Factors, Characteristics, and Practices Related to Former Foster Youth and Independent Living Programs: A Literature Review
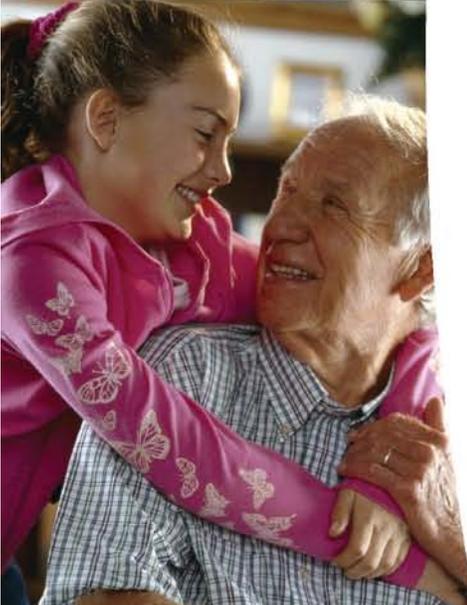
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The Transition to Independent Living

It has been well documented that former foster youth are at a distinct disadvantage in early adulthood in the areas of education, housing, employment, economics, and health. This report reviews the literature on the transition out of the foster care system to independent living. Independent Living Programs (ILPs) have been found to contribute to independence for some former foster youth. However, many limitations have been noted. One suggested approach to administering ILPs is to consider individual differences and design programs using a person-centered approach. Multiple studies suggest that enrollment in ILPs should commence as early as possible as many youth exit the system without the benefit of ILP experiences. Overall, the most common recommendation is to foster and encourage mentor relationships for youth during the transition to independent living and to provide extended aftercare services as necessary. Recommendations for future research are discussed.

Introduction

Emancipating foster youth are some of the most vulnerable citizens in California. Overall, former foster youth have higher rates of high school drop-out (Barth, 1990), greater risk for being homeless upon exiting foster care at age 18 (Barth, 1990; Piliavin, Wright, Mare & Westerfelt, 1996) , greater risk of hospitalization for injury (Conseur, Rivera, & Emanuel, 1997) greater risk of juvenile justice or criminal involvement (Jonson-Reid & Barth, 2000; Widom, Ireland & Glynn, 1995), and greater risk for mortality and morbidity (Sabotta & Davis, 1992). In addition, former foster youth are proportionately more likely to die from violence and accidents than foster youth (Barth & Jonson-Reid, 2000).

Most often, youth leave foster care when they are reunited with their families, adopted, or emancipated. Alternate routes of leaving foster care are running away, incarceration, entering a psychiatric hospital, or death (Courtney & Barth, 1996). Importantly, 10,363 foster youth between the ages of 16 and 18 exited all types of care in California in the fiscal year ending September 30, 2008 (Needell, et al., 2009). Approximately 48% of these foster youth emancipated, approximately 29% were reunited with their families, approximately 2% were adopted, approximately 2% were placed with relatives, approximately 2% were in another type of guardianship, and approximately 16% had another type of exit (Needell, et al., 2009). Courtney and Barth

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(1996) report that of children experiencing a discharge between July 1, 1991, and

December 31, 1992, who were at least 17 years of age at exit and had spent at least 18

months in foster care before their final discharge, the majority (90%) of other types of

exits in their study were attributable to running away or refusing services. Many of

these youth are likely to include special populations of foster youth that include those

youth diagnosed with physical and mental health disabilities and dual status youth--

youth involved in both the child welfare and juvenile justice systems (Dunlap, 2006;

Ryan, 2006). Thus, programs targeted at facilitating the transition to independence must

start early to capture some of the most at-risk youths.

A first step in understanding the transition to exiting foster care, whether for

independent living or to live in a family placement, is to ascertain the conditions or

characteristics that lead to each type of exit. Courtney and Barth (1996) found that the

number of foster care spells (the time between entry and exit from foster care process),

number of weeks in foster care, and the type of the last placement is associated with the

method of leaving foster care. Experiencing a greater number of spells in foster care is

associated with an unsuccessful exit. Additionally, youth who spend longer periods of

time in foster care are more likely to be emancipated rather than experience an

unsuccessful discharge. Placement with kin is associated with a greater chance of

placement with family or adoption as an outcome rather than an unsuccessful

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discharge. Placement in group care or guardianship is associated with a lower chance of emancipation rather than unsuccessful discharge, and placement in guardianship is associated with a lower chance of placement with family or adoption rather than unsuccessful discharge (Courtney & Barth, 1996).

McCoy, McMillen, and Spitznagel (2008) examined the transition from foster care in a mixed-method study. They found that troubled youth (those with behavior problems, a history of juvenile detention, alcohol consumption, and marijuana use), youth with a history of living on the streets, youth who had multiple placements in the last year, and youth living with a parent at age 17, left care earlier than other youth. They found that 39.2% of youth initiated their discharge by request, running away, forcing the release in some way, or indicating a desire to go home. System-initiated discharge was the second most common at 28%; however, the report indicates that many youth did not understand why they were discharged and did not want to be discharged. Another 16.6% of the youth were discharged without notice, 14.5% had age-related releases, and 7.5% were thrown out. A small portion (16.6%) was discharged after their goals were achieved, 12.6% were discharged to live with family and 1.5% were adopted.

The vast majority of youth (90.4%) who were asked if they wanted to leave care, mostly because they were dissatisfied with the system (39%), expressed a desire to

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return home (28.2%), cited failure to provide services (21.5%), sought a desire for change in circumstances (22%), and gave other reasons (3.1%) (McCoy, et al., 2008). The results from this study suggest that the most troubled youth need early services to prepare them for the transition to independence or an Independent Living Program (ILP). The conditions for these youth may be improved with supportive relationships with their caseworkers and counselors, as well as consideration of the youth's perspective in decision-making prior to exiting the foster care system. McCoy and colleagues (2008) also note that some youth are discharged prematurely for arbitrary reasons and/or without notice. They recommend that the system should automatically extend the maximum possible length of care to all youth who cannot return home or are not adopted as longer stays have been associated with better transitions (Courtney & Dworsky, 2006).

Independent Living Programs

The Foster Care Independence Act of 1999 (Public Law 106-169) authorizes Independent Living Programs (ILPs) for current and former foster youth to assist them in becoming self-sufficient during the transition out of the foster care system. Eligibility for ILP services is based on several factors. Youth are eligible up to the day before their 21st birthday and if they were in foster care at any time between their 16th and 19th birthday or the youth participated in the Kinship guardianship Assistance Payment

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Program (Kin-GAP) between the ages of 16 and 18. ILP services in California may include housing assistance, employment assistance, educational resources, financial assistance with college or vocational schools, practical skills such as daily living skills, money management, decision making, and self-esteem programs. Although there are few empirical studies examining the effectiveness of ILPs, the available research presents common themes and practices that can inform service providers and policy.

Factors and Characteristics that Relate to Successful Transitions

Daining and DePanfilis (2007) examined resilience factors for foster youth during the transition to adulthood and independent living. Resilience was defined as education participation, employment history, avoidance of early parenthood, avoidance of homelessness, avoidance of drug use and criminal activity. They found that being female, older age at exit, having lower perceived stress, higher levels of social support from friends and family, and greater spiritual support were associated with greater resilience. They recommend caseworkers make efforts to assist transitioning youth in identifying supportive relationships and maintaining these relationships during the transition to independent living.

Former foster youth find support in their families of origin, especially siblings and grandparents, foster families, other former foster youth, and mentors. Munson and McMillen (2009) evaluated natural mentoring and psychosocial outcomes for youth

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transitioning from foster care. They found that 75% could identify a supportive, non-kin mentor, but 25% of the youth could not. They found that having a mentor was associated with fewer symptoms of depression, less perceived stress and greater satisfaction with life six months later. The support of a long-term mentor was associated with a lower likelihood of being arrested and less perceived stress after controlling for custody status, maltreatment history, psychiatric history, and previous level of perceived stress (Munson & McMillen, 2009).

Furthermore, Munson & McMillen found that mentor relationships lasting longer than a year were associated with fewer symptoms of depression. Munson & McMillen (2006) found that 51% of the foster youth in their study identified a non-kin natural mentor from their interactions with formal services such as child welfare and mental health services. Greeson & Bowen (2008) conducted a qualitative study of a small sample of foster youth to better understand the benefits of natural mentor relationships. They suggest that mentors can be included in the service provision process, such as informing mentors about resources available to foster youth and providing funding to buy youth necessary instrumental items.

Osterling and Hines (2006) assessed a mentor training program, "Advocates to Successful Transition to Independence" program, designed to assist mentors in supporting older foster youth furing the transition to adulthood. This mixed-method

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evaluation found that youth's reported independent living skills improved, and youth reported better social and emotional outcomes. Some youth noted that independent living training with their advocates was more meaningful than classroom experiences due to the practical, hands-on experiences in the context of the supportive relationships. Nearly half (47%) of the mentors were very satisfied with their mentor training, and approximately 65% were very satisfied being a youth advocate. However, advocates reported a need for a "Resource Coordinator" (which could also be available for youth) to have a central location for all of the various resources available for youth, and an information sharing network for youth advocates. In addition, mentors reported that ILPs were inconsistent across locations and that it was difficult for them to know what services were available. Mentors reported that some ILPs offered good services; whereas, others did not.

In a study of the transition to young adulthood, Kerman, Wildfire, and Barth (2002), found that males, and foster youth who were not adopted or in extended long-term foster care, had lower scores on a measure of personal well being that included alcohol and drug use, overall health status, housing instability, and community, work, and family status. Males and foster youth who were not adopted or in extended long-term foster care also scored lower on self-sufficiency that includes ever experiencing homelessness, employment status, ever receiving public assistance, educational

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achievement, and having health insurance. Furthermore, males and foster youth who

were not adopted or in extended long-term foster care also fared poorly in overall adult

outcomes, including arrest after age 18, overall community involvement and overall

self-sufficiency and personal well-being. It should be noted, however, that youth who

transitioned out of foster care around age 18 without being adopted were also more

likely to be male (62%), minorities (74%), have a family history of criminal behavior

(65%), have a family history of substance abuse (71%), have a higher rate of behavior

problems, and have a higher number of problems documented in placements. Thus,

these youth are at risk from early childhood (average age of first removal is 5.8 years)

through young adulthood.

Lemon, Hines and Merdinger, (2005) examined the role of Independent Living

Programs (ILPs) versus other foster care in the transition to young adulthood with a

sample of former foster youth enrolled in college in California. They found that ILP

youth were more likely to have received information about financial aid in high school,

and were significantly younger when they began college than the youth in other foster

care. The ILP youth also received information or training on nine other items associated

with independent living such as opening a bank account, obtaining car insurance,

balancing a checkbook, finding a place to live and setting and achieving goals (Lemon,

Hines & Merdinger, 2005).

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Fewer ILP youth felt "well prepared" for independent living than other foster care youth in college, but more ILP youth felt "somewhat prepared" for independent living than other foster care youth in college. ILP youth were less likely to report having a job right after discharge from foster care than other foster care youth, yet ILP youth reported that their economic situation was about the same as others their age whereas the other foster care youth reported that their economic situation was worse (Lemon, et al., 2005). ILP youth were also more likely to report maintaining contact with their past caseworkers or counselors and to be "very hopeful" about their future than other foster care youth. Lemon, et al. (2005) concluded with recommendations for ILP services such as fostering the relationship between the foster youth and one worker, collaborations with other foster care parents (including group homes), and educational services that foster preparation for higher education. A limitation of this study is that it did not include a comparison group of ILP participants who were not enrolled in college. Thus, it is unclear what effect the ILP had on participating youth overall.

In a relatively sophisticated study of a large sample of foster youth age 17 and 18 preparing to exit foster care, Keller, Cusick, and Courtney (2007), used latent class analysis to identify subpopulations of foster youth to better match foster youth with appropriate services. Although the findings of this study need replication, the results are noteworthy and provide a framework for approaching service delivery for youth

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during the transition to independence. Keller, Cusick and Courtney (2007) found four distinct subpopulations preparing to transition out of foster care living in Illinois, Iowa and Wisconsin. The largest group (approximately 43%), referred to as "distressed and disconnected" were more likely to live in nonfamily care, group care or independent living arrangements, had more than five placements, had run way from a placement, reported a high rate of problem behavior, and had lower employment and higher grade retention rates than the full sample. Keller, et al. (2007) suggest that this group is most likely to experience a difficult transition. They have the highest rates of traumatic experiences and few resources. Paradoxically, the investigators identify the distressed and disconnected group as having the highest needs for comprehensive services, yet, the most likely to resist assistance. Thus, whenever possible, youth who are on the path to becoming distressed and disconnected should be identified early and provided with appropriate services.

The second subpopulation (approximately 38%), referred to as "competent and connected" was characterized with the highest levels of employment experience and the lowest level of problem behaviors and grade retention. In addition, they were more likely to be living in kinship foster care or foster care without relatives and had a relatively stable placement history, but had average rates of parenthood, and moderate rates of running away (Keller, et al., 2007). These foster youth have many strengths to

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build on including stable, supportive relationships, positive educational experiences, and employment experiences. These youth would likely benefit from focused services to build on their individual strengths.

The third subpopulation (approximately 14%), referred to as "struggling but staying" had the lowest rates of parenthood, and no reports of running away from placement, but had the highest rates of grade retention, enrollment in special education, and problem behaviors that result in expulsion or incarceration. These youth tend to live in foster care without relatives with an average of two to four placements. This subpopulation is the most likely to seek continuing support (Keller, et al., 2007). The struggling but staying group may benefit from maintaining their stability with a gradual transition to independence with services focused on overcoming identified difficulties.

The final subpopulation represents the smallest group (approximately 5%), referred to as "hindered and homebound" which is characterized by the highest rates of parenthood and grade retention and the lowest rates of employment experience. This subpopulation has the highest rate of living in kinship foster care and tend to be in their first placement (Keller, et al., 2007). Of note for this group is their early parenthood status which may be a primary factor in their transitional capabilities. Although this is the smallest subpopulation, because they are responsible for young children, they may

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benefit from programmatic mentors to supplement their social support network and foster self-sufficiency. In addition, this subpopulation could also benefit from programs and services for teenage parents.

In a review of research on ILPs through October, 2005, Montgomery, Donkoh, and Underhill (2006) found overall support for the benefit of ILPs on former foster youth's outcomes. The researchers identified eight studies (seven in the United States and one in the United Kingdom) examining ILP outcomes by comparison with usual care, another intervention, or no intervention. While each study had important limitations (such as selective outcomes, nonequivalence of comparison groups, short-term outcomes and low response rates), the accumulation of findings suggests that ILPs are beneficial. More specifically, nearly all studies reported higher rates of high school enrollment and completion, and vocational school or college attendance. Several studies reported positive associations with employment outcomes. All studies reported generally favorable housing outcomes such as living independently and paying own housing expenses. However, the associations between ILPs and homelessness were mixed. Only one study (Lemon, et al. 2005) examined health outcomes such as access to medical care and receipt of mental health services. There were only two studies that examined criminality, one of which reported a statistically significant reduction in rates of adult criminality and the other was in the expected direction but failed to reach

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significance. Finally, the results for self-sufficiency are mixed, and clear conclusions cannot be drawn.

In a more recent review, Naccarato & DeLorenzo (2008) identified 19 studies assessing the effectiveness of independent living services or programs. They found that transitional programs should focus on providing information about and access to stable housing. Services could include collaborations with local housing providers, local Section 8 landlords, and subsidized rent to provide youth an array of options to meet their needs.

Another important ILP outcome identified by Naccarato & DeLorenzo (2008) is educational attainment. Overall, identified studies suggest that participation in ILPs has a positive effect on various types of educational attainment. However, studies that compared former foster youth with youth in the general population found that former foster youth had relatively poorer educational attainment than youth in the general population. However, there are no studies that compare participation in ILPs and youth in the general population. Thus, is it unclear if ILP participation is associated with outcomes that foster sufficient independent living skills equivalent to the general population of young people. Important factors identified include the effects of educational stability in primary education on educational outcomes, birth family involvement in education throughout the youth's educational career, teacher's and case

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worker's expectations for foster youth's achievement (graduation rather than GED,

college enrollment and completion), and connection between child welfare agencies and

schools.

Naccarato & DeLorenzo (2008) also examined types of placement over the

transition to independent living and found that many former foster youth returned to

their family of origin rather than live independently. Thus, the implications for service

providers are relatively similar to reunification in that potential hazards and strengths

in the family should be identified and addressed to better support the youth.

Furthermore, Naccarato & DeLorenzo (2008) recommend that these youth should

continue to receive services until they become self-sufficient.

Another placement issue is the discrepancy between foster family placement and

group home placement on independent living outcomes (Naccarato & DeLorenzo,

2008). Although it is likely that youth with more serious problems are placed in group

homes rather than with foster families, group home placement is associated with

relatively poorer outcomes. Indeed, Chamberlin and Reid (1998) found that youth

placed in foster homes had significantly more positive behavior changes and fewer

short term negative outcomes than youth placed in group care, although the researchers

did not follow-up into adulthood. Thus, the implication is that ILPs targeted to youth in

group homes should include services to meet the needs of the most troubled youth such

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as intensive mental health services.

Importantly, it should be noted that establishing and maintaining supportive relationships beyond the family is the central task of adulthood (Berscheid, 2003). There is substantial literature documenting the effects of problematic relationships with primary caregivers on child outcomes (see, for example, Carlson, 1998; Egeland & Carlson, 2004) that overlap substantially with outcomes for former foster youth. Although likely more difficult, great effort should be made to find suitable foster families for the most troubled youth and incorporate relationship building services into ILPs, including relationship-focused therapy. Support should be provided to foster families and the youth to foster preparedness for independent living over time, especially concerning establishing healthy adult relationships that are associated with more positive outcomes.

Employment is another important outcome for foster youth (Naccarato & DeLorenzo, 2008). Several studies examined various employment conditions and found that, overall, former foster youth had lower rates of positive employment experiences compared with youth in the general population. However, ILP participants tended to have more positive employment experiences than non-ILP participants. Implications of these studies focus on not only vocational training but also formal training programs that result in employment. Collaborations between child welfare agencies and

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employers can be forged to promote long-term, stable employment opportunities for former foster youth. In addition, California's Regional Occupational Program offers a variety of educational and job training services through local school districts with more than 100 occupational areas. For youth not considering college, this is a viable option to become self-supporting over time.

Other issues identified by Naccarato and DeLorenzo (2008) include sexual risk prevention, consideration of the special needs of large numbers of foster youth with physical, psychological, and emotional disabling conditions, and the continued availability of services for youth who have emancipated (aftercare). For example, a review of the Casey Family Program reveals that youth had higher rates of depression six to 12 months after leaving foster care than young adults in the general population (Brandford & English, 2004). However, Casey Family Program females had fewer psychiatric diagnoses, more supportive relationships, and fewer medical visits than males (Anctil, et al., 2007). Casey Family Program youth with disabilities had more psychiatric diagnoses, lower self-esteem, and poorer physical health than Casey Family Program youth without disabilities (Anctil, et al., 2007). These youth likely require special services to overcome disabilities in addition to making a successful exit from the foster care system. It appears that female foster youth generally have more successful outcomes than males.

Special Populations

Abrams, Shannon and Sangalang (2008) evaluated transition services for incarcerated youth, including dual status youth. Although the 6-week Transitional Living Program (TLP) was not found to reduce rates of recidivism one year after transition, their mixed-method study yielded noteworthy results. Age at admission and number of prior arrests were significant predictors of recidivism within one year of release. Qualitative analyses revealed that youth noted benefits of the TLP such as practical skills, positive relationships, and cognitive-based refusal skills. However, the youth also noted that the TLP aftercare was virtually nonexistent. The youth expressed a need for ongoing contact with, and support from staff with whom they developed relationships, assistance with housing, employment, and education. Finally, many youth noted that they were released back into their unchanged community environments which greatly impeded their ability to make progress. These factors are especially important for dual status youth, many of whom have a history of disrupted relationships and long placement histories.

In a relatively large study of alumni of the Casey Family Programs (23 programs located in Arizona, California, Hawaii, Idaho, Louisiana, Montana, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Washington and Wyoming), male former foster youth with disabilities were found to have significantly lower earnings than male

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former foster youth without disabilities, while female foster youth without disabilities were found to have significantly lower earnings than female former foster youth with disabilities (Antil, McCubbin, O'Brien, Pecora, & Anderson-Harumi, 2007). Being a special education recipient was a risk factor while being female, older, having preparation for leaving care, and leaving care resources were associated with higher educational attainment.

Programmatic Issues

Barth and Lee (2009) conducted a preliminary investigation of residential education, or boarding schools, as a potential placement option for some foster youth. They clearly outlined the distinction between boarding schools and the very controversial therapeutic residential treatment programs. The focus of the residential education programs, many of which are college preparatory, is on education. Barth and Lee (2009) found that approximately half of the youth who enrolled in one of these schools entered college, approximately 19% entered a vocational program or the military, and 18% entered the workforce. Barth and Lee (2009) noted that residential educational programs provide lengths of stay that promote educational stability, encourage family involvement in the youth's education, and provide a family-type environment with live-in house parents. They also noted that applications to these schools outnumber the available openings approximately two to one. In summary,

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residential schools may be a viable alternative for foster youth facing instability in the foster care system but are committed to their education. This option may provide those youth the greatest stability and preparation for the transition to independent living.

Kerman, Barth and Wildfire (2004) examined costs of extended transitional services and foster youth outcomes and found that greater expenditures are related to fewer problems. However, they note that youth with the greatest problems are likely to disengage from services as suggested by Keller, et al. (2007). They found that costs typically extended to approximately age 22 and covered services such as educational assistance, extended placement with foster families, and medical services, with the greatest amount allocated to educational services (Kerman, Barth, & Wildfire, 2004). Approximately two thirds of study participants took advantage of educational services, and many took advantage of housing support. Kerman et al. (2004) found that the cost per youth was approximately $14,600 or about $4,000 per year. They surmised that it may be especially important to focus on lower income students, females, less able students, and students who are less likely to attend a four-year college or community college (Kerman, Barth, & Wildfire, 2004).

Naccarato and DeLorenzo (2008) make specific recommendations for ILPs as follows:

1. Develop and provide ILPs tailored to the needs of each youth with clear goals

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and outcomes.

2. Provide aftercare services post-discharge, especially case management and crisis intervention.
3. Collaborate with caregivers, other service providers and supports responsible for youth.
4. Develop and maintain sufficient housing programs.
5. Encourage youth to attend and complete college.
6. Set high expectations for foster youth.
7. Share information about effective ILP strategies and practices among ILP coordinators.

Best Practices/Promising Practices

Due to the limited amount of research assessing ILPs, no best practices can be identified. One promising practice identified by several studies is the use of mentors or advocates to promote success during the transition to independence. Mentors may provide not only emotional and instrumental support but may also advocate enrollment and continued participating in ILPs. Furthermore, mentors may prove a reliable network for assessing needs and services.

In addition, several studies argue that youth need ILP services and should be involved in outlining their need for services long before they are ready to emancipate. Indeed, the most troubled youths are likely to exit the system unsuccessfully around the time they become eligible for an ILP. Some researchers suggest that ILP services should start as youth enter adolescence and that youth should help early on with the decision making process for their transition. Overall, there is a call to recognize the vast

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individual differences in foster youth and tailor ILPs to the needs of each youth. The

person-centered approach of Keller, et al. (2007) can be adapted to develop and

implement ILPs that are more closely matched with the strengths and weaknesses of

foster youth. Although it may seem somewhat premature, as soon as a youth becomes

eligible for an ILP (generally age 16), case workers should start developing a transition

plan with the youth. Early on, this may include exploration of college or vocational

training options and information about the necessary paperwork for their various

options. In addition, Addendum A includes a list of identified needs of youth furing the

transition to independent living.

Possible Directions for Future Research and Program Development

Because there are few studies of independent living programs, there are many

avenues for future research. One problem identified in conducting high quality research

on ILPs is the lack of consistent and standardized measures. First and foremost,

important outcomes need to be identified and matched with appropriate measures

which can be used across programs. In addition, participation rates tend to be very

low, thus confounding results. One way to improve participation rates is to use

practitioners as a data source (Naccarato & DeLorenzo, 2008). Another method may be

through long-term aftercare or long-term relationships with mentors so that former

foster youth can be tracked well into adulthood to ascertain their educational,

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employment, housing, relational, and mental and physical health status. For example, future research should examine ILP services across locations and identify quality services as suggested by the mentors in the Osterling and Hines (2006) study. Additionally, educational attainment should be examined over a longer period of time as some youth make multiple entries and exits from educational institutions over time.

Future studies should also more closely examine the relationship between mental health problems and outcomes for foster youth. It appears that about one third of foster youth make successful transitions to independent living. For the other two thirds, it is important to determine what characteristics impede their progress and then design programs to meet those needs. It would be especially important for future studies to include comparison groups of youth who do not participate in ILPs (and why), and whenever possible, compare to youth in the general population.

One area of program development needing attention is temporary and permanent housing for young adult former foster youth. The numbers of former foster youth experiencing homelessness is evidence of this need. This should be a service extended to youth through ILP delivery including through aftercare as needed. For example, even college students who live in dorms during the school year need housing over the summer. While most college students can return to their families, former foster youth may or may not have that option.

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Appendix A

Identified Needs for Independent Living
Developed from Brandford & English (2004); Osterling & Hines (2006)

Develop a written transition plan according to the youth's wishes
Possess an official copy of the birth certificate and Social Security Card
Possess a driver's license and/or state ID card
Possess a list of emergency contacts (i.e., housing assistance, substance abuse recovery, mental health services)

Health
Access to mental health services after discharge
Access to substance abuse services after discharge
Access to health insurance and/or Chafee Medicaid waivers
Make decisions about birth control

Housing
Ability to find a stable place to live
Alternate housing in case of instability

Economic
Ability to open a bank account
Ability to budget money and balance a checkbook
Ability to obtain a credit card
Ability to use public transportation or buy a car
Obtain car insurance

Education and/or employment
Find opportunities for training and education
Find out ways to pay for college or vocational training
Ability to complete a college or job application

Support
Identify individuals who can provide advice or support
Identify individuals who can provide emotional support
Identify individuals who can provide instrumental support