members helping them resolve conflicts and work together. This team will not only be the primary case planning and decision-making vehicle for permanency but the basis of support for the youth and family after exiting foster care.

Find family, build family. Permanency is all about family. "In every conceivable manner, the family is link to our past, bridge to our future." This quote from Alex Haley underscores the supreme importance of doing family-focused work for youth in foster care. Implement targeted and tenacious efforts to identify, prepare and support family for youth. Ask youth whom they love, who loves them, to whom they want to be close and connected. Ask about blood and legal relatives, informal family members and other significant adults (teachers, coaches, mentors, etc.). Then ask the same questions of the youth's current or past caregivers, those who know him or her best. Scour case records for relationships with adults from the past. Use internet search engines and locator services. Reach out to everyone, making it personalized and being persistent — a computer-generated form letter won't do. Help adults define and express their commitment to youth. Fill in the gaps that remain in a youth's circle of family. Consider a current

foster parent(s) as a potential adoptive parent or legal guardian, first exploring a youth's sense of emotional security in that relationship and the foster parent(s) sense of claiming and attachment (Frey, Cushing, Freundlich & Brenner, 2007, pp. 218-226). Use specialized and creative recruitment to identify new adoptive or legal guardian families when family members or other known adults cannot

> If you think "older youth don't want families," consider the Associated Press and MTV survey on the nature of happiness among America's young people where "spending time with family" was the top answer of more than 1,280 young people ages 18-24.

provide youth with a home or permanent legal status as a family member.

When it comes to finding family, don't take "no" for an answer. If you think "this youth has no one," remember that family-finding efforts for youth in residential care in Santa Clara County, CA located more than 220 relatives for eight youth by doing only nine hours of family search work (Campbell, et al., 2003, p. 15). If you think "older youth don't want families," consider the Associated Press and MTV survey on the nature of happiness among America's young people where "spending time with family" was the top answer of more than 1,280 young people ages 18-24 (Noveck & Thompson, 2007, pp. E-1, E-4). Rarely do youth say "no" to belonging, connectedness, and someone to care about them. Rarely do they say "no" to an adult whom they come to know and trust, who reaches out to them first and who loves them unconditionally.

Develop a plan and a back-up plan. Every good casework plan addresses three primary areas: *safety* — how youth will be kept safe within the context of family relationships; *permanence* — how youth will achieve a relationship with a permanent parent and sustain family connections to birth parents, siblings, extended family other significant adults, race, ethnicity, culture, religion and language; and *well-being* — how youth's physical and mental health, education, employment/career, housing, personal and cultural identity and life skills needs will be addressed.

Every good plan also identifies a concurrent or contingency plan. If reunification with a birth parent is not possible, who will be the permanent parent? Will open adoption be pursued or will it be legal guardianship? For older youth living independently, who will be their parent or family? How will that relationship be defined, strengthened and supported? For youth at the brink of aging out, any transition plan without a concurrent permanency plan is inadequate and short-sighted.

Prepare, prepare, prepare. Youth need to be prepared for permanent family relationships. Simply put, they need to understand what happened in the past in order to have hope and vision for the future. Five central questions guide this work: Who am I? What happened to me? How did I get separated? Where am I going? How and when will I get there? (Henry, 2005, pp. 197-212). Targeted casework is required to help youth clarify past life events and integrate multiple family relationships in order to actualize family permanence. Adults need preparation for permanence, too. They need full disclosure of information of the youth's individual needs from the case record, from prior caregivers, from all involved professionals. They need ample opportunities to explore their unique ability to commit to this youth and to absorb the reality that permanence means no turning back.

Youth must also be prepared for adulthood. For most youth, preparation for the adult world happens in families with parents, relatives and other trusted adults as role models and teachers. Life values and life skills develop gradually and continuously throughout childhood. For youth growing up in foster care, even the most comprehensive life skills classes and the most detailed transition plans are not adequate substitutes. The best way to assure youth's preparation for adulthood is to achieve permanence and to strengthen and support those family relationships over time.

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Overview

The Central Role of Permanence in Improving Outcomes for Youth Aging Out of Foster Care

Ben Kerman, Ph.D. and Leah K. Glasheen, MSW

I didn't realize how much I needed a father until I became a dad.[1]

A clear understanding of the meaning of permanence for older youth in foster care too often evades child welfare researchers, just as strong, nurturing, and enduring family connections too often evade youth aging out of care. Of the triad of goals for children and youth in foster care–safety, well-being, and permanency–the first two are the most researched and measured especially for youth aging out of foster care. Though far less subject to evidence gathering, a youth's need for and drive toward permanence and the pivotal role of permanence in improving adult outcomes is increasingly apparent.

Cause for Concern

Years of experience and follow-up studies highlight concerns about emancipating youth. Studies show youth aging out face steep challenges to establishing themselves in careers, families, and communities. Such landmark research as Festinger's *No One Ever Asked Us* (1984) and Fanshel, Finch, and Grundy's *Foster Children in Life Course Perspective* (1990), as well as more recent research on youth aging out, identify the negatives: increased likelihood of homelessness, lower educational and employment achievement, greater reliance on income supports, early parenting, and increased legal and psychiatric problems (e.g., Courtney, et al., 2007). New studies from the states are adding to these compelling depictions (Children's Bureau, 2008).

Recognizing these challenges, the landmark Chafee law (Title I of the Foster Care Independence Act of 1999) allocated additional resources for life skills preparation and transitional programming such as life skills classes, transitional housing, and job site mentoring. The law provided professional services to promote safety and well-being for emancipating youth.

Two problems surfaced early even in well-intentioned Independent Living (IL) programs. First, IL resources are too often unused. Evaluations of Chafee identified states' underutilization was a major problem, with states failing to tap available resources and youth declining them (Kerman, Wildfire & Barth, 2004). Second, many programs are not effective enough (GAO, 1999, 2004 & 2007). Courtney (2008a, 2008b) reviewed two recent attempts to create mentoring relationships and teach skills in a classroom setting. They didn't succeed in large part, he suggests, because efforts failed to solidify and integrate benefits inherent in ongoing parenting relationships. Indeed, a recent review of IL research laments the dearth of programs with demonstrated results and points to the promise of integrating life skills and permanence work (Clark & Crosland, in press/2009).

> The journey toward permanence provides a focus for . . . improving outcomes for children and families.

Research suggests many youth exiting foster care have a need unforeseen in Chafee: enduring, supportive relationships. Likewise, evidence is beginning to show the need to integrate individual development with family support. For instance, The Jim Casey Youth Opportunity Initiatives' (2008) efforts to assist youth develop basic financial skills are most successful when youth report having supportive family connections. Likewise, research on the transition to adulthood shows that material and relational supports from family are often crucial to a youth's success well into his or her twenties, and that's for youth *not* involved in the child welfare system (Schoeni & Ross, 2004).

Understanding Permanence

Life skills are no substitute for family connections. While services that improve family relationships may be key to better IL, family connections that increase residential stability, deepen emotional security, and cement family bonds may be solutions more likely to go the distance, short circuit reentry, and result in better adult outcomes. At the same time, shortcomings in conceptual clarity and the current research base cloud our understanding of how permanence, safety, and well-being are related.

Studies of adoption, reunification, and guardianship show benefits *and* challenges to youth development. Moving children out of foster care and into families can accomplish several laudable goals though it may not universally improve safety or well-being. Indeed, head-to-head comparisons of outcome measures for reunified or adopted children with those in high quality foster care are often ambiguous due to design and measurement limitations. For instance, studies seldom include direct measures of family connection quality and never randomly assign permanency type. Studies pitting permanence outcomes for children in long term foster care against those who were adopted often favor the adoptees (Trisiolitis, 2002) though none can fully rule out preexisting differences among the youth. Elsewhere, well-being and self-sufficiency outcomes for children who were adopted have been found to be similar to those who received extended foster care and high quality family supports (Kerman, Barth, & Wildfire, 2002). More recently, Kessler et al. (2008) revealed the successes of foster care rich in ancillary and family supports. Additional longitudinal research may help elucidate the interrelationships among these valued outcomes.

However, no single metric can strike the perfect balance among safety, well-being, and permanence. For instance, reunification is a valued outcome that can minimize state intrusion and consolidate cultural identity. But it may also prolong struggles for youth whose parents, for want of resources or abilities, can't help youth achieve goals such as completing high school, graduating college, and working. Similarly, adoption can bring

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long-lasting relationships and resources, but often means a break with parents, extended family, and racial, ethnic, and language heritage.

Placing Permanency at the Center

Research describing poor outcomes for youth aging out suggests an alternative: sustained, intense attention to relationships en route to permanence. What if child welfare systems understood that relationships are key to permanence; what if they did everything within their power to identify and build those relationships? The type of permanence outcome reached for any given youth is important but so are two related considerations. First, are youth and their families fully involved in decisions to expand resources, build connections, and solidify emotional permanence? Second, does the permanence plan have a fighting chance and include any needed supports for the youth and family? The search for permanence, including a reliable, lifelong parenting relationship and the opportunity to maintain contact with family and other important people, is described by youth and foster alumni as a core need to be balanced with the simultaneous need for independence (Samuels & Pryce, 2008).

Much of adult resilience results from continuous relationships, tolerance of limit testing, and a sense that family will "be there no matter what." Family is critical for psychological development, as both mediator and source of challenging experiences and resources for successful navigation of adulthood. In this sense, the pursuit of enduring relationships, alongside support services, provides a framework for permanency oriented child welfare services, and the journey toward permanence provides a focus for improving outcomes for children and families.

Leaping Forward

For researchers, this framework presents real challenges. Relationships, emotional security, and permanence are not easy to measure or describe, but strategies for reaching each can be piloted and tested. For example, a variety of model programs use family teaming to involve youth and families (e.g., Permanency Teaming, Team Decision Making, Family Group Decision Making). Co-investment strategies, such

as partnerships between child welfare systems and the courts, also offer promise. One example is the courts' success in using mediation to speed adjudication and permanence, reduce placement length, and increase kin permanency outcomes (Gatowski, Dobbin, Litchfield & Oetjen, 2005). Policy changes now in process offer several opportunities for testing permanence as a framework for organizing child welfare services and prioritizing relationship building.

> The child welfare system makes a poor parent. With the current economic woes stressing our safety net, states make for even poorer parents.

Law and Policy
The Fostering Connections to Success and Increasing Adoptions Act of 2008 provides several tools for prioritizing family connections. The bill gives states the option of extending financial supports to kin providers and older youth. It includes new mandates for notifying kin, analyzing the use of kin foster care, and explaining foster care benefits and requirements to kin. It requires siblings to be placed together whenever possible and that, when separated, sibling connections be supported.

Practice Enhancements
Fostering Connections will similarly change child welfare practice by requiring more family finding and notification. Through new, admittedly small Family Connections grants, it will support testing

and evaluation of kinship navigator programs, family finding programs, family involvement meetings, and parent/child residential treatment programs. The act mandates transition planning meetings 90 days prior to youth aging out (unfortunately failing to articulate the need to support family relationship building). Another spur to practice innovation are the federal Child and Family Service Reviews (CFSR), which track states' performance involving families and achieving permanency (for more on CFSRs and family involvement strategies, see Munson & Freundlich, 2008).

If child welfare systems make a poor parent even in good times, the current economic woes stressing our safety net make for even poorer parents. As we examine child welfare programs with a critical eye in search of program improvement and cost reduction, it's time to focus on results and use permanence as a driver for better child outcomes.

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Federal Programs and Policies for Transitioning Foster Youth

by Adrienne L. Fernandes, M.P.P.

The federal government has long recognized that older youth in care and those who age out are vulnerable to negative outcomes and may ultimately return to the care of the state as adults through the public welfare or criminal justice systems. This article briefly discusses the major federal policies and programs to assist older youth in foster care and considers the implications of recent legislation to improve supports for this population.

Federal Child Welfare Policy

The state child welfare agency, under the supervision of the court, serves as the guardian for children in out-of-home foster care. The agency uses federal and state funds to facilitate children reuniting successfully and safely with their parents. When this is not possible, the state makes efforts to find a permanent and safe home through an adoption, a fit and willing relative, a legal guardian, or another planned permanent living arrangement. The primary federal funding source, Title IV-E foster care, reimburses states for a part of the cost of providing case management and room and board to children until age 18 who meet certain eligibility criteria: income, assets, and family structure in that home; and placement setting. However, to receive IV-E funds, states must follow policies established in law that promote the safety, permanence, and well-being of *all children* in care. Specific case plan and case review procedures pertain to older youth. Where appropriate, for a child age 16 or older, the written case plan must include a description of the programs and services that will help the child prepare for the transition to independent living, and the permanency plan hearing must also take into account these services.

Despite efforts to find a permanent home while they are in care, some children age out upon reaching a state's legal age of majority. At the center of federal policies to assist youth expected to age out of foster care is the Chafee Foster Care Independence Program (Chafee Program). The Chafee Program was authorized under Title IV-E in 1999 (P.L. 106-169) to provide services that will prepare youth

for living outside of the child welfare system upon emancipating. The Chafee Program replaced the former Independent Living Program, established in 1985, and doubled the annual funds available to states for independent living activities to $140 million. The law also expanded the population of youth eligible to receive independent living services and gave states greater flexibility in designing independent living programs. With funding from the Chafee Program and other sources, states have developed programs that supplement youth's own efforts to attain self sufficiency. Independent living programs can

include assistance in obtaining a high school diploma, career exploration, training in daily living skills and financial management skills, preventative health activities, among other services. To be eligible for Chafee Program funds, states must describe in their five-year Child and Family Services Plan how they will carry

> With funding from the Chafee Program and other sources, states have developed programs that supplement youth's own efforts to attain self sufficiency. Independent living programs can include assistance in obtaining a high school diploma, career exploration, training in daily living skills and financial management skills, preventative health activities, among other services.

Figure 1: Select Federal Supports for Transitioning Foster Youth Outside of Child Welfare

Medicaid: P.L. 106-169 permits states to make eligible for Medicaid any youth under the age of 21 who was in foster care under the responsibility of the state on his or her 18th birthday. Commonly called the **Chafee Option**, the law allows states to restrict eligibility for these youth based on income or resources, Title IV-E eligibility, or any other "reasonable category."

Education: As of July 2009, P.L. 110-84 will enable youth who are (or were) in foster care at age 13 or older to claim **independent student status when applying for federal financial aid**. The act does not specify the length of time that the child must have been in care or the reason for exiting care. Students who claim independent status can typically access greater federal education assistance because they are exempt from including their parents' financial information.

Workforce: Although the Workforce Investment Act (WIA, P.L. 105-220) expired in FY2003, Congress continues to appropriate funding for WIA job training programs. Two of these programs target low-income vulnerable young people, including current and former foster youth in their teens and early twenties. The WIA **Youth Activities** program focuses on preventative strategies to help in-school youth stay in school and acquire occupational skills, as well as on providing training and supportive services for out-of-school youth. **Job Corps** is an educational and vocational training program that helps students learn a trade, complete their GED, and secure employment. Under WIA's demonstration authority, the **Foster Youth Demonstration Project** has provided funding to five states to provide services to foster youth through their workforce investment boards.

Housing: Family Unification Program (FUP) vouchers were initially created in 1990 under P.L. 101-625 for families that qualify for Section 8 tenant-based assistance and who are at risk of separation or have separated because of inadequate housing. Amendments to the program in 2000 under P.L. 106-337 made youth ages 18 to 21 who left foster care at age 16 or older eligible for the vouchers. For FY2008, Congress appropriated $20 million for new FUP vouchers, including for former foster youth.

out their independent living program and certify that they meet requirements pertaining to the youth served and how funding is spent.

Separately, in 2002, Congress passed the Safe and Stable Families Amendments of 2001 (P.L. 107-133) that amended the Chafee Program to authorize discretionary funding for a new Chafee Education and Training Voucher (ETV) program. The program provides vouchers worth up to $5,000 annually to youth who are eligible for Chafee Program services or were adopted from foster care at age 16 or older. The vouchers are available for the cost of full-time or part-time attendance at an institution of higher education, as defined by the Higher Education Act of 1965.

The Fostering Connections to Success and Increasing Adoptions Act of 2008

The 110th Congress enacted several laws intended to support current and former foster youth in making the transition from care. Arguably the most far reaching legislation for this population since the law that established the Chafee Program is the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). Enacted on October 7, 2008, the new law makes significant changes to federal child welfare provisions and addresses some of the concerns raised in congressional hearings about the need to better support older foster youth. The law:

- authorizes, beginning in FY2011 and at state option, federal reimbursement for foster care maintenance payments made on behalf of eligible foster youth until age 19, 20, or 21 who are either working (at least on a part-time basis), in school, or participating in a program to reduce barriers to employment, *or* have a documented health condition that prevents them from participating in these activities;
- authorizes, beginning in FY2011 and at state option, Title IV-E subsidies on behalf of youth 18 or older who left foster care after age 16 for adoption or kinship guardianship, and who meet the criteria described above;
- enables states to seek reimbursement for youth ages 18 or older who remain in foster care at state option and are placed in supervised independent

living settings (these settings are to be defined by HHS in regulation);
- extends the population eligible for Chafee Program services to include youth exiting foster care to adoption or kinship guardianship at age 16 or older and makes youth age 16 or older who exit to kinship guardianship eligible for the ETV program; and
- requires that during the 90-day period prior to a youth's 18th birthday (or the 19th, 20th, or 21st birthdays of youth in states that extend foster care), on whose behalf foster care maintenance payments are being made or independent living services are provided, the youth's caseworker (and as appropriate, other stakeholders) assist and support him or her in developing a youth-directed transition plan that includes specific options on housing, education, and other services.

Implementation of the New Law

The new law raises questions about implementation. Perhaps the most pressing issue states will need to address is whether to extend foster care to youth beyond age 18, as most states currently do not facilitate older youth remaining in care. Recent research suggests that youth who remain in care as late as age 20 tend to experience an easier transition to adulthood than their counterparts who emancipate at age 18 (Courtney, Dworsky & Pollack, 2007). By authorizing states to seek partial reimbursement through the Title IV-E program, the Fostering Connections to Success Act may encourage more states to provide foster care to these older youth. However, states will likely need to consider the cost burden and other factors.

States would incur some of the cost of providing extended care for youth who are eligible for Title IV-E as well as for their requisite Medicaid coverage. Whether states would also pay the full costs for youth who do not receive federal maintenance payments remains to be seen. Further, youth ineligible for federal foster care would not automatically be eligible for Medicaid; however, most ineligible children currently in care receive Medicaid through another pathway.

While states may decide to take up the option to extend foster care to youth ages 18 to 21, actually keeping youth in care after their 18th birthday may be challenging. In a recent study, researchers identified reasons why a significant share of youth in some parts of Illinois do not remain in care despite the state's policies that encourage youth to stay in state custody until age 21 (Peters, Claussen, Bell, Zinn, Goerge & Courtney, 2008). These reasons included, among other factors, a lack of awareness and understanding about laws that allow youth to remain in care, limited supportive adult relationships for youth, the belief by social workers that there are few placements available for older youth, and resistance by the youth and other stakeholders to keep young people in care. Further, what about youth who later decide to return to care because of the challenges they face living on their own? The new law does not specify whether a youth would be eligible to re-enter care and under which circumstances, if any, he or she could return.

Finally, the Fostering Connections to Success and Increasing Adoptions Act of 2008 amends the definition of "child care institution" to allow states to seek

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reimbursement for older youth living in a supervised independent living setting. The law directs HHS to clarify what this means through the rulemaking process. "Independent living" may infer a variety of settings, including scattered site apartments, group homes, and boarding homes. The term "supervised" is also open to interpretation and could refer only to monthly case worker visits, as currently required by law. States with foster youth in independent living settings would need to consider several issues: Should the child welfare agency purchase independent living units or contract with organizations that provide housing? How much share of the rent and utilities, if any, should youth cover? To what extent would the youth be responsible if he or she violated the terms

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Adolescents Aging out of Foster Care and Health Care

Moira Szilagyi M.D., Ph.D.

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> Foster care youth are considered to be a population with special health care needs by the American Academy of Pediatrics because of their high prevalence of medical, dental, mental health, developmental, educational and relationship problems.

The health issues of the 20,000 young adults who age out of foster care annually are rooted in multiple adverse childhood experiences (Cook, 2005; Cook, 2007). These adversities include some combination of: trauma in the form of child abuse and neglect and exposure to domestic violence; parental impairment in the form of mental illness, substance abuse or criminal activity; separation and loss experiences that may include multiple placements both before and during foster care, among others. Youth aging out of foster care between the ages of 18 and 21 years are a diverse group and include those with ongoing involvement with the criminal justice system, limited educational achievement, major mental health issues, pregnant or parenting teens, and those who entered foster care as emancipated refugee minors (Berzin, 2008; Kerman, 2002; Pecora, 2000).

Foster care youth are considered to be a population with special health care needs by the American Academy of Pediatrics because of their high prevalence of medical, dental, mental health, developmental, educational and relationship problems (Simms, 2000). Some entered foster care prior to adolescence as a result of maltreatment. Others were placed as teens, often as a result of juvenile justice involvement, their own significant high risk behaviors or parental abandonment, and may also have a significant history of maltreatment.

Emancipation from foster care is accompanied by other transitions: from high school to employment or higher education; from pediatric health and mental health services to adult health care; and, often, from having health insurance to being uninsured. This transition period is challenging for all youth (Park, 2006). For youth aging out of foster care, who often lack the safety net of family and secure long-term relationships, education, and skills for employment, it is fraught with major difficulties (English, 2006; Kerman, 2002; Reilly, 2003).

Information about the health and well-being of foster care alumni is limited as there are no well-designed, long-term longitudinal studies with adequate sampling (Mason, 2003; Landsverk, 2007). In general, the studies that exist are based on non-representative samples of young adults who were in foster care for some period of time, could be contacted, and agreed to participate in a study.

> Mental health is the single overwhelming health need of adolescents in foster care and, therefore, of emancipating youth.

The health needs of young adults who have aged out of foster care largely reflect their health needs as adolescents in foster care. The major physical health issues of adolescents in foster care include: being overweight (59%) or obese (21%); dental disease (34%); reproductive health needs (18% use prescription contraceptives); vision problems (8%); and asthma (6%) (Steele, 2008; McCann, 1996). Youth exiting care are at risk for substance abuse and for sexually transmitted infections because of high risk sexual activity. Within a short time of leaving foster care, 42% are pregnant or have fathered a child. Pregnancy rates are over 50% for young women who also experience homelessness after leaving foster care (Kushel, 2007; Courtney, 2004; Courtney, 2006). Between 10 and 50% of alumni admit to alcohol or illicit substance use *after* leaving foster care (Mason, 2003).

Mental health is the single overwhelming health need of adolescents in foster care and, therefore, of emancipating youth (Barth, 1999; Landsverk, 2007; Leslie, 2000; McCann, 1996; McMillen, 1999; McMillen, 2005; Wertheimer, 2002). About 70% had at least one mental health issue while in foster care; those with a history of group care had a prevalence of mental health issues of around 90%. Multiple studies indicate that youth in foster care use mental health services at rates 10-15 times that of their peers (Halfon, 1992; Reiff, 2000). About one third leaves care on at least one psychotropic medication.

Childhood trauma is associated with deficits in attention, abstract reasoning, emotional regulation, problem-solving and in increased mental health problems, especially PTSD and depression (Pecora, 2000), which continue to plague those emancipating from care. Both have negative implications for educational completion (Blome, 1997; McMillen, 1999, 2003) and maintenance of employment (Dworsky, 2005), which, in turn, adversely impact the ability to maintain stable housing and to negotiate the demands of daily living (Cook, 2005; Cook, 2007). Several studies have shown that a high percentage experience homelessness (14%) and housing instability (39%) within 18 months of discharge from care (Roman, 1995; Kushel, 2007). Homelessness is, in turn, associated with higher rates of substance abuse, high-risk sexual behavior, victimization, unplanned pregnancy, mental health and health problems (Wertheimer, 2002).

Despite the high prevalence of health problems, up to one half of emancipated youth have poor access to health care services (English, 2003; English, 2006). As of 2005, only ten states had enacted the Foster Care Independence Act Medicaid Expansion Option. Fifty percent of alumni are uninsured for at least some period of time within 18 months after emancipation. The cost of co-pays and the challenges of navigating a complex health care system create tremendous access barriers for a population whose income hovers around the federal poverty level (Dworsky, 2005).

Youth Aging Out & Kinship Care: What's Ahead?

Jennifer Ehrle Macomber

In the last two decades child welfare policy, research, and practice has devoted significant attention to two issues: youth aging out of foster care and the growing use of kinship care as a placement option for children in foster care. Integrating current and prior research on what we know about these two issues, this essay examines three questions that might frame future discussions.

Are kin placements beneficial to youth well-being? A groundbreaking new study finds children placed with relatives early in their care have fewer behavior problems after three years than children placed in non-kin foster care (Rubin et al., 2008). While little research is available on the effects of kin placements on youth specifically, what is known hints at potential benefits. One study finds youth in foster care worry more about their futures than youth living with kin, suggesting kin might provide some reassurance to youth about future support (Iglehart, 1995). Another study finds that youth in relative foster care are more likely to be employed two years after exiting care in Illinois than youth in group homes (Goerge et al., 2002). Additionally, while some critics of kinship care fear children may do worse, evidence suggests for at least some outcomes youth in kinship care and foster care are comparable. For example, employment outcomes at age 24 are similar for youth in relative and non-relative foster care (Macomber et al., 2008). And while new research finds that a striking 55 percent of women who age out of foster care have a baby by age 21 (Courtney et al., 2007), another study shows no difference in high-risk sexual behavior and adolescent pregnancy for women who lived in foster or kinship care (Carpenter, Clyman, Davidson, & Steiner, 2001).

Are kin being effectively sought and supported as placement resources for youth? In 2006, only 32,000 youth ages 12 to 20, or 14 percent, lived in kinship family foster homes, while 35 percent of youth lived in group homes, institutions, or supervised independent living (United States Department of Health and Human Services [DHHS], 2008). About a third of children in all other age groups lived with kin. It should be noted that these data represent a point in time: a higher percentage of youth may spend time at some point in the care of a relative. This low percentage of youth placed with kin occurs despite recent pushes by states to make kin placements a priority and reporting a lack of placement resources as one of the top barriers in serving youth (Winkle, Ansell, & Newman, 2004). A related issue is whether, when kin are

> A groundbreaking new study finds children placed with relatives early in their care have fewer behavior problems after three years than children placed in non-kin foster care.

found, they are effectively supported as caregivers especially for youth who need extra supports in transitioning to adulthood. Research suggests that kin caregivers often receive fewer services and monitoring by child welfare agencies (DHHS, 2000). The extent to which youth in kinship care might also receive fewer independent living supports might be further examined.

What role do kin play in permanency? Kin can be an important resource in helping youth to achieve permanency when reunification is not possible. Research finds kin are willing to adopt if they are provided with accurate information and continued payments (Testa, 2001; Testa, Shook, Cohen, & Woods, 1996; Geen, 2003). Of concern, however, is that child welfare agencies often pursue permanency less vigorously and view termination of parental rights (TPR) as less necessary when children live with kin (Geen, 2003). Some kin also may be hesitant to adopt because they do not want to disrupt the relationship with the youth's parents (DHHS, 2005). A promising permanency option for youth in kinship care that does not disrupt these relationships is guardianship. Guardianship provides ongoing financial support to kin who accept permanent legal guardianship of related children instead of adopting them. However, there may be financial disincentives to adopt or take guardianship depending on the state and the circumstances of the case (Geen, 2003). Specifically, if the family receives more supports and services through long-term foster care, relative caregivers may elect not to adopt or take guardianship. The most recent 2008 Fostering Connections to Success and Increasing Adoptions Act (FCSIAA) took several steps to enhance permanency options for youth and should have particular benefits for youth in kinship care. The law doubles incentive payments for older child adoptions, makes adopted youth or youth exiting to guardianship with a relative eligible for independent living services and education and training vouchers, and gives states the option to use federal title IV-E funds for kinship guardianship payments.

Overall, research suggests that kin placements may have benefits for youth. Yet few foster youth are in them compared to other children. It would seem important to consider what it would take for more young people in foster care to live with kin caregivers and to ensure they receive the supports they need. Research also suggests that kin are a promising potential permanency resource for youth. The FCSIAA legislation, by supporting guardianship payments and continuing services to youth in guardianship arrangements, presents a promising opportunity to help more youth find permanent loving families and make successful transitions to adulthood, goals which have eluded child welfare practice for too long.

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At the Intersection of Foster Care and Education:
Meeting the Needs of Youth Approaching Adulthood

Cheryl Smithgall, Ph.D.

The nearly 24,000 teens who age out of foster care each year face formidable challenges, particularly with respect to their educational histories and employment prospects. Child welfare agencies and school systems are increasingly aware of the need to understand the obstacles that might thwart their successful transition to independence and adulthood and of the need to work together to surmount them. Educational achievement is inextricably linked with successful adulthood. Over the past five years, Chapin Hall has examined the educational experiences of children in Illinois who have varying degrees of involvement with the child welfare system — those with substantiated maltreatment only and those entering, in, exiting, or aging out of foster care — and in various types of placements (Smithgall, Gladden, Howard, Goerge, & Courtney, 2004; Smithgall, Gladden, Yang, & Goerge, 2005; Skyles, Smithgall, & Howard, 2007)**.**

In this article, we review key findings from these studies and highlight the need to broaden the discourse around practice and policy implications. We underscore the need to explore supports that are available, or unavailable, to youth both before and after they enter foster care and school. It is especially important for both the child welfare and the education systems to find ways to meet the needs of children with behavior problems in the least restrictive and most supportive settings.

Educational Status

Differences between youth involved in child welfare and their non-involved peers manifest as early as first grade; the proportion of children involved with the child welfare system who are "old for grade" is nearly twice as high as their peers who have not been involved. According to a longitudinal analysis of reading test scores for elementary students, students in care not only fail to close the achievement gaps that separate them from their peers at age 8, but if they remain in care, they may fall even further behind by age 13.

Children in foster care were also found to have high rates of school mobility. Two-thirds of students change schools when they enter foster care, and youth who are initially placed in a shelter or temporary

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home often experience multiple school moves in the same academic year. According to Courtney, Terao, and Bost (2004), over a third of youth aging out of care reported five or more school changes.

Behavioral problems are prevalent as well. The proportion of older students in care (ages 12-17) with emotional disturbance (ED) classifications ranges from 20-25%. In one academic year, 15% of older children in care with no special education classification and 33% of older children in care with an ED classification ran away from their placements, were placed in juvenile detention, and/or were hospitalized further disrupting their education.

The Benefits of Remaining in Care

The proportion of youth in foster care who graduated from high school after five years was less than half that of their non-child welfare involved peers, and rates of incarceration were two to three times greater. However, Courtney, Dworsky, Cusick, Havlicek, Perez, and Keller (2007) show higher proportions of high school completion and continued school enrollment among youth who remain in care beyond age 18. That finding is supported by Peters and colleagues (2008), who report that in certain counties in Illinois in which youth are encouraged to remain in care past 18, rates of high school completion and enrollment in postsecondary education are higher and rates of unemployment, homelessness, and incarceration are lower.

Broadening the Discussion

Federal legislation has been enacted that targets various problems faced by child welfare-involved youth in the public school systems. The 2008 Fostering Success and Increasing Adoptions Act (H.R. 6893) includes provisions aimed at children's health and education needs and at the particular needs of youth aging out of foster care. It is not yet clear, however, how this legislation will be implemented. A broadened discussion of the intersection between child welfare and education is needed to inform research, practice, and policy development. This discussion

> Most important, caseworkers, foster parents, and school personnel need to recognize the connectedness of their responsibilities and efforts. Bringing together staff of these two systems is essential to providing the kind of coordinated support that foster children need to move successfully into adulthood.

should encompass the needs of youth involved with the child welfare system but not in foster care and the experiences of (and supports available to) children before and after they enter and exit the child welfare and education systems.

On many academic outcomes assessed in our studies, non-foster care children with a record of substantiated maltreatment and those who exited foster care to permanent placements appeared more similar to children in foster care than to their non-child welfare-involved peers. Being retained in a grade, reading score trajectories, school mobility rates, and special education classification rates were

Transitioning to Adulthood Without Homes:
Homeless Young People in Minnesota

Michelle Decker Gerrard, M.Ed.

Background

Since 1991, Wilder Research has conducted a statewide homelessness survey every three years to better understand the causes, circumstances, and effects of homelessness, and to promote efforts toward permanent, safe housing for all Minnesotans. On October 26, 2006, trained volunteers conducted interviews throughout Minnesota with 151 unaccompanied homeless youth (ages 11-17) and 455 homeless young adults (ages 18-21). This sample represents only a portion of all young people who were homeless in Minnesota on that day.

Characteristics of Homeless Young People in Minnesota

In addition to the homelessness survey, Wilder Research also collects information about the number of persons staying in shelters on the night of the survey. Children with their parents, and youth and young adults, who are on their own, make up about half of the people who are homeless in Minnesota (47%). An estimated 550 to 650 Minnesota youth under age 18 and an estimated 700 to 1,650 young adults (age 18-21) are homeless and on their own without their parents on any given night. Results from the outreach portion of the study, coupled with the number of youth who reported they were turned away from shelters, suggest more youth are on the street, at least part of the time, than in the previous study conducted in 2003. In the month preceding the 2006 study, almost a third of these young people had spent at least one night outside.

Homeless young people often had difficult starts in life and have experienced upheaval that continues as they transition into adulthood. They are troubled by conflict with parents, abusive relationships, turbulent housing situations, and mental health problems. Over half of homeless young people (51%) have been physically or sexually abused. One-third (34%) have experienced neglect. About half report significant mental health issues (49%), and a third have considered suicide. Over two-thirds (71%) have been homeless before.

Three in ten homeless young people (30%) had been assaulted or threatened with violence in a relationship in the previous year. This same percentage had stayed in an abusive situation because they had no other housing options. Some homeless young people are also parents: 13% of homeless youth and 38% of young adults have children of their own.

What is the link between foster care or other placements and homelessness?
Homeless young people have high rates (70%) of previous out-of-home placements. These rates have been consistent over the 15 years the study has been conducted. In the 2006 study, nearly two-thirds of homeless youth (65%) and young adults (60%) had experienced some type of social service or treatment placement, and 34 percent of homeless youth and 45 percent of homeless young adults had spent time in some type of correctional facility.

> Less than half of the foster youth in the study (46%) said that they had received help finding a stable place to live when they left their last placement.

The Minnesota Department of Human Services reports that in 2007, 237 discharges from out-of-home placement were due to "runaway from placement" and 567 discharges were due to the fact that the youth reached the age of 18 (Minnesota Department of Human Services, Children and Family Services 2008). Together these children represent 9.5% of discharges from care in 2007. About 31% of young people interviewed for the 2006 homeless study reported that they had run from a placement, and 6% reported that they had to leave a placement because they were too old to stay there.

A history of foster care is correlated with becoming homeless at an earlier age and remaining homeless for a longer period of time (Roman & Wolfe, 1995). Many researchers and advocates have voiced concern about youth "aging out" of the system (Robertson, 1996). One national study reported that more than one in five youth who arrived at emergency shelters came directly from foster care and more

than one in four had been in foster care in the previous year (National Association of Social Workers, 1992). National research by the Casey Family Foundation found that 42 percent of Casey's foster care alumni (adults who had been in foster care as children) had been homeless at one time or another. Twenty-two percent were homeless for at least one night within a year after being officially discharged from foster care (Casey Research Services, 1993).

In the 2006 Wilder study, a third of young people surveyed (33%) had lived in a social service placement (such as foster care, group home, or treatment facility) in the prior two years. When asked if they had a place to go when they left their last social service placement, 43 percent of these young people said they did not. Less than half of the foster youth in the study (46%) said that they had received help finding a stable place to live when they left their last placement.

Some advocates feel that the over-representation of former foster care youth reveals a lack of transitional services from childhood to adulthood for this population. Others feel that family issues that led to the placement may also contribute to homelessness. In addition, mental health and behavior problems may contribute to a youth's inability to secure or maintain housing.

Housing alone is typically not adequate to solve the problems facing these young people. Backgrounds of abuse, neglect, and other forms of trauma mean that a combination of services are often required to help restore stability and provide a starting point for recovery. Many young people need skills in independent living, such as how to keep a checking account, how to do laundry, and how to prepare low-cost meals. Others need the support of a caring adult — having someone they can call in a crisis — and permanent connections to family who will care for them.

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Overview

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Is McKinney-Vento Enough? The Policy Implications for Homeless and Foster Care Youth

Anita Larson and Danielle Meehan

Significant overlaps exist between homeless populations and children in foster care. Wilder (2006) estimates that unaccompanied homeless youth constitute 3% of Minnesota's homeless population and that 70% of those youth have had recent foster care involvement. Many of these youth are enrolled in schools. The Mcinney-Vento Homeless Education Asistance Improvements Act, most recently reauthorized in 2001, ensures that homeless students receive the same free, appropriate education as non-homeless children by requiring states to enroll homeless students in any public school immediately even if they do not have proper documentation, such as birth certificates or immunization records (Project HOPE, 2008).

The 2001 reauthorization broadened the use of federal funds to include transportation, tutoring, expedited education evaluation, medical or mental health referrals, and other related services for these students. Despite the broadened scope, McKinney-Vento funds can only help adolescents in foster care under limited circumstances: when they are waiting for placement or when they become homeless after leaving a placement. The act states that children and youth qualify for services if they are "living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement" (U.S. Department of Education, 2008). The condition of awaiting foster care placement is not further clarified; however, most school districts interpret this provision to exclude students already in foster placement even though studies provide significant evidence that placements are often unstable. In particular, older teens are more likely to run away from care arrangements and this increases with age (Biehal & Wade, 1999; Courtney & Wong, 1996; Nesmith, 2005; Ross, 2001), which can have detrimental effects on safety and school engagement. Upon running away, foster care youth are eligible to be served by McKinney-Vento and enter other systems that serve homeless adults and families.

Homeless / Highly Mobile Students: A Snapshot of Older Adolescents

A current study underway at the Minn-LInK Project examines the education and child welfare involvement of homeless and highly mobile (H/HM) students from three McKinney-Vento grantee districts in Minnesota: Saint Paul, Minneapolis, and Duluth. The three districts identified their H/HM students, and data from the Minnesota Department of Human Services were used to determine which students were in foster care. All 12th graders in these districts for the 2005-2006 school year were pulled from the study data file (*N=9,402*) to explore school attendance and graduation status for three groups of seniors: neither H/HM nor in foster care (*N=9,065*), H/HM and not in foster care (*N=223*), and H/HM and in foster care (*N=13*) plus those in foster care but not identified as homeless (*N=101*) for a total of 114 students.

School Attendance

School attendance is an important indicator of engagement, and students who attend school regularly are more likely to graduate than those who do not. The attendance ratio was calculated for students in each of these three groups and is summarized in Figure 1. Perfect attendance for a school year equals 1.0.

The attendance for students who were identified as H/HM and were also in foster care looked similar to the attendance of students without foster care or homelessness. Students who were identified as H/HM but not in foster care had the poorest school attendance.
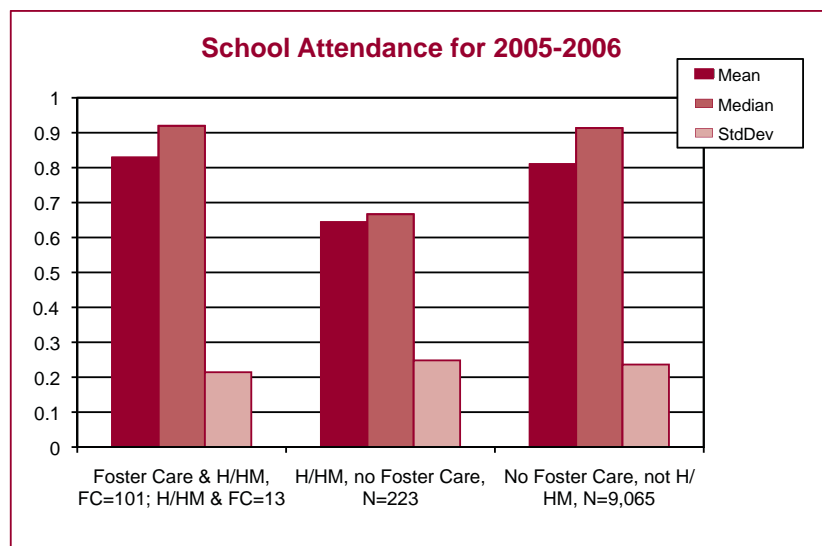
Graduation

The assumption was made that any students in 12th grade were eligible to graduate.

Although the second group, who were identified as H/HM but not in foster care had the worst attendance of all three groups (Figure 1), graduation rates were slightly higher (21.5%) than students identified as H/HM and also in foster care (14.9%). Students without foster care placements or homelessness had an overall graduation rate of 54.7%.

Disruptions

Education files contain a status code that is updated over the course of the year and some of these updates reveal significant disruptions from school. Students may experience more than one disruption over the course of the year including transferring schools, commitment to a correctional facility or treatment program,

Figure 1. Attendance for 2005-2006 School Year, by Group

School Attendance for 2005-2006

Legend: Mean, Median, StdDev

Groups (x-axis): Foster Care & H/HM, FC=101; H/HM & FC=13 | H/HM, no Foster Care, N=223 | No Foster Care, not H/HM, N=9,065

dropping out, or leaving due to pregnancy, financial, social, or family reasons. When quantified for students in these three groups, those in foster care and who are homeless experience more of these disruptions than the other two groups, which might explain their comparatively low graduation rates.

Students identified as H/HM with foster care involvement had one and a half times the disruptions (1.68 per student) of H/HM students without foster care involvement (1.02) and over three times the number experienced by students without foster care involvement or H/HM (.51).

Discussion

Few conclusions can be drawn from this point-in-time examination of administrative data, but it prompts a number of research and policy questions that bear consideration. In particular, future research should attempt to examine the extent to which students who age out of care move in and out of homelessness. A significant challenge to identification of student homelessness relates to students' reluctance to self-identify. Some students manage to attend and perform reasonably well in school in spite of homelessness, and in many cases students strive to appear as normal as possible to avoid drawing attention to themselves. In addition, attempts to study the education

outcomes of older adolescents should include a consideration of the multiple public systems that homeless adolescents will come in contact with such as child welfare, juvenile justice, and shelters. Data reviewed here suggest that, while foster care status does not have a negative impact on school attendance, the numerous disruptions experienced by students in care may have an adverse long-term impact on graduation. When students are identified as homeless or highly mobile and not involved in foster care, they may have fewer disruptions and slightly higher graduation rates, but their school attendance is compromised. Do these results imply that the living arrangements of some adolescents in foster care might be fluid, highly mobile, perhaps with periods of homelessness interspersed with placements? If research were to confirm this, it would be wise to confer McKinney-Vento eligibility to all adolescents in foster care not only to those who are awaiting placement.

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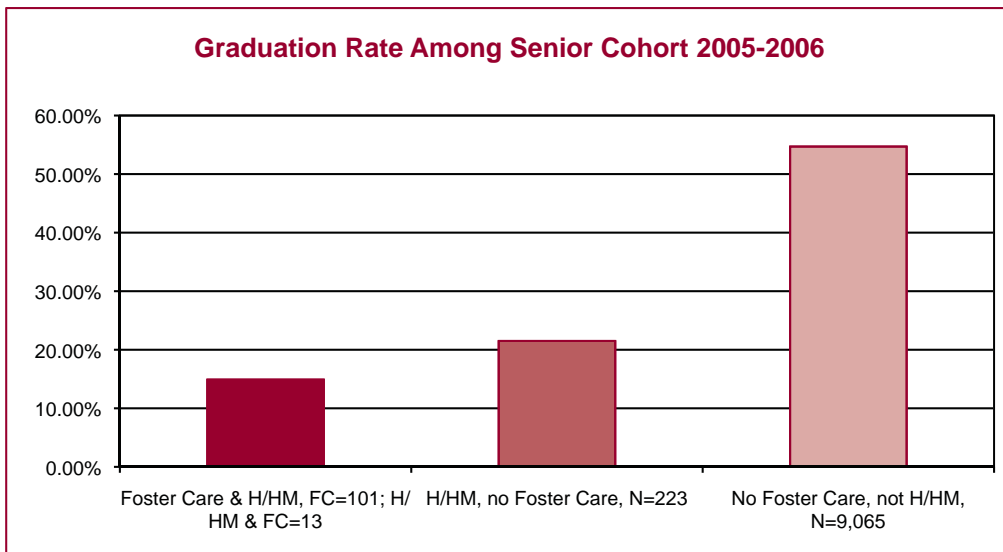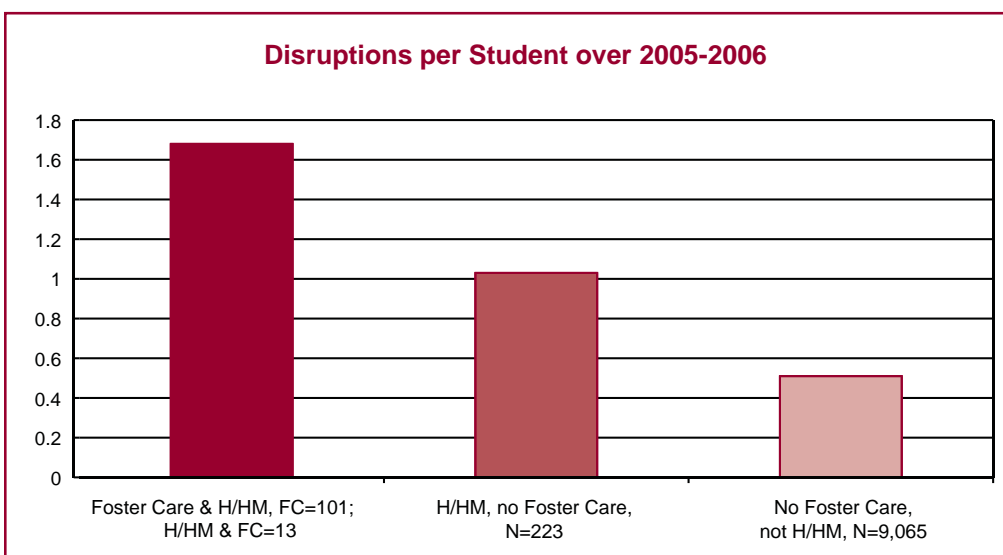
Figure 2. High School Graduation, by Group

Figure 3. Average Number of Disruptions 2005-2006

Practice

Practice

Physical Safety and Permanency Are Not Enough:
Perspectives on the Need for a Focus on Well-Being for Working With Adolescents Aging Out of Foster Care

Justeen Hyde, Ph.D. and Laurel K. Leslie, M.D., M.P.H.

Child welfare agencies have traditionally focused on assuring safety and achieving permanency of placement for youth. In 1997, the federal Adoption and Safe Families Act (PL 105-89) added a focus on "child well-being." In this paper, we draw on our collective clinical experience with youth with a history of trauma and our research experience with youth in out-of-home placements (Hyde & Kammerer, 2009). We briefly describe the developmental tasks of adolescence and describe how safety and permanency may provide opportunities for promoting well-being in youth aging out of care.

Developmental Tasks of Adolescence

The developmental tasks of the *adolescent* are to develop academic, emotional (e.g. self-regulation, independence), and social (e.g. self-definition, future plans, management of relationships) competencies that will assist the adolescent in moving successfully into young adulthood. Studies on complex trauma indicate that such experiences have profound impacts on relational attachment, self-regulation skills, and social relating. In addition, many of these youth are genetically predisposed to mental health problems that manifest as problems with cognitive deficits, impulse control, attention, anxiety,

> Research indicates that up to 50% of youth in foster care meet clinical criteria for mental health problems and are referred to either outpatient or residential mental health services.

and mood regulation (Kendall-Tackett, 2002). The experiences of adolescents within the child welfare system may also inadvertently but negatively affect adolescent development.

Experiences in Child Welfare: Current Status

Safety:
A primary goal of most child welfare agencies is to ensure the physical safety of young people. Unfortunately, some youth do experience physical aggression from substitute caregivers. In our qualitative research, youth in residential and group homes particularly reported a lack of physical safety as a result of violence initiated by other young people living in these environments and, at times, inadequately trained staff.

Placement stability:
The most common challenge to forming secure attachments during adolescence is residential instability. The longer a youth is involved with child welfare agency, the more likely they are to report multiple placement changes. Adolescents living in congregate care settings are also more likely to experience multiple placement changes. Placement changes have been linked to a caregiver's inability to manage a child's behavioral issues and administrative, economic or policy decisions made by child welfare agencies. These changes may arise from well-intentioned policies (e.g. placement of siblings together, step-down from residential treatment to community-based

treatment) but inadvertently threaten formed attachments to foster parents, clinical and other staff, or co-placed youth.

Mental health services:
Research indicates that up to 50% of youth in foster care meet clinical criteria for mental health problems and are referred to either outpatient or residential mental health services (Landsverk, Garland & Leslie, 2002). Our experiences with adolescents in out-of-home placements indicate that most have mixed feelings, at best, regarding their mental health treatment, and many have experiences that exacerbate rather than address their histories of trauma. Several have described heavy turnover and reliance on interns in public mental health systems and the negative impact of a "revolving door" of mental health providers on an adolescent's ability to develop trusting relationships with key adult figures. The circumstances in many residential treatment facilities also require adolescents to frequently adjust and adapt to changing peers and living conditions.

Reflections and Recommendations

Efforts to improve well-being for adolescents aging out of care should include dedicated resources to help young people develop age appropriate competencies and an increased focus on stabilization of placements for adolescents. Specifically,

1. Child welfare agencies should take a leadership role in defining age-appropriate rules and responsibilities for young people based on what is known about the promotion of adolescent development and including a focus on adolescent development in treatment plans.

Foster Care & School: It Is About Communication

Gayle McGrane, LICSW

Young people come to school with a variety of issues on their minds and in their hearts. For some it is thoughts of passing a spelling test, tonight's basketball game, or completing the calculus assignment for 3rd period. For others it is about parents "not wanting them" or the priorities of a foster mother.

> It has been really tough the last couple of weeks. The 3 year old is still there, but his mom ditched after signing the papers. She calls every day, crying and asking all of us about her kid. Debbie (foster mother) is really stressed out by it all. It seems like, it feels like nothing else is important.
>
> *Tom, age 16, 11.08*

The child in foster care is the student of the educational system. Communication between the two systems is imperative for the young person to find success in either.

The goal for both systems, foster care and education, is to nurture this client/student to healthy adulthood ready to participate, contribute, and live a happy, healthy life. The responsibilities of each system are on different tracks, but the overall goal is a shared one. The child carries baggage from the home scene to school and from the school scene back home. Professionals in both settings have information and insights that are critical to the work of the other. This information aids in understanding, supporting, holding accountable and nurturing the individual child.

Although it is crucial, sharing this information can be difficult. Both systems are committed to quality communication and collaboration, but it is not a simple process. Educators and social workers speak different languages with unique acronyms and jargon. These two professions have different objectives in reaching a common goal. The structure of the school is very different from the structure of the county or private social services agency. There is the issue of confidentiality and data privacy. At times it

can seem as though a turf battle exists and it is more of a "we/they" than an "us". All of these barriers exist in an environment of limited resources and time.

Children demonstrate, struggle with, and work through their issues in different ways depending on the environment they are in and the people they are with. Using the quote at the beginning of this article as an example, the young man making this statement is going to demonstrate his feelings about this situation repeatedly during the school day as he attempts to make sense of it. It is critical for school staff to have an understanding of the dynamics in this young person's world in order to help him work through his feelings in a healthy way. And, in turn, to communicate to the social worker and the foster parent how this situation is affecting the student, and the work that has been going on at school in support of his plan.

For the young men and women aging out of foster care, it is critical that the school be a part of the process as relocation, continuing education, maintaining a support system in looking to future planning are important. Many young adults aging out of the foster care system need the connection to school with its built-in supports for further planning.

Communication and collaboration are essential. A solid relationship must be established and maintained between the social worker, the foster parent, and the school contact. The term school contact can refer to people in different roles depending on the staffing in a particular district and the age of the child. Most elementary schools have a counselor, school social worker, or school psychologist. Depending on the defined roles, this person is generally the school contact for issues regarding social services. For the county/agency worker or foster parent, a call to the school principal should identify

the contact person. If the district is very small, the school contact may be the principal or the classroom teacher. Most secondary schools have counselors, deans of students, behavior specialists, social workers, and/or school psychologists. A call to the school office should provide the county/agency worker with the correct contact person.

At school, young people are in their social element. They are observed working through issues that plague them outside of school. School staff members work with them through inadequacies that originate from home and spill over into their academics as well as working with academic issues. The school contact can provide insights to the worker, as well as the foster parent, into the behaviors and motivations of the student.

The school and the agency are both important for young people to reach adulthood with promising futures. It is imperative that the systems work together. The school, foster parent and social worker must be able to work together to help children and youth in foster care. Research shows us that these children are at risk of multiple negative outcomes unless they get the understanding and support they need at this crucial time in their lives. Communication among the people who can help them is vital to their futures.

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Practice

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Youth with Disabilities in the Foster Care System

Joan Durocher

Youth with disabilities who are in the foster care system are one of the most vulnerable populations in the United States, yet little attention is focused on the unique challenges they face as they negotiate their way through multiple systems to adulthood.

Thousands of foster youth who have disabilities reach their 18th birthdays and enter adulthood every day. Although many will go on to healthy and productive lives, significant numbers drift into homelessness, unemployment, and the criminal justice system. Many also enter the social and behavioral health care systems in disproportionate numbers, at a dramatic cost to taxpayers. It is indeed a compelling situation for these youth as well as for the adults and systems charged with supporting and assisting them.

There is consensus among those who work with these populations that the issues related to youth's transitions to adulthood are routinely overlooked. Many think this results from the assumption that because youth are given adult rights at the age of 18, they should all be able to live up to the expectations of being adults at that age. However, youth development experts assert that this is an incorrect assumption and that, in fact, the majority of 18-year-olds—not just vulnerable populations—do not feel ready for adulthood and self-sufficiency on their 18th birthdays (Arnett, 2003). This includes youth with disabilities within the foster care system who have additional challenges and barriers to become self-determined or self-sufficient. These young people in particular require a comprehensive, multisystem transition support network. It is unrealistic to think the child welfare system alone can provide the resources necessary to address the employment, education, health care, housing, and family challenges of this population.

Many disability experts and advocates agree that teaching the independent living philosophy to youth with disabilities is essential to their psychological growth and the key to a healthy adulthood. The independent living philosophy empowers people with disabilities by focusing on building self-determination and self-respect and by working to ensure equal opportunities for them. This philosophy is also important for young people with disabilities in foster care and during their transitional period. Because the child welfare system has traditionally emphasized child protection, these young people are not often encouraged to be independent or to negotiate situations

> The independent living philosophy empowers people with disabilities by focusing on building self-determination and self-respect and by working to ensure equal opportunities for them.

that include some degree of controlled risk. Therefore, it is important that the ideas of self-determination and personal empowerment be passed along from child welfare personnel to the youth they serve.

Individualized, comprehensive, and appropriate transition services to meet all of the needs of the youth who require them are essential. However, access to these essential services is often the largest challenge for youth with disabilities involved in the child welfare system. Many services are truly accessible only to young people able to seek them out on their own. This is most unfortunate because youth with disabilities aging out of foster care are often already disconnected from society and therefore not capable of seeking out these services. Young people with disabilities who are transitioning from group homes or other residential programs are even less likely to be able to seek out the unique services they may need because many such youth are disconnected from their communities' resources as a result of living in institutional settings.

In its 2008 report, the National Council on Disability (NCD) affirmed that cross-system collaboration on the provision of transitional services is essential and urged juvenile and adult systems to increase collaboration efforts for youth with disabilities aging out of foster care, and community organizations and the business sector to play stronger roles in providing transition services. NCD also urged that transition services be individualized and comprehensive, including exposure to the independent living philosophy, hands-on life skills opportunities, and networking opportunities.

NCD recommended that more be done to ensure access to appropriate transition services for youth with disabilities in the foster care system. Colleges and other postsecondary learning institutions should reach out to youth with disabilities; transition plans should take into account access to housing for both youth with disabilities and foster youth; and particular attention should be focused on youth who are in institutionalized settings, thus the most at risk of being disconnected from society's networks. Most importantly, youth should be eligible for needed transition services beyond age 21. This can be accomplished by state child welfare agencies making transition services available for youth with disabilities up to age 23 or 24 when deemed appropriate.

It is clear that removing the barriers and systemic challenges to accessing transitional services would greatly enhance the ability of youth with disabilities aging out of foster care to obtain these services. Addressing these challenges includes removing the unrealistic requirement many programs have for youth to seek out the services themselves and investing in the extra efforts needed to bring the services to those who need them. Only then will it be possible to reach those who most need the supports.

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Permanency for Transgender Youth

Jody Marksamer, J.D.

Many transgender young people face rejection, harassment, and physical abuse at the hands of their families, communities, and peers because of their gender. This abuse is often so intense that they run away from home, drop out of school, or enter the child welfare system. Although there are no quantitative studies documenting the number of transgender youth in foster care, it is likely that transgender foster youth are present in every jurisdiction across the country (Woronoff et al., 2006; Wilber et al., 2006).

Because many transgender youth face abuse and harassment in their foster care placements, the primary goal of child welfare workers is often just to keep transgender youth safe until emancipation; less attention is paid to the need to connect transgender youth with permanent families. Research has documented that youth who do not have this kind of support when they emancipate are at high risk of

> To succeed in ensuring permanency for transgender youth, child welfare professionals should attempt to reunify transgender youth with their family of origin when possible, work closely with transgender youth to identify important adults in their lives, and reduce placements in congregate care.

homelessness and often face other serious risks that compromise their overall health and well-being (Hair, Jager, & Garrett, 2002). This article explores steps child welfare workers can take to minimize these risks and provide transgender youth with the opportunity to build a healthier and more stable young adulthood.

Who are Transgender Youth?

Transgender youth have a gender identity or gender expression that is different from what most people would expect based on their biological sex. The term gender identity refers to a person's internal, deeply felt psychological identification as male or female. Most people's gender identities and expressions correspond to their physical bodies. For transgender people, this is not the case. Because a person's gender identity is a core aspect of their being, many transgender people

transition to live as the gender they identify as. Some transgender people become aware that they are transgender at a very young age and, with the support of the adults in their lives, transition while still adolescents.

Permanency Planning

The Adoption and Safe Families Act (ASFA) of 1997 requires states to assure permanency for all youth in foster care. Unfortunately, child welfare workers may not develop family-based permanency plans for transgender youth because they assume foster families or relatives are not willing to provide a home for these youth. In addition, workers often fail to pursue family reunification, especially if a transgender youth is in care because the youth's family kicked him or her out. Because of these assumptions, most transgender youth end up in congregate care facilities where family-based permanency planning is overshadowed by a focus on development of independent living skills. To succeed in ensuring permanency for transgender youth, child welfare professionals should attempt to reunify transgender youth with their family of origin when possible, work closely with transgender youth to identify important adults in their lives, and reduce placements in congregate care.

Strengthen connection with family of origin

Before considering adoption or other permanency plans, child welfare workers should pursue reunification strategies designed to strengthen family relationships and reintegrate a transgender child back into his or her family (Jacobs & Freundlich, 2006). Although many transgender youth leave or are forced to leave their homes, research shows that families tend to change their perspective over time (Ryan & Diaz, 2005). Parents and family members who initially react negatively to having a transgender child can become supportive if they have the opportunity to learn more about transgender issues and

The following are organizations that have developed resources and tools that can assist agencies in meeting their legal responsibility to assure permanency for all youth in their care, including transgender youth:

- American Psychological Association (http://www.apa.org/topics/transgender.html)
- California Permanency for Youth Project (CPYP) (www.cpyp.org)
- Family Acceptance Project (http://familyproject.sfsu.edu/)
- Family Builders by Adoption (www.familybuilders.org)
- Gender Spectrum Education and Training (www.genderspectrum.org)
- National Center for Lesbian Rights (www.nclrights.org/youth)
- PFLAG: Parents, Families, & Friends of Lesbians and Gays (www.pflag.org)
- The World Professional Association for Transgender Health (www.wpath.org)

about the negative impact their rejection has on their child (Ryan & Diaz, 2005). Child welfare professionals can facilitate reunification by providing families with information and guidance related to adolescent development and gender identity as well as referrals to individual and family counseling and other local services that support families of transgender youth, such as Parents, Families, and Friends of Lesbians and Gays (PFLAG) and Gender Spectrum (Wilber et al., 2006).

Individualized permanency plans

Because many transgender youth in care have faced repeated rejections, they may fear they will never be accepted as part of a family. Thus, it is important for child welfare workers to address the specific fears and concerns that transgender youth may have about permanency (Jacobs & Freundlich, 2006). Talking to transgender youth about adults they know and trust, researching a youth's history, and reexamining prior adult relationships are key strategies for locating extended family members, teachers, or mentors who can provide permanence for transgender youth. This youth-driven approach allows a transgender youth to strengthen an

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Finding Permanent Homes for Teens in Care:
Results of a Federal Demonstration Project

Maggie Skrypek and Michelle Decker Gerrard

Background

Between 1998 and 2002, teen adoptions accounted for between 4.5 and 7 percent of all adoptions in Minnesota (Sherlock, 2008). Most youth were aging out of foster care without a permanent connection to a caring adult. In 2003, the Minnesota Department of Human Services and the Minnesota Adoption Resource Network partnered to address this issue.

The Homecoming Project began in 2003 as a 5-year Federal demonstration project. The goal of the program was to increase efforts to recruit permanent families for teenagers with the overall goal of increasing the number of adoptions of adolescents under state guardianship in Minnesota. The target population was adolescents ages 13 to 17 (and their siblings of any age when they are to be adopted together) whose parents' rights had been terminated by the courts at least one year prior to referral to The Homecoming Project, and who had a permanency plan of adoption but no adoption resource identified.

In addition to seeking adoptive families, the project also had the explicit goal of strengthening participating youth's connections to caring adults and the larger community by engaging in child-specific recruitment efforts. The purpose of these efforts was to actively identify and build upon each youth's strengths and potential. Another goal of the project was to address systemic barriers, both at the policy and practice levels, that prevented more teens from becoming adopted.

Wilder Research conducted the process and outcome evaluation for this project. In addition to collecting extensive data on youth participating in Homecoming Project services, Wilder staff collected data on a comparison group of youth who met the same eligibility criteria but who were not receiving project services. Data were also collected from social workers, adoptive families, and other key stakeholders. This article highlights some of the key evaluation findings and lessons learned from this five-year project.

Description of Youth Served by The Homecoming Project

County social workers from across Minnesota referred youth to the program. Sixty-two percent of referrals came from the 7-county metro area surrounding Minneapolis/St. Paul. Over half (52%) of the youth served were male. Six out of 10 were youth of color. At intake, most youth were 13 or 14 years old.

> The goal of the program was to increase efforts to recruit permanent families for teenagers with the overall goal of increasing the number of adoptions of adolescents under state guardianship in Minnesota.

According to intake information, youth who were referred to the program faced many challenges. At least 90 percent had been abused or neglected at some point in their lives, and 94 percent had at least one mental health diagnosis at intake. Three in ten (29%) had been charged with status or delinquency offenses. On average, youth had been placed in out-of-home care at age seven, and most had lived in multiple placements.

Outcomes

Between 2003 and 2008, the project served 100 youth. An analysis of project records and administrative data shows that 51 percent of these youth achieved permanency through The Homecoming Project. Thirty-one percent were adopted, eight percent were in intact pre-adoptive placements, and 12 percent had established permanent connections to families.

An analysis of administrative outcomes between Homecoming youth (100 youth) and the comparison group (165 youth) showed some differences between the two groups:

- Overall, 39% percent of Homecoming youth were in an adoptive home or intact pre-adoptive placement compared to twenty-four percent of comparison group youth (this difference was statistically significant).
- Thirty-one percent of Homecoming youth were adopted compared to twenty-one percent of comparison group youth.
- Eight percent of Homecoming youth were in pre-adoptive placements compared to four percent of comparison group youth.
- Comparison group youth were significantly more likely to sign an affidavit requesting that they not have adoption recruitment efforts, to be ordered into long-term foster care by the courts, and to age out of foster care. These differences were statistically significant.

In addition to differences in adoption and long-term foster care rates, youth who participated in The Homecoming Project also showed greater improvements in critical areas of youth development. In relationship to the comparison group, Homecoming youth's sense of autonomy as well as their sense of belonging showed a greater amount of improvement over time. These differences were statistically significant.

Based on data collected from young people and families, it was clear that each felt engaged, respected in their role, and given an opportunity to be more thoroughly aware of both the risks and rewards inherent in adoption. Families who inquired about Homecoming youth also reported that, in comparison to other adoption related experiences they had had, Homecoming staff were more responsive, communicated more often, and provided more information and background about each youth.

The benefits of the project appear to extend beyond the individual youth and families served. In particular, project staff members were successful in gaining public attention and an increased systemic emphasis on teen adoption and the permanency needs of youth aging out of care. This is exhibited by a statistically

Minnesota Law on Transition from Foster Care to Adulthood

Irene Opsahl, J.D.

Federal and state lawmakers have taken steps to ensure long-term planning for children who age out of foster care. Counties must implement those provisions for the sake of children who leave foster care without the connections and support they need to make a smooth transition to adulthood and independence. Children and their advocates may challenge decisions of the courts and county and state agencies that limit or deny services to these children.

Federal Initiatives

The Independent Living Initiatives Program, adopted in 1986, was the first attempt at the federal level to address the needs of children growing up in foster care because they were never adopted or placed in the permanent custody of a family member. Congress provided funding for state programs aimed at helping foster children learn skills they would need to live independently (Child Welfare League of America, 1999). Legislators reworked the 1986 legislation with the passage of The Foster Care Independence Act of 1999 (the Chafee Act), doubling the amount of money available to states and permitting states to extend medical assistance eligibility for former foster children to age 21 (National Child Welfare Resource Center for Youth Development, n.d). The Chafee act was amended in 2001 to add funding for an Educational and Training Voucher Program which provides up to $5,000 per year to eligible youth attending post-secondary educational institutions (National Foster Care Coalition, 2007). Congress recently adopted the Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act) which, among other things, provides federal financial support to states who opt to keep eligible children in foster care up to age 21 and mandates that, for children aging out of care at age 18 or older, agencies work with the child to develop a personal transition plan (Fostering Connections to Success and Increasing Adoptions Act of 2008).

Minnesota Provisions

Even before passage of the Fostering Connections Act, Minnesota took steps to address the special needs of older children in foster care. State law provides that within 30 days after placement of any child, the county agency and the parents, in consultation with the child, the child's tribe and others, must prepare a case plan which includes: a statement of the reasons for out of home placement, the services that have been or will be provided to the family, and steps the parent and child can take to correct the conditions that led to out of home placement (Child Protection Provisions of the Juvenile Court Act, Minn. Stat. § 260C.212, Subd. 1, 2008). "For a child age 16 or older who is in placement as a result of a permanency disposition" the case plan must include an independent living plan that addresses, at a minimum, the following objectives: "(i) educational, vocational, or employment planning; (ii) health care planning and medical coverage; (iii) transportation including, where appropriate, assisting the child in obtaining a driver's license; (iv) money management; (v) planning for housing; (vi) social and recreational skills; and (vii) establishing and maintaining connections with the child's family and community" (Child Protection Provisions of the Juvenile Court Act, Minn. Stat. § 260C.212, Subd. 1(b)(8), 2008). The Minnesota Department of Human Services prepared a best practices guide for counties administering services for older youth in foster care (Minnesota Department of Human Services, 2006).

Juvenile court judges review long term foster care cases annually and post TPR cases every 90 days until adoption. That review must include an assessment of the independent living plan "and the provision of services to the child related to the well-being of the child as the child prepares to leave foster care" (Child Protection Provisions of the Juvenile Court Act, Minn Stat. § 260C.212, Subd. 7(d), 2008). The court must "make findings regarding progress toward or accomplishment" of a list of specific goals including

whether the child has obtained a high school diploma, completed a driver's education course or demonstrated ability to use public transportation, enrolled in post secondary education, applied for financial aid, and obtained housing and medical insurance. Any of the parties may bring the case back to court before the scheduled review if the plan needs to be amended or is not being followed.

> Family members, care providers, social workers and others working with children can help them understand and exercise their options with the objective of easing the transition out of foster care.

As long as a case remains open in court, the judge can monitor the provision of services and the child's progress toward meeting the plan goals. However, the court may only retain jurisdiction of these cases until the child turns 19 (Child Protection Provisions of the Juvenile Court Act, Minn. Stat. § 260C.193, Subd. 6, 2008). Another avenue exists to address provision of services for children who are no longer under court jurisdiction. Counties must notify foster children before their 18th birthday that they are entitled to benefits up to age 21, and upon request the county must develop "a specific plan related to that person's vocational, educational, social, or maturational needs and shall assure that any maintenance or counseling benefits are tied to that plan" (Foster Care Benefits Up To Age 21, 2008). A youth who disagrees with the county over the content of the plan may appeal the county's action by requesting a fair hearing pursuant to Minn. Stat. §245. (Administrative and Judicial Review of Human Services Matters, 2008).

Minnesota establishes the rights of foster children to obtain help they need and want as they mature to independent living. Mechanisms exist to enforce those rights before the courts or through administrative appeal. Family members, care providers, social workers and others working with

Practice

Creating Permanency for Lesbian, Gay, Bisexual and Transgender Youth in Out of Home Care

Robin McHaelen, MSW

Lesbian, gay, bisexual, transgender and gender variant (LGBT) youth enter the child welfare system in a variety of ways. Some are rejected by their birth families as a result of their orientation or gender variance. Others come into care for reasons indirectly associated with their identity (e.g. running away, truancy or fighting due to harassment). A third group comes into care for abuse or neglect unrelated to their identities but later 'come out' as LGB or T once in care (Mallon, 2002). However they come into care, sexual and gender minority youth are often subject to additional victimization once in the 'system' including harassment by peers and staff, multiple placement disruptions, and violence. For far too many of these youth, inadequate permanency planning leads to a total loss of services as they age out of care.

So what's a system to do? Although there are no simple answers, one promising direction is to strengthen the child welfare focus on family preservation and support for sexual and gender minority youth.

Traditionally in child welfare systems, once a youth's family has rejected him or her due to sexual or gender identity, the family is no longer seen as a resource in permanency planning. As a result, social workers tend to look to long term foster care, congregate care and independent living, each of which tend to have unique challenges for LGBT youth as mentioned above. They need to look closer to home.

A study conducted by the Family Acceptance Project ™, a program of the Cesar Chavez Institute at San Francisco

> *S* came into care at 14. She told a school social worker that she was a lesbian. The social worker informed her parents who immediately asked for her to be removed. In less than three years, S* has been in 12 different placements.*

State University, demonstrates the profound impact that family acceptance has on LGBT youth. Ryan (2009) found that when families are rejecting, LGBT youth are at higher risk for a host of risk factors (e.g. suicidality attempts and ideations, substance abuse, homelessness, sexual acting out, violence, and truancy). At the same time, the outcomes for youth with families who are ambivalent but not patently rejecting were significantly more positive than those of youth whose families are completely rejecting. The implication is that it isn't necessary for families to transform themselves in order to be sources of support for their LGBT youth. It suggests that providers should wrap support services around families *as children come out* with the goal of helping youth stay in their homes. Whenever possible permanency plans

> . . . providers should wrap support services around families as children come out with the goal of helping youth stay in their homes.

should continue to include birth families even if the family is initially rejecting. Ryan's (2009) research finds that families, regardless of initial response, often become more accepting over time.

Ryan's (2009) research suggests emphatically that it is critical for to concentrate on families of origin, and ask how we can support these families in keeping their children home as they negotiate their joint (youth and family) coming out process.

True Colors' Safe Harbors project, a collaboration of True Colors, the Connecticut State Department of Children and Families (DCF), and the Connecticut Association of Foster and Adoptive Parents (CAFAP), uses and suggests the following strategies:

- Explore creative ways to engage families to prevent removal and, if necessary, to support reunification using community strengths such as kinship networks, extended family

> *True Colors got a frantic call from a Spanish speaking mom whose 15-year-old daughter just came out as a lesbian. She desperately wanted to talk with someone with a similar cultural background and situation. Our mentoring coordinator put the word out on Facebook [an internet social network] and within an hour, we connected this mom to another Puerto Rican mother who was able to share her experiences of learning to love, accept and affirm her own lesbian daughter within her family and culture.*

outreach, community social activities at which families can get together for food and conversation, etc. We have begun using social networking programs such as MySpace and Facebook.
- Provide social workers with LGBT affirming family preservation and support skills. We have trained over 1,000 social workers through the Safe Harbors project. Training should consist of both values clarification (helping workers differentiate between their own personal values and their professional responsibilities) and skill building components to help social workers enhance existing family preservation skills around issues of orientation and gender.
- Develop additional open and affirming short term housing options for youth and young adults needing care in the interim. One reason, in fact, for the multiple placements that LGBT youth experience is conflict between the foster parent's religious beliefs and the child's identity as LGBT. So, we created a training module for foster parents to help them serve as a resource. In addition, the Safe Harbors project actively recruits foster families from the LGBT and affirming communities. Our goal is to identify 200 new families by the end of 2009 from within this community.

Practice

Promoting Permanence for "Legal Orphans"

Sania Metzger, J.D.

In the twenty-first century, countries with large numbers of orphans are those that have experienced national tragedies. These tragedies may be caused by civil war and international wars, natural catastrophes, or pandemics, as in the case of HIV/AIDS. Thousands of children in the United States become legal orphans each year by judicial order and as a result of failing child welfare agency policy and practice; judicial orders created 84,000 "legal orphans" in 2007 (AFCARS, 2008). Legal orphans are children who no longer have legal ties to their parents, extended family or adoptive family.

Especially vulnerable to child welfare system intervention are poor families and families from certain communities of color. Data show, for example, that child welfare systems are 22 times more likely to intervene in the lives of children from families with an income at or below $15,000 a year than in families that earned $30,000 (Hill, 2006). African American and Native American children nationally face disproportionate removals from home, lower rates of reunification, longer lengths of stay, more frequent moves while in care, and are disproportionately emancipated from foster care upon turning 18 years of age (AFCARS, 2006).

> Child welfare systems are 22 times more likely to intervene in the lives of children from families with an income at or below $15,000 a year than in families that earned $30,000.

Racial and ethnic disparities also impact adoption processes and outcomes. In 2001, AFCARS reported that the median number of months from termination of parental rights (TPR) to adoption was lowest for whites (11.2), slightly higher for Hispanics (12.6), and even higher for African Americans (13.9) (AFCARS, 2008). Some children never get adopted while others experience additional traumas if their adoptive placements disrupt. These are our legal orphans: children whose parental rights have been terminated "freeing" them for adoption only to have their permanency goal changed from adoption to "independent living," another planned permanent living arrangement, or emancipation.

Unintended Policy Consequences

The negative life outcomes for emancipated youth — youth who exit foster care disconnected from family as well as those whose parents' rights have been terminated — have been well documented. Research indicates that children who spend extensive time in foster care and exit without a permanent family fare poorly on virtually every predictor of future successful adult transition including education, early parenthood, emotional problems, involvement with the criminal justice system, poverty, and homelessness (The Annie E. Casey Foundation, 2004).

The Adoption and Safe Families Act of 1997 (P.L. 105-89) requires that a TPR petition be filed whenever a child has been in foster care 15 of the most recent 22 months, unless several exceptions apply. In addition, despite other federal and state child welfare policies intended to increase adoptions like adoption incentives, adoption tax credits, and post-adoption supports, there has been no significant increase in adoptions. National data estimates the number of children whose parental rights were terminated rose from 74,000 in 2005 to 84,000 in 2007. However, the number of children adopted has remained level at approximately 50,000 over the six-year period that ended in 2007 while the number of children who exited foster care without legal permanence has increased (AFCARS, 2008).

What Can Be Done?

State child welfare agencies in collaboration with dependency courts should consider the following policy reforms:

1. *Increase prevention services.* With neglect cases accounting for nearly 70 percent of the indicated cases nationally (The Annie E. Casey Foundation, 2007), family strengthening strategies like Minnesota's differential response system or El Paso County's integrated approach to TANF and child welfare demonstrate effective innovations to meet a family's needs before the removal of a child from home.

2. *Provide adequate legal representation* to ensure that vulnerable parents are able to defend their constitutional right to raise their children. Model legal services programs staffed with social workers, parent advocates, and attorneys are demonstrating impressive results in preserving a child's safety as well as heading off the threat of terminated parental rights. The New York Center for Family Representation (www.cfrny.org) provides one example: Of 700 families served in 2008, 56 % of the children never entered foster care; those who did spent an average of 98 days in care compared to an 11.5-month citywide average and a 4-year statewide average.

3. *Reconnect children with family.* In October 2008, Congress unanimously passed the Fostering Connections to Success and Increasing Adoptions Act (P. L. 110-351) that promotes permanent families through kinship guardianship arrangements, adoptions, and grants to facilitate a child's reconnection to his or her biological family.

4. *Use data* to inform strategies to eliminate racial and ethnic disparities in permanence outcomes, especially the overuse of "another planned permanent living arrangement" and exits to emancipation.

5. *Allow post-termination reunification.* California enacted legislation in 2005 (Assembly Bill 519) to permit the reinstatement of parental rights when in the best interest of a child. By enacting laws that add post-termination reunification to permanency options, a small but growing number of states may alter the life trajectory of a child forced to transition into adulthood without a permanent legal family.

Practice

Collaborations & Perspectives

The Privilege of Family

Misty Stenslie, MSW

In second grade I learned the word 'precious.' Seeing the definition for the first time, I was overcome with a longing to be precious to somebody. Dear. Beloved. Of great value. I spent my childhood in a series of about 30 placements in foster homes, kinship care, shelter care, correctional

> We are taking the same walk on the tightrope as other young adults, but we often have to do it without the safety net of family, community, knowledge, or skill.

institutions, treatment facilities, and group homes. Over the years I was in the system there were hundreds of people who had some responsibility for me, yet I aged out without finding a "forever family." I entered adulthood knowing that, for the rest of my life, there would be no parents to whom I would ever be 'precious.'

Research has shown that people raised by the government are not well prepared for adult life. Alumni of care are much less likely than the general population to earn a college degree, less likely to be fully employed, and less likely to have access to health insurance. We are more likely to face homelessness and to struggle with mental health issues. We are often without both the hard skills (knowing how to open a checking account or use the washing machine) and the needed supports (someone to call with a broken heart or a bit of good news, co-signers for loans, someone with extra quarters when payday is still a while off and there are no clean clothes) to be successful or stable during the transition to adulthood. We are taking the same walk on the tightrope as other young adults, but we often have to do it without the safety net of family, community, knowledge, or skill.

Luckily for me, I've always been a person who can learn from books, who comes up with creative solutions, who jumps at a chance to learn new things. I did make it through college. I have been gainfully employed since I was a teenager. I figured

out that I could run my McDonald's uniform through the industrial dishwasher at work when I didn't have quarters for the laundromat.

In spite of all my 'success,' I certainly have not beaten all of the odds. The loneliness, confusion and trauma continue to haunt my dreams. I have a hard time trusting people. I am independent to my own detriment sometimes. The part of the transition to adulthood that was, and continues to be, the most difficult is the emotional part of the experience. What I continue to search for, and cling to when I find them, are the privileges that come from having a family. "Family privilege" consists of the many ways that a person's life is made easier simply because of the family setting in which he or she grew up.

Consider this (far from exhaustive) checklist. Which privileges do you have? Which privileges are missing for the young people you know who are transitioning from foster care?

- I have special items (blankets, stuffed animals, photo albums) from my childhood.
- When my parents got upset at me, I never worried that they would ask me to leave their home.
- I grew up with family traditions and routines that I could generally count on and that I can use in the family I create as an adult.
- I know that no matter how old I get, I will always have a family who loves me and whom I can count on in times of need.

- If I have children, they are automatically included as members of my family.
- I had someone to encourage me to go to college, help me fill out the FAFSA, and a place to go during college breaks when the dorms were closed.
- I had someone to walk me down the aisle at my wedding, to pass on family heirlooms, to hold my hand when I needed it.

As an adult, I have been licensed as a foster parent and have been blessed to raise three children through their teen years. Now in their 20s, it is still my goal to ensure that my children find as many of those family privileges as possible. I want them to know that they are never alone in the world and will forever be in my heart and in my life. I want them to know they have a "forever family."

There are more than half a million children in foster care and 12 million of us who are adult alumni of the foster care system in the United States. We all have one thing in common: for at least some part of our lives, the government was our parents. Because of this shared parent, the foster care alumni community has come to claim the status of 'brothers and sisters' to one another. We don't take this lightly. We see that we have the responsibility to look out for the ones who come after us. Through our own experiences, both as children in care and as adults, we've developed a deep connection to the next generation of youth in care and are working toward a future when our younger brothers and sisters can find the best that foster care has to offer—stability, permanent connections, peace, and the love of family.

Misty Stenslie, MSW is the Deputy Director of the Foster Care Alumni of America (FCAA) as well as a foster parent and an alumna of foster care. Misty is the FCAA lead on the Postcard Project, examples of which can be seen in this publication. Misty can be reached at mstenslie@fostercarealumni.org.

Life As I Knew It...

Jessica Brandl-Hewitt

On November 30th of this year I turned eighteen. Three days before my eighteenth birthday I became a Brandl-Hewitt, not just a Brandl, which is what I grew up being. I finally got adopted — a girl who never thought that she would even make it to age sixteen, let alone be loved so much by so many people. My drug-addicted family didn't know what love was.

On May 1st, 2003 my life as I knew it changed; I lost not only the people I loved the most but also the only thing I grew up knowing. I had two younger brothers and one younger sister. I felt like I had to take the responsibility of parenting my siblings. I was an angry, depressed thirteen year old girl in denial and with no confidence. I hated the world! I just wanted to give up; I felt like no one could possibly understand what I was going through. I wondered what the point of my life was if I didn't have my mom, who was my everything. I didn't understand why my social workers claimed that I had done nothing wrong and that I was a good girl, but I was being punished by not being home or having my mom.

Luckily, I got to live with all three of my siblings in a foster home. This is not common that a group of four doesn't split up. I was protective of my siblings and my mom's feelings. Sadly, my siblings were young and didn't quite understand what was going on; they wanted a mom and dad. I became very protective of the title "mom" and "dad." As much as my siblings wanted to call my foster parents mom and dad, I had a hard time letting them. I felt like their calling my foster parents mom and dad made them forget our real parents.

Roughly six months later, we moved in with our biological aunt. Living with my aunt was a treat, let me tell you. Not in a good way either. When living with my aunt I would tend to crawl in the corner with no lights and cry for hours thinking about how bad my life was. At this point in time, I still thought that my mom was an angel who did no wrong. Every night before I went to bed I would look out at the sky and just cry hoping that I was dreaming and that life would go back to the way it was. I was going through this deep depression, and I still had three siblings I had to think about.

Every night, when it came to bed time, everyone went to their own beds. I would go have my talks with my brothers explaining that my mom loves us and that no one would take her place. Every morning I woke up not having one or two but all three siblings in my bed for security reasons. My sister, who is only eighteen months younger than I am, actually got kicked out of my aunt's house because of her behaviors. This was hard; not only did they take my mom but now my sister. I only had my brothers left. It felt like the world was out to get me! I felt trapped and wanted to leave my aunt's house so badly, but then again (according to my mom) I had the responsibility to take care of my brothers.

For my best interests down the road, I ended up moving out of my aunt's house. When I moved out of my aunt's, life was a struggle not having my brothers or my sister. Still, to this day, I struggle with not being part of their lives as much.

Now, six years since I was taken away from my mom, I'm stronger, I'm confident, I tend to be cocky at times, and I'm open minded. I try my best to look at the positives and not the negatives. I live life to the fullest. At one point down my journey I had a fear of being loved. Now I feel overwhelmed with the amount of love in my life.

In the beginning I was against adoption because I thought if I was adopted I would be betraying my mom. Eventually, I opened up my eyes and realized what was best for me. After years of being in denial, I finally wanted to move on with my life. With moving on, I decided that I wanted and needed to have people commit to me by adopting me, and not just anyone but the people I love.

I'm eighteen and I'm just starting a new chapter of my life! I have learned that my past is my past; there is nothing I can do about it now. All I can do now is move on and not let the negatives bring me down. I can proudly say the worst experience of my life was the best learning experience of my life.

Jessica Brandl-Hewitt is a former foster youth who found permanency through adoption.

Collaborations & Perspectives

Grandparent Kinship Care: A Personal Story

Sharon Olson and Mira Swanson

Background

In the United States today there are over 6.5 million children who are living in out of home care that is not traditional "foster care." Most of these children are cared for by relatives, especially grandparents, in what is called kinship care (Minnesota Kinship Caregivers Association, 2007a). In Minnesota, there are 33,975 children who are living in a grandparent-headed household with roughly 56% of these children raised by grandparents alone (Minnesota Kinship Caregivers Association, 2007b). Many Minnesota children have also found homes with aunts and uncles, older siblings, or other extended family.

Kinship care arrangements can be formal, within the traditional foster care system, or informal, outside the traditional foster care system. These arrangements can be long term, creating a permanent home for children, or temporary. Kinship caregivers can decide to gain custody or legally adopt the children. Kinship care provides many families across the nation with a way to keep children with family and is an alternative to children entering the traditional child welfare system.

Kinship care is often the best option when children are removed from the home. Children in kinship care are able to maintain family ties, which are crucial to their ongoing development. Some children are able to maintain a relationship with their biological parents while still living in the safety of a relative's home. Furthermore, children in kinship care need not "age out" of care like those in the traditional system, because they are already in family care.

Unfortunately, for those kinship providers outside the formal foster care system, there are not many supports available. Although the legal system favors kinship care as the first option for children removed from the home, kinship providers often have no financial support. While almost one out of five children living in kinship care lives below the poverty line, only 30% receive any governmental financial support (GrandFamilies, 2008). Families who are struggling financially often find it difficult

to add one more member, let alone take full responsibility for them.

Sharon's Story

One shining example of a kinship caregiver and advocate is Sharon Olson. Hers has been a long and hard process filled with legal, legislative, and personal battles, but she has come out the other end as an advocate for kinship caregivers and as a loving grandmother and legal guardian for two children.

Sharon's kinship care story began fourteen years ago with a call from a New Mexico child protection worker alerting her that her two grandchildren and their half-sister were being removed from their parents' custody. Sharon and her husband agreed to take the children, who were sent to live in Minnesota.

> . . . children in kinship care need not "age out" of care like those in the traditional system, because they are already in family care.

Sharon, like many other kinship caregivers, began an informal kinship placement. The parents still had legal custody of the children, but they had separated and were not making any efforts to resolve the issues that led to the children's removal leaving both children and grandparents vulnerable. Because of system confusion in both New Mexico and Minnesota, Sharon had a difficult time gaining legal or permanent guardianship of her grandchildren. While Sharon eventually petitioned and won legal custody for two of the children, she was not able to do so for her grandson, who had gone back to live with his father in New Mexico.

Although Sharon had fought for legal custody, she decided not to adopt her grandchildren. Like so many others, Sharon had concerns about terminating parental rights, the first step towards adoption. Terminating a parent's rights can be a lengthy and painful legal process and can involve demonizing the parent, a step that Sharon did not want to pursue.

Fortunately for Sharon's family and others like hers, permanency can be achieved in alternative ways. By obtaining legal

custody of the children without adopting them, she has given her grandchildren a safe and welcoming environment without eliminating their relationships with their parents. Sharon notes that allowing children to learn about and have access to their parents helps keep the family intact. She is still raising her two granddaughters, ages 16 and 22. Because of their disabilities, they will stay with their grandparents beyond age 18. They have a plan that incorporates their extended family, a plan that gives the youngest granddaughter the security to know that she will always have a home and gives the oldest, who has the most severe disabilities, the opportunity to remain with the family so she will never have to enter an institutional living facility.

Using what she has learned, Sharon has begun to advocate across the nation for legal safeguards for families such as hers. Sharon and her colleagues at the Minnesota Kinship Caregivers Association have helped write laws such as the Defacto Custodian and 3rd Party Custody Law (GrandFamilies of America, 2008), which allows relatives to be named custodians in the event of parent abandonment. Sharon and others have also attempted to put into law financial supports for kinship caregivers to help families struggling to stay together. It is hoped these laws will help other families by eliminating roadblocks to gaining legal custody of kin. Kinship caregivers are encouraged to stay current with family law and join support networks to help make kinship placements an attractive and viable choice for all families in need.

Sharon Olson is a kinship grandparent and long time advocate for kinship foster placements. She is the Vice President of the Minnesota Kinship Caregivers Association and the co-founder and Vice President of GrandFamilies of America, both support and resource sites for kinship caregivers and those who work with them.

Mira Swanson is a Master of Social Work candidate at the University of Minnesota–Twin Cities. Mira is also a Graduate Research Assistant for the Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota–Twin Cities. She can be contacted at swan1123@umn.edu.

The Adolescent Population: A Worker's Perspective

Ryan Skal, MSW

I was with the social service agency for ten months before I was transferred to a specialized unit, "Adolescents." Even though the move was only a few strides from my previous desk it was like I entered a whole other world. . As I had recently completed my training program and in-service courses, I wondered if this move would best serve our clients, but I soon left my apprehension behind. I had been given an opportunity to support and motivate adolescents, an area of service that has come to be mutually rewarding.

Entering the adolescent phase can be one of the most challenging events in a teen's life. Adolescents strive to develop their own views; they become dreamers and pursue the hope that the future will become more stable than the present. This becomes extremely critical when working with an adolescent clientele that does not have the support of a stable home life. An adolescent who has grown up in or has been placed into the "system," such as in foster care, sometimes cannot help losing trust in the very system whose primary focus was to provide permanency. Adolescents involved in the system share quite a different and often less supportive environment and as a result may not have the opportunity to develop to their full potential.

I was taught that the world was not going to be handed to me, but it was understood that this did not mean that I could not work toward what I needed from life. I am, however, aware of the support and positive influences that have enabled me to reach my goals. Unfortunately, these support systems are not equally distributed throughout the teen population. In working with this adolescent population, I discovered these teens are not often provided with a family support system, and this can make each day a struggle. I am challenged on a daily basis; I need to work closely with foster parents, treatment providers, the court system, and family members with the ultimate goal of planning a successful future for the adolescent. Unfortunately, my work is within the constraints of an inadequate number of treatment programs and a lack of community resources. Parents and foster parents may already be overwhelmed with their own daily problems; this is often combined with a teen population driven by fear, mistrust, and a drive for independence, all of which make adolescent planning a difficult task.

The notion of permanency is the possession of a stable, caring, and supportive environment in which one can appropriately develop his or her goals. Recently, I received a telephone call from a therapeutic foster care agency and was informed that I must remove a teen from his present foster home without logical justification. The youth, who had been moved three times in three months and had finally become comfortable with this foster mother, was removed. As I explained the situation to the teen, he looked away, sighed, and said, "You do not need to explain, this is just the way my life is." As the worker, I felt powerless, saddened, and somewhat angry. I would have liked to have had an opportunity to provide this youth with a sound concrete plan for his future or, at least, a decent explanation of why we're now meddling with a placement that was working. Such situations would leave any worker with doubts that the idea of permanency planning with these adolescents can ever be achieved. I found myself asking, "What more can I do for my clients?" Though I may have significant insight into the teen's present life, it is often not enough to affect the outcome of placement.

> It is essential that we, as adolescent workers, demonstrate professional, appropriate planning techniques that build a trusting relationship with the adolescent and be given the authority to carry out these goals in order to be truly effective in our profession.

The growing number of adolescents residing in temporary foster care and shelters across the nation is a concern. The negative effect this will have on our future generation is something that is worth addressing. Although caseworkers actively plan for the adolescent's future and the agency works to its maximum potential within its budget, too many teens are lost in the middle. It is essential that we, as adolescent workers, demonstrate professional, appropriate planning techniques that build a trusting relationship with the adolescent and be given the authority to carry out these goals in order to be truly effective in our profession.

The lack of support for families in crisis, lack of appropriate and dedicated foster parents, insufficient training programs, the inconsistency of case planning between agencies and their members are primary factors that negatively affect our future adult population. Many of these adolescents transition into the adult world without the appropriate physical or emotional skills to survive. Their experience with a system that has left them feeling mistrustful, unskilled, and unwilling to seek and accept further services severely limits their ability to function in their adult environment. As social workers, we have an ethical responsibility to address these concerns and work towards providing appropriate, efficient, and accessible services in order to effectively serve this adolescent population.

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Collaborations & Perspectives

Collaborations & Perspectives

Preparing Minnesota's Youth in Care for Adulthood:
The Minnesota Department of Human Services' Role

Claire Hill

The Minnesota Department of Human Services (DHS) administers the federal Chafee Foster Care Independence Act which provides funds to prepare current and former youth in care for the transition to adulthood and assists them with the cost of post-secondary education. Minnesota uses Chafee funds to serve youth ages 14 and older who are in long term out-of-home-care and expected to "age out", and youth 18 to 21 who have aged out of care. Minnesota's Chafee allocation is $1.8 million per year with an additional $624,000 for Education and Training Vouchers (post-secondary education assistance funds). The Chafee Act requires states to serve youth who have aged out of care up to age 21. In general, Minnesota's child welfare benefits end at age 18 or when youth graduate from high school. Therefore, DHS contracts with community based agencies to provide intensive life skills training, case management, and transitional housing services. The funds also provide Education and Training Vouchers (ETVs), much like a scholarship program.

An annual Bulletin is sent to Minnesota's 87 counties and 11 tribes inviting them to apply for Chafee funds to serve eligible youth on their caseloads. Historically, about 40% of the tribes and 96% of the counties apply. During 2007, 796 youth, less than 30% of those eligible, were served, and an additional 188 youth received ETVs.

Others barriers limit the ability of eligible youth to successfully transition into adulthood. For example, youth in care generally are not allowed to obtain a license or drive a car due to liability concerns and insurance costs. Without transportation, it is difficult to hold a job and save money for independence or post-secondary school. Further, finding permanency for older adolescents is often a low priority for social workers. County policy continues to discharge youth from foster care at age 18 or high school graduation. Too many youth age out of care without health insurance, a means of transportation, a savings account, a job, a connection to a caring adult, or a place to live.

In order to address some of these issues, DHS staff has convened a Chafee Program Advisory Committee that includes current and former foster care youth and members from county and community social service agencies. The committee meets quarterly and examines the Chafee budget, training plans, legislative initiatives, and policy and program issues. DHS also meets annually with Minnesota's Indian Child Welfare Advisory Committee to discuss the availability of Chafee funds and how they may benefit Native American youth in care. Training and technical assistance is provided to tribes, community agency youth workers, county social workers and foster parents on how to work with adolescents in transition to adulthood.

Youth leadership and involvement is critical to the work of the state. In addition to giving youth a voice on advisory and planning committees, DHS organized Youth Leadership Councils in three Minnesota communities in 2008. Members include current and former youth in out-of-home care.

The Minnesota Legislature has supported older adolescents in recent years by allocating funding for shelters, street outreach, and transitional housing for homeless youth. Four years ago funds were allocated to provide healthy transitions for youth in care and to prevent homelessness for youth leaving care. These resources richly complement efforts made with Chafee funds.

Other state efforts include Minnesota Statute 260C.212, subd.7 which was amended in 2008 to require court reviews of independent living plans for youth in care aged 16 and older prior to discharge from care.

DHS staff members have the opportunity to speak with over 100 youth each year about how Chafee funded services and ETVs have assisted them. Youth report finding jobs, maintaining housing, managing on a budget, progressing in postsecondary school, and developing a connection with positive adults, friends and community. DHS will continue its efforts to maximize and coordinate Chafee-funded services statewide, train and support providers, listen to the voices of youth aging out of care and advocate for their needs.

Minnesota can look to the example of other states that have passed legislation or made appropriations to assist Chafee eligible youth. Examples include:

- Funds to match Chafee and ETV funds.
- Funds to expand transitional housing options statewide for youth aging out of care.
- Automatic enrollment in Medical Assistance for youth aging out of care, up to age 21.
- Tuition waivers for youth aging out of care.
- Funds for out-of-home placement costs, up to age 21.
- Allowance for youth who leave care to return to care, up to the age of 21.
- Funds for foster parents' car insurance increase allowing youth in care to drive.
- Mentor programs.
- Individual development accounts to allow youth to accrue assets to support their transition, establish credit, and become fiscally literate.

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Permanency for Teens through Youth Directed Recruitment

Diane J. Delafield

"*My name is Jamie* and I am 17 years old. At age six, I came into custody of the Department of Social Services because my parents were abusive. At age 14 and after about 40 placements, I had a chance for an adoptive family. I lived with them, but I really did not understand what a family was because I had only witnessed bits and pieces over my many moves. I was very immature, thought everything was a joke, and thought that the trouble I was causing was funny. But the family saw differently. I needed a wake up call, but it did not come in time before everything fell apart.*"

Jamie is part of an Under One Sky program called *Passages*, a camp-based program in Asheville, North Carolina serving youth in foster care ages 12-18 who are legally cleared for adoption. Our mission is to find permanency for youth awaiting adoption through year-round, asset-based programs that prepare youth for permanency, encourage their emotional, intellectual, and spiritual growth, and provide them with a supportive community of peers, mentors, and caring adults.

When we began *Passages* in 2004 as a natural outgrowth of our first program *Campaigns for Kids*, I never imagined the impact this program would have on youth, social workers, staff, and our board of directors. What began as a camp-based adoption recruitment program evolved into a community, which the youth call "family."

The *Passages* program is based on the fundamental respect for the capacity of youth to act as the authors of their own lives. Our asset-based programs engage youth in their own adoption recruitment efforts and bring the youth together four

> Youth are encouraged to develop self-knowledge, responsibility, healthy relationships, and independent living skills; all of which are the foundation of permanency and preparation for successful transition to adulthood.

times a year (seasonally) at a residential camp where they participate in activities such as life and work skills workshops that promote self-discovery, leadership, and overall positive youth development. Youth participate in the workshops of their choice, thereby encouraging independent decision making and exploration of individual interests. We offer a variety of experiential workshops taught by skilled adults who serve as instructor-mentors during camp and often provide ongoing mentoring between camp sessions. Each youth with a plan of adoption develops his or her own personal recruitment video and mini-magazine featuring hopes, dreams, and interests.

Whether the goal is adoption or another form of permanency (kinship, guardianship, life-long mentor), all youth in our program have a voice in planning their futures. Youth are encouraged to develop self-knowledge, responsibility, healthy relationships, and independent living skills; all of which are the foundation of permanency and preparation for successful transition to adulthood.

We have learned invaluable lessons about adoption recruitment from the youth we serve. First and foremost, they have taught us that they want to take a leadership role in their recruitment efforts. As Daniel* said to an audience of child welfare professionals at a national conference, "I know myself better than anyone else, so it should be me talking about me. It's worth the risk of putting yourself 'out there' even if it means disappointment in the end if no one calls."

Building trust and forming meaningful relationships can be a huge challenge for these youth. When youth who share a common experience come together consistently, they naturally begin to mentor and advocate for each other. At camp, we meet in small council groups where youth feel free to talk deeply, openly, and honestly providing support for each other on issues that are important to them.

At age 17, Sam* found his adoptive dad within a year of beginning our program. He became like a brother to Dwight*, age 16, while in the same council group at camp. Once secure in his new family, Sam asked his father if he would also adopt Dwight. Visits began in spring 2008 and, in Sam's words, "Now Dwight's dad is my dad." The adoption was finalized in January, 2009.

During the past four years, we have built a solid community of youth, social workers, adoptive/foster parents, mentors, staff, and board members. We have found permanency for 24 teens who have grown, matured, and accomplished some of their dreams. Even so, several youth are about to leave foster care without a permanent family. All the youth in our program, even those who have been adopted, want the continued support offered by a community of caring adults on their passage to adulthood. We are committed to taking this critical next step with these youth by developing programming to meet their unique needs.

These extraordinary young people inspire us to be faithful to a larger vision as we plan our future — to build an *intergenerational multicultural village that will provide permanency and preparation for adulthood for youth in foster care*.

Diane J. Delafield is the founder and Executive Director of Under One Sky, Inc. She can be contacted at (828) 251-9793 or diane@under1sky.org.

*Names have been changed for confidentiality.

Collaborations & Perspectives

Collaborations & Perspectives

Finding Permanency for the Older Youth with Disabilities

By Patricia Saunders-Madison, Ph.D.

In 1985, when Project STAR at The Children's Institute opened its doors, our focus was finding homes for medically fragile children. Over time, we have expanded our services to include teens with disabilities. Consequently, resource parents, who wish to become an adoptive family with Project STAR, come with the expectation of bringing children that have disabilities into their homes. However, in some instances, due to the negative past experiences of older youth, the bonding in a family is difficult. The adoptive family learns quickly that access to post-adoption services is essential for the sake of the older youth as well as for the family.

Families are motivated to adopt teens when they understand the sheer number of teens waiting for families and the negative outcomes for their lives after leaving care without having found a permanent family, and when they know that supports are available to them even after the adoption is finalized. Project STAR emphasizes these key pieces of information when recruiting new families and includes a segment on adopting teens in the pre-service curriculum. Post-permanency services are offered to every Project STAR family to increase the chances of the family's long-term success.

Cultural awareness and the potential adoptive family's community are other key components that must be taken into consideration when seeking permanency for the older youth with disabilities. Will the older youth fit in or will his or her disabilities create isolation between himself and others? Is the school structured for special education classes? Is the special education department well-versed in educational law? Does the child wish to attend a faith-based institution? Is that important to the family under consideration? Does the family share some of the child's ethnic history? If not, is the family prepared, financially and emotionally, to involve the older youth in activities that will affirm his or her identity?

Supporting our adoptive and foster resource families is another critical factor in successfully placing "the older child." Annual re-certification is required for all fostering and adoptive families. However, upon finalization or adoption, this requirement is no longer mandated unless the family chooses to begin the process again with another child. Families are encouraged to stay in touch with the agency through our Family Enrichment activities. These include our Fall Festival and Hayride, the Holiday Gift Drive, support groups and respite care. Those families who do not continue their involvement with Project STAR upon finalization often discover that once the tie is broken with our agency, they begin to feel alone and sometimes bewildered on how to manage their older youth's disabilities.

Families quickly find out how receptive the staff of Project STAR is to assist them with resources and listen to their concerns. Support from their former permanency specialist often can be enough to answer questions and promote networking with other adoptive families with older youth with disabilities. Increased cooperation and coordination with medical and mental health facilities also plays an important role in the successful placement of an older youth.

Project STAR demonstrates commitment to older youths with disabilities and families through our partnership with Diakon Lutheran Adoption and Foster Care. Project STAR at The Children's Institute, Diakon Adoption and Foster Care and Bethanna, along with several Pennsylvania County Children and Youth agencies, are actively involved in a two year matching initiative for older youth. Each agency has identified one or more child focused recruiters whose primary responsibilities are to match older youth with adoptive resources. "Multiple,

> Cultural awareness and the potential adoptive family's community are other key components that must be taken into consideration when seeking permanency for the older youth with disabilities.

innovative matching strategies will be used to achieve this goal, including: child focused recruitment, intensive collaboration with the Pennsylvania Adoption Exchange (PAE), diligent search for former kin, past resources of children identified for the program, awareness events, targeted recruitment and marketing initiatives, existing relationships with local congregations, county children and youth offices, foster parent associations and the use of group decision-making during the matching process using the Pennsylvania Statewide Adoption and Permanency Network (SWAN) selection tool and Maureen Heffernan's Placement/Decision-Making Matrix" (Lewis, 2000; Diakon Lutheran Social Ministries Matching Initiative for Older Youth, 2008).

Project STAR hosts our annual "Growing Families through Adoption" matching and awareness event every March, with a focus on the older youth. Other agency providers are invited to participate and make face-to-face contact with families waiting to adopt. A major element of this event is "Matching Moments" when providers conduct PowerPoint presentations on waiting children, telling the child's story in a more personal way.

There is a lot of planning that occurs prior to matching a family with the older youth with disabilities. However, on the day the adoption is finalized, the smiles on the faces of the youth and their families make the work worthwhile. We also know that post-adoption support and programs will increase the chances of long-term success for these youth and families.

Patricia Saunders-Madison, Ph.D. is the Director of Project STAR at The Children's Institute in Pittsburgh, Pennsylvania. Patricia can be reached through email at pma@the-institute.org. To learn more about Project STAR, visit the Children's Institute at www.amazingkids.org.

California Permanency for Youth Project:
An Overview

Bob Friend, MSW, LCSW

The California Permanency for Youth Project (CPYP) was created to address the failure of child welfare to establish permanency for youth. Founding Director Pat Reynolds-Harris established CPYP in 2003 from grants by the Stuart Foundation. The project has also received support from the Walter S. Johnson, S.H. Cowell, and Zellerbach Family Foundations, and from Casey Family Programs. CPYP hosted its first four national permanency conferences from 2002 to 2006; in all there have been six permanency conferences, which bring best practices across the nation together so interested people can learn and share. Our vision is to achieve permanency for older children and youth in the California child welfare system so that no youth leaves without a lifelong connection to a caring adult.

> CPYP views permanency as both a process and a result that includes involvement of the youth as a participant or leader in finding a permanent connection with at least one committed adult.

CPYP views permanency as both a process and a result that includes involvement of the youth as a participant or leader in finding a permanent connection with at least one committed adult who provides:

- A safe, stable, and secure parenting relationship.
- Love.
- Unconditional commitment.
- Lifelong support in the context of reunification, legal adoption, or guardianship, where possible, and in which the youth has the opportunity to maintain contacts with important persons including brothers and sisters.
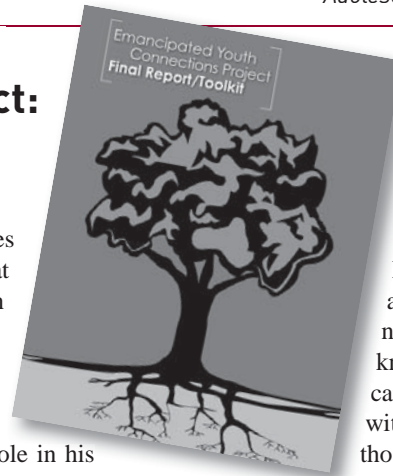
A broad array of individualized permanency options exist; reunification and adoption are two important options among many that may be appropriate. CPYP defines a permanent connection as one in which:

- An adult consistently states and demonstrates that she or he has entered an unconditional, lifelong parent-like relationship with the youth.
- The youth agrees that the adult will play this role in his or her life.

CPYP has provided training and technical assistance to twenty county child welfare sites in California and to their legal, foster, and congregate care partners. In 2008, evaluation of this work within ten counties determined that for youth who were provided with the recommended services, 91 out of 120 (76%) had formed a permanent connection to a caring adult. Sibling connections were also strengthened for 56 youth (57%). Many of these sibling connections were situations in which the project youth met his or her siblings for the first time. The majority of these youth had experienced multiple placements, remained for an extended time in the system, and were not on track to form permanent connections.

In 2006, CPYP created the Emancipated Youth Connections Project (EYCP) to assist twenty young adults who left the foster care system without sustained relationships to a caring adult. This eighteen-month project was tremendously successful in finding family or other caring adults to be lifelong connections. Data available for 19 of the 20 participants showed that: 139 new permanent connections were made with biological family members and 42 new permanent connections were made with non-biological family members.

These results demonstrate that permanency can be attained for older youth in foster care and for young adults who have left the child welfare system without permanency. Had these 181 new connections been formed while the participants were still in care, some would have left the system to legally permanent outcomes (reunification, adoption, guardianship) rather than exiting care at age eighteen relatively alone. Even if they didn't achieve permanency, youth would know they had caring relationships with people beyond those who were paid to care for them. In addition, better opportunities would have existed for youth to work through grief and loss and to develop lifelong relationships while still in the child welfare system rather than after they emancipated.

EYCP challenges the basis on which young people aging out of the foster care system are viewed as "success stories." Many young adults were seen as shining star success stories that validated the efficacy of independent living skills programs. Yet almost to a person, these young adults were lonely, had difficulty trusting, felt an emptiness impacting their daily living, and often lacked the skills to make and sustain successful relationships. Youth that exit care without permanency can no longer be termed "success stories" by these programs or their evaluators, even if they become "stars."

While CPYP has done much to change local child welfare practice, attitudes, procedure and policy, other measures are required to sustain permanency work. State leadership must support its practice through creating standards and providing training and technical assistance. Allocation of state and federal funds must shift to provide necessary resources to youth in need of permanency. Without these and other key supports in place, youth permanency efforts will remain tenuous and episodic, and thousands of California foster youth will join the tens of thousands of former foster youth who suffer from loneliness and are confounded regularly by the ordeals that most young people face with the guidance of their enduring connections.

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First Place for Youth

Claudia Miller

First Place for Youth is a Bay Area-based organization founded to prevent the poverty and homelessness that exists among the growing, yet largely overlooked, population of youth who "age out" or emancipate from foster care each year. Since its inception in 1998, First Place has aggressively pursued this mission by developing and implementing a comprehensive network of services that address the fundamental needs of former foster youth in the areas of education, housing, and employment. In the organization's first ten years, First Place has served more than 3,500 foster youth.

As the first organization in Northern California dedicated exclusively to addressing the lack of affordable housing and resources for former foster youth, First Place has become a nationally recognized model. Our youth participants have consistently achieved excellent outcomes. The organization has established baseline measures regarding program efficacy and impact on the target population. Ultimately, these measures indicate that First Place has a major impact through reducing poverty and adult homelessness and increasing opportunities for educational advancement. When compared to the general population of foster youth 12 to 18 months after discharge from the foster care system, First Place participants are: six times more likely to be enrolled in college; approximately twice as likely to graduate from high school; almost five times less likely to experience homelessness; nearly twice as likely to be employed; three times less likely to give birth before the age of 21; and nearly three times less likely to be arrested.

First Place achieves its mission by offering three inter-connected programs designed to improve the life chances of former foster youth by ensuring that they have the skills and resources needed to become healthy, productive and honorable adults:

- **My First Place** provides emancipated foster youth with access to safe, permanent housing coupled with intensive transitional services necessary to achieve long-term self-sufficiency. Participants receive a range of support, including a graduated rental subsidy, move-in assistance and supplies, roommate mediation, food stipends, economic literacy classes, education and vocational counseling, individual case management, life skills training, and community support. Last year, My First Place provided housing to 239 youth and 109 children in four Bay Area counties: Alameda, San Francisco, Contra Costa, and Solano.
- **First Steps** is a youth community center which provides a wide range of resources including individual and group housing search assistance, emancipation planning training, education and employment support, emergency food and utility assistance, and community building events. First Steps plays a pivotal role in supporting current and former foster youth as they access workshops that address health, relationships, financial planning, and communication. The First Steps center served more than 640 youth last year.
- **First Foundation** is a preventive program designed to prepare high-risk group-home youth (ages 16-19) for emancipation from foster care and provide them with critical support after discharge. First Foundation ensures that youth achieve an educational outcome and provides a mental health intervention so youth are emotionally and mentally prepared for their transition. First Foundation provided weekly therapeutic case management and academic counseling to nearly 70 youth last year.

Currently, First Place is the largest housing provider in the state of California with approximately 200 housing slots for homeless or imminently homeless former foster youth. The organization was a key participant in the State of California's development of a sustainable public funding source (Transitional Housing Program-Plus, or THP-Plus) and is considered the "recommended model" by the THP-Plus Implementation Project.

Additionally, First Place's scattered site housing model was included in a national study of five programs of potential national significance working to improve conditions for foster youth in transition. In 2003, the U.S. Department of Health and Human Services selected the First Foundation program as one of 20 best practice programs in the nation. In 2007, First Place implemented its first stand-alone center in Solano County, where the organization currently serves 45 former foster youth. The success of this program has led First Place to further refine its program model and plan for expansion into other regions of California.

> In 2003, the U.S. Department of Health and Human Services selected the First Foundation program as one of 20 best practice programs in the nation.

Program Evaluation

From its inception, First Place has incorporated evaluation into its program model believing there is no reason to invest resources into a model unless it has proven effectiveness. Data has been collected internally over the last 10 years to demonstrate the efficacy of the program as well as to help refine the program to ensure that it continues to meet standards of excellence. First Place now has a decentralized evaluation tool that continues to emphasize rigorous evaluation and accountability. One of our top priorities includes a third-party evaluation to provide an outside look at our program success rates. First Place is the only organization at a stage in its evolution that has a codified program model and has demonstrated successful replication and outcomes.

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Ampersand Families: Restoring Belonging, Dignity and Hope

Michelle Chalmers, MSW

Why would any professional in her right mind open a new adoption agency in a state that already boasts more than 30 licensed adoption agencies? Jen Braun and I founded Ampersand Families simply because it was *the right and necessary thing to do.*

Over its 5-year run, The Homecoming Project gave staff an opportunity to view with fresh eyes the capacity of the existing system to effectively meet the needs of older youth awaiting adoptive families. The federally-funded Minnesota Department of Human Services project worked with 100 youth referred from 30 counties and every private adoption agency that had a Minnesota waiting-child program. It became obvious that Minnesota's waiting teens desperately needed an organization focused exclusively on permanency efforts on their behalf.

> Individual professionals' mistaken beliefs that teens don't need families and that no families want teens are a near constant barrier to the open-mindedness and creativity required to achieve permanency for teens.

Thus, Ampersand Families with its mission *to recruit and support permanent families for older youth and to champion practices in adoption and permanency that restore belonging, dignity and hope*, opened its doors in October 2008. Ampersand Families' mission directs us to provide exceptional direct services while also applying constant pressure to repair systemic issues that sabotage permanency. In the day to day work with each individual youth, institutional procedures, practices, statutes and rules that do not serve youths' best interests become apparent. Individual professionals' mistaken beliefs that teens don't need families and that no families want teens are a near constant barrier to the open-mindedness and creativity required to achieve permanency for teens. Teens will not achieve permanency in significant numbers without changes to how the system operates.

The existing child welfare system can work effectively for younger children. Tighter timelines and innovative practices have helped reduce the number of younger children spending years in foster care without achieving permanency. However, as children grow older there is a dramatic drop in their odds of joining a permanent family. The Minnesota Department of Human Services estimates that 94% of youth who are under state guardianship at age fifteen will emancipate out of foster care without permanency (Minnesota Department of Human Services, Child Welfare Report for 2005, 2006).

There is well documented research on the long-term outcomes for youth who emancipate from foster care (Courtney, 2007). Increased rates of court involvement (both as victims and offenders), increased rates of pregnancy before age 20, low employment rates, and low educational attainment all illustrate an urgent social justice issue. At Ampersand Families, we believe that it is simply wrong for our community to allow wave after wave of young people to begin adulthood without the safe, committed family relationships essential for a meaningful life.

Ampersand's social justice framework leads us to focus our work in a unique way that engages young people in decision-making about their own lives. It also influences the type of families that come to us for pre-adoption training, home study and placement services.

Adopting a teen from foster care is emotionally draining work that mixes the skills of parent, mentor, roommate, therapist, social worker, police officer and teacher. Most of our youth are in contact with birth family and other kin. Successful adoptive families support these contacts and build the skills to help their child successfully navigate those relationships. Most of our youth also have significant emotional, behavioral, mental and/or physical health needs. The stability of a permanently committed family makes those challenges more manageable, but our youth (and thus their families) will likely face lifelong challenges in navigating the world.

Ampersand Families asks parents to make an unconditional commitment to youth. In return, we as an agency make an unconditional commitment to our families: *As long as Ampersand is in existence, we will be here to help your adopted child and your family, regardless of how long it's been or whether public money exists to pay for our time.* Our non-time limited commitment to families has been comforting to families who fear being 'abandoned' by the system after finalizing their adoption.

Adopting a teen means entering a world of contradiction and complexity where a 6-foot tall, bearded seventeen year old is as likely to need playtime with blocks and toy trucks as he is specific instruction on decision-making regarding sex. Tender, nurturing experiences with parents are as essential for our teens as their need to be held firmly accountable for age-appropriate decisions and behaviors. They are coloring one hour and off to driver's education the next. It's an amazingly contradictory journey of breathtaking love and agonizing heartache.

At Ampersand Families we believe that families committed to social justice will continue to respond to the call on behalf of teens. Because it's the *right and necessary thing* to do.

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of a lease or damaged his or her living space? Can youth move to more or less restrictive independent living settings depending on their progress? These and other questions will likely be addressed for years to come.

The views expressed herein are those of the author and are not presented as those of the Congressional Research Service or the Library of Congress.

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Given the above data, multiple experts have made recommendations to improve our knowledge about emancipating youth and how to improve their outcomes. Recommendations include longitudinal follow-up of a random sample of emancipating youth, universal eligibility for Medicaid up to age 23 years, improved independent living services, and health care coordination beyond foster care (Courtney, 2006; English, 2006; GAO, 2005; Kessler, 2008; Lindsey, 1999; Massinga, 2005; Scannapieco, 1995).

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higher for these children than for children with no record of involvement with the child welfare system.

For non-child welfare-involved children, many, whose behaviors result in an ED classification, are educated in alternative schools. For children in the child welfare system, behavior problems at the ED level are associated with increasingly restrictive placement options and sometimes result in juvenile detention or hospitalization. Both the child welfare and education systems should implement a more preventive and nuanced response to the behavioral problems of children in care. The misbehavior of some children may be diminished by responding quickly to incidents with short-term interventions and training of foster parents, caseworkers, and school staff to better understand the nature of children's behavior problems and their needs for a sense of safety and security. Interventions need not, and perhaps should not, be focused solely on the child.

Most important, caseworkers, foster parents, and school personnel need to recognize the connectedness of their responsibilities and efforts. Bringing together staff of these two systems is essential to providing the kind of coordinated support that foster children need to move successfully into adulthood.

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2. There is no question that many young people come into child welfare systems with complex histories, issues, and needs that would stress the capacity of any caregiver to provide compassionate and committed care. Strong supports and guidance need to be in place for foster guardians and other caregivers so they can learn how to manage the difficult behaviors in ways that both acknowledge the underlying roots of the behaviors and model appropriate behavior for youth.

3. Placement moves are often interpreted by youth as forced, unplanned moves with no clear rationale. It is important that the logic of moves be explained and provisions for transition and a sense of youth involvement in the process be developed.

4. To reduce the instabilities young people experience in their experience of mental health services, we strongly argue more attention needs to be focused on the quality of care provided. Stability of mental health providers should be promoted. In addition, regularly obtaining feedback from the young people who are the consumers of out-of-home placement services about those services' strengths and challenges can be one strategy for such oversight. This marks a great cultural shift—one which views adolescents not just as troubled, mentally ill, or defined by a period of "stress and storm" but as active and competent agents with some insight into what may be best for themselves.

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Practice

existing relationship with a known adult instead of requiring the youth to develop a relationship with a stranger.

Decrease reliance on group care

Because of an assumption that families are not interested in fostering a transgender youth and a shortage of families that agencies have identified as LGBT friendly, a disproportionate number of transgender youth are placed in group homes (Wilber et al., 2006). Youth in group homes are much more likely to run away or age out of care without permanent family connections than youth placed with foster families (North American Council on Adoptable Children, 2005). Accordingly, agencies should not rely on group care for transgender youth and should instead invest resources in identifying, training, and supporting foster families and relative placements that nurture and support transgender youth.

Training

In order to ensure that workers have the necessary skills to address specific barriers to permanency, child welfare agencies must provide training on working with transgender youth. This training should address common misconceptions including that transgender youth are "acting out" when they express their gender or that they have sexual behavior problems. Training must also teach workers how to support families of transgender youth and how to help transgender youth identify supportive adults in their lives and overcome fears or doubts about long-term relationships with adults. Training workers on promoting reunification and permanency will help ensure that transgender foster youth enter adulthood with at least one supportive and committed adult they can call family.

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significant decrease in adoption workers' perceptions of the degree of difficulty in finding adoptive homes for teens. It is also apparent through the multiple requests for information, speaking engagements, and significant media coverage received by the project.

The Homecoming Project faced multiple barriers over the course of the five-year project. However, in the end, the project was able to promote and secure permanency for 51 youth and to change perceptions of adoption workers and other key stakeholders. This project demonstrated that an environment of richer engagement and communication, where youth and a recruitment specialist are an active part of the planning team, may be able to help youth who previously had little potential for adoption. These youth were encouraged to establish a different vision of their own future and to believe in their inherent right to a permanent family.

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children can help them understand and exercise their options with the objective of easing the transition out of foster care.

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Although it isn't a given that an LGBT child will flourish in an LGBT household, these families can offer safe, loving and affirming care for teens even as they begin to age out of the system.

S*, by the way, whom we introduced earlier? She has been living as a foster child with the two women who became her mentors two years ago. She has been there just under a year — her longest and most stable placement since she came into care. And we have hope that an ally we have just identified in her family of origin will make inroads in helping her parents move further along the continuum from rejection to acceptance of their child.

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Conclusion

Implementation of the reforms outlined above will help to accomplish the dual aim of preventing the creation of legal orphans while reducing the alarmingly high number of children without legal permanence. There is no excuse for children to be trapped in legal orphan status in this country.

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Practice

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Resources & References

Resource List

Programs and Resources

- Safe Harbor Project (S HP) (http://www.ct.gov/shp/cwp/view.asp?a=3670&Q=431680).
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Notable Organizations

- Ampersand Family Project (www.ampersandfamilies.org)
- Casey Family Services (http://www.caseyfamilyservices.org/index.php)
- Foster Care Alumni of America (www.FosterCareAlumni.org)
- Under One Sky (http://under1sky.org)
- GrandFamilies (www.grandfamiliesofamerica.org)
- Minnesota Kinship Caregivers Association (www.mkca.org)
- Project STAR at the Children's Institute (www.amazingkids.org)
- True Colors (http://ourtruecolors.org)
- Wilder Research (www.wilderresearch.org)

Practice

These postcards were provided by the Foster Care Alumni of America and are part of their Postcard Project. The postcard art is created by former foster care alumni. The purpose of the project is to represent "our shared experiences from the basis of a shared culturethe culture of foster care."

I know there is still magic in me.

EVEN FOSTER KIDS WANT/NEED

music lessons...prom dresses...summer camp...

football equipment...yearbooks...art classes...

cookouts...teddy bears...karate lessons...curfews...

A CHILDHOOD

For more information about the Foster Care Alumni of America or the Postcard Project, please visit http://www.fostercarealumni.org/.

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- *Best practices for working with older youth in foster care*

- *The 2008 Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351), and its impact on adolescents aging out of foster care and finding permanency*

- *Alternatives to foster care: Kinship care as a permanency strategy*

- *Outcomes for youth who age out of foster care: Education, health, income, and housing.*

- *Aging out and finding permanency with special populations: Specific challenges for LGBTQ adolescents*

- *Personal stories and strategies from former foster youth and those who work with them*

- *Research and resources from organizations around the country*