

FOSTER CARE AND THE NEGATIVE AFFECTS OF TEENS NOT REACHING
PERMANENCY BEFORE THEIR 18TH BIRTHDAY

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Acknowledgements

This research is in dedication to the countless number of teens that age out of foster care. To the ones who have suffered any form of abuse/neglect, that in return has left them subject of the child welfare system. To let you know you are not forgotten, it is my hope that one day there will be a solution to what seems to be a simple problem for us to fix, yet too complicated of a problem for the world. My heart goes out to you all, from a former teen who aged out of foster care.

Abstract

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This study focuses on the negative affects not reaching permanency has had on teenagers while in foster care. Each year thousands of teens age out of foster care having not reached permanency. Most have no where to go, family relationships have been severed as a result of child-welfare involvement, they have little to no vocational skills, they have a higher chance of being subject to incarceration, early pregnancy, mental health issues and etc... while there are independent living programs available to teens, this research discusses why this is not an adequate resource for all teens that age out of foster care because most are not ready to live independently at 18years old. This research will discuss the bills/policies put in place to extended one's time in foster care past their 18th birthday to ensure they are able to graduate high school, it will cover the negative impacts of not having had reached permanency, why its so hard for teens to reach permanency, family relationships, the history of foster care and the role that case managers and independent living workers play in teenagers lives. To gain more insight on this topic an interview with a Child Welfare case manager and Independent Living case manager was conducted.

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Chapter One: Introduction

When Teenagers transition to adulthood they need support and services to help them prepare. For children aging out of foster care this means losing the only financial, educational, social, and other supports they count on. What should be a gradual transition into adulthood is a great loss that puts teenagers at risk for negative outcomes when aging out of foster care without having reached permanency. This specific group of youth then transition into adulthood lacking the traditional developmental experiences that teaches them self-sufficiency skills. Additionally they have little to no family supports and no access to community networks that would otherwise help them successfully transition into adulthood. Over the years, it has been thought that these vulnerable teens are ready for adult-hood upon their 18th birthday, however research has continuously shown otherwise and just like non-foster youth, most of these teens are not ready to enter adult-hood at 18 or even 21 years old.

Independent living programs available to youth within the child-welfare system have been seen as beneficial to the ones in which it is able to serve. There are different circumstances that exclude most teens in foster care from being eligible for this service. For example if a teen enters foster care at the age of 16 or 17.5 they are ineligible for supervised independent living housing, if a teen is on a court order through Wrap Around services they are not eligible for independent living services as it then becomes the job of the Wrap Around worker to find them stable housing. This mishap within Independent Living programs is one of the many factors that contribute to negative outcomes for teens aging out of care. The reality is this is not a service that's available to all youth in foster care and this is not a service that's equipped to meet the high needs and demands of some of our most vulnerable youth when it comes to them living independently (Avery & Freundlich, 2009).

Statement of the problem

Most teens that age out of the foster care system are not ready to take on the role of living independently upon their 18th birthday. Life for most of these teens has been way too complicated and before they can successfully live on their own. There are underlying issues that must be addressed such as mental health, trauma histories, restoration of severed family connections and etc. There is much more that comes with living independently aside from just providing teens with housing. If they are not given the tools to be successful before their 18th birthday this will only set them up for failure in the long run and contribute to the negative outcomes that most of them will face once they are no longer in foster care. This research will discuss, the different independent living resources available to teens aging out of foster care, the barriers within independent living services, the negative outcomes youth who age out of foster care face, the importance of family support, the benefits of staying in foster care past your 18th birthday and the role of Independent living workers and child welfare workers. Despite the number of resources and funding available to teenagers in foster care the homeless rate, pregnancy rate, incarceration rate, unemployment rate and drop-out rate for this specific population continues to increase (Akin, Bryson, McDonald, & Walker, 2012).

Definition of Terms

Concurrent Planning is required by the Adoptions Safe Families act of 1997, it is an approach that seeks to eliminate delays in permanency. With concurrent planning there is always an alternative permanency goal such as adoption, transfer of guardianship etc...this is pursued at the same time of working towards reunification rather than being pursued after reunification has been ruled out (Adoptions and Safe families Act of 1997, 2016).

Foster care serves as a temporary placement for children who have been abused, neglected, or have parents who are unable to support or care for them (Lockwood, Friedman, & Christian, 2015).

Independent Living Services for teens in foster care begins when they are 14 years old. A plan is put into writing that contains a written description of the programs and services that will help the youth prepare for their transition to independence and outlines his/her ability to take care of them self physically, socially, economically, and psychologically (Scannapieco, Connell-Carrick, & Painter, 2007).

Kinship Care refers to families receiving federal or state foster care payments for the care of relative's child/children (Lockwood, Friedman, & Christian, 2015).

Permanency for children in the foster care system occurs when they are either reunified with their family, living with relatives, living with a legal guardian, or have been legally adopted (Lockwood, Friedman, & Christian, 2015)

The Adoptions and Safe Families ACT (ASFA) a law created in 1997 for children who are ineligible for reunification with their biological families, therefore adoption or legal guardianship is the goal (Adoptions and Safe families Act of 1997, 2016).

IEP (Individualized Education Plan) is a document for students who need special education; it is created through a team effort and reviewed periodically. An IEP creates an opportunity for teachers, parents, school administrators, related services personnel, and students if appropriate to work together to improve educational results for children with disabilities (Moulton, 2017).

SIL (Supervised Independent Living) Teens in independent living must demonstrate they are mature and able to live on their own without supervision. Supervision is provided for Teens who

need assistance with the skills to be independent. These programs are intended to be transitions into independent adulthood (Independent Living, 2016).

Delimitations of Research

This research focuses on post foster care youth and the negative impacts not having had reached permanency has had on their adult life. Within the child welfare system at the age of 14 is when case managers and youth begin working on independent living plans. This research is an overview of teens that have unsuccessfully been discharged from the child welfare system, the ones who had not reached permanency before their 18th birthday. This research is not specific to any state or location but gives a broad overview of youth in general who have aged out of foster care. However this research does give small insight on certain states in regards to the number of teens aging out every year and the independent living resources available to youth in certain areas. The references used for the review of literature were collected from the Karmann Library at the University of Wisconsin Platteville. The key terms used were “foster care”, “Independent Living Programs”, “Teens in foster care”, “homeless Teens”, “Child Welfare System”, “Permanency”, “Teens aging out of Foster Care”, “Kinship”, “Foster Care Youth”, “Teen pregnancy rate in foster care”. Limitations are this paper only focuses on youth who have aged out of foster care on their 18th or 21st birthday.

Method of Approach

The methodology used to complete this research is quantitative. This research is based on the broad perspective of teens aging out of foster care in the U.S and the negative impacts youth face when not having had reached permanency before their 18th birthday. This research consisted of interviewing an independent living Case manager and Child-Welfare Case manager to gain a better understanding of what preparing teens in foster for aging out of the child welfare system

looks like. The purpose behind the interviews were to determine the pro's and con's of aging out of foster care at 18 and to figure out alternate ways to prepare these youth for what's ahead of them.

Chapter Two: Review of Related Literature

This chapter will discuss the history of foster care and how it became the system that it is today, the bills/policies and laws passed throughout the United States in support of teens aging out of foster care specifically in the state of Wisconsin, independent living programs available to teens while they are still in the care of and how they prepare teens for adulthood. This chapter will also discuss why Independent Living programs are not beneficial to all teens and while the data collected shows that independent living programs are much needed within the child-welfare system it will also show that there is still something missing in the equation which is why teens continue to experience hardship at such a high rate compared to teens who have not aged out of the foster care system upon their 18th birthday. Lastly, this chapter will look at the challenges of permanency for teens, the negative impact that a lack of family support can have on a teen as this is vital to their transition through adulthood and the role Child Welfare and Independent Living Case managers have in a teen's life throughout their transition.

History of Foster care

Foster care serves as a temporary placement for children who have been abused, neglected, or have parents who are unable to support or care for them (Lockwood, Friedman, & Christian, 2015) While the child welfare system works to find permanent placements for all children the reality is permanency is something not every child who enters foster care will get to experience. Some will spend years with a foster family or live with multiple foster families before finding a permanent home. Relatives can also be considered foster families once they have completed the licensing process. 13% of children in the child welfare system will never achieve permanency. Specifically those that have been diagnosed with a disability, entered foster

care as a teenager, or have been in care for more than 24 months (Lockwood, Friedman, & Christian, 2015).

Initially foster care was for poor and parentless children and served to maintain order in a changing society. Poor children were involuntarily put in public auctions when their biological families were unable to care for them; exploitation was also common in these circumstances. Indentureship declined in the late eighteenth and nineteenth centuries and institutional living was promoted as it was believed its structure was the solution to poverty (Reilly, 2003). Today there are several different types of foster homes children can be placed in when removed from their biological families. These are single foster homes, Group homes/residential Facilities, and Kinship care. Group homes and residential facilities are made up of children over the age of 12 years old. Most of these children present with significant developmental, behavioral and mental health issues which in some cases lower the chance of a case manager ever being able to find a stable home for them.

A single foster home is made up of one or more parents that are caring for non-biological children in their home; this home could also include their own biological or adopted children. Group homes/residential facilities are considered another type of foster home when children are removed from their biological families. Kinship care is when children are removed from their biological parents and placed in the care of relatives or a person who the family or child has known for a significant amount of time (Lockwood, Friedman, & Christian, 2015). This is also referred to as “Like Kin”, Kinship foster care providers receive the same emotional and financial support non relative foster parents receive from a foster care agency. The only difference is kinship providers have an established relationship with the child. It should be noted that Kin-ship care providers also receive lesser monthly payments. Currently in Wisconsin Kin-ship care

provides receive \$255 a month as to where foster parents payments are based off the needs of the child and can vary from \$500 to almost \$1500 a month.

Bills/policies/Laws Passed

The Adoptions Safe Families Act was signed into law by President Bill Clinton in 1997 and adopted by every state in the U.S. This law was put into place, to address the concern with the length of time children were lingering in the foster care system. After the Act was signed into law the number of adoptions from foster care increased, from 36,896 in 1998 to 50,722 in 2000 (Lockwood, Friedman, & Christian, 2015). The Foster Care Independence Act of 1999 doubled its funding and in some states teens were able to remain in foster care or continue receiving some form of assistance from the foster care system until they turned 21 with the exception of them being enrolled in school and having an Individualized Education Plan (IEP).

Outcomes for teens aging out of foster care continue to be poor and lack sufficient funding to assist these young adults. Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) showed there were approximately 415,129 children in foster care as of September 30, 2014. Additionally, 1% were living in Supervised Independent Living homes, 1% were runaway teens, 6% were residing in a Group Home setting and 8% were residing in an institution and 22,392 were emancipated at the age of 18 (AFCARS Report: Administration for Children and Families, Children's Bureau, 2016). Although youth are provided independent living services and other supports to aid them in their transition from care, they are known to experience many challenges as they transition to life on their own (Avery & Freundlich, 2009).

April 2014, Governor Scott Walker of Wisconsin signed Senator Terry Moulton's Extended Foster Care bill (Senate Bill 451). This bill allows teens to voluntarily remain in foster

care until age 21 as long as they have an Individualized Education Plan (IEP). This additional support will allow teens to avoid homelessness and be cared for while finishing high school or vocational training. When children don't have stability and their basic needs are not being met, their education suffers significantly. The transition to independence is known to be far more difficult without a high school diploma. This bill allows for teens to maintain stable housing and receive all needed resources while still enrolled in school. Wisconsin is one of 18 states that have extended foster care for teens to the age of 21 to ensure their educational needs are met as long as they have an IEP. Included in those states are Illinois, Minnesota, Michigan and Indiana (Scialfa & Scholl, 2014). The next section will discuss the history of Independent Living, the programs offered throughout Wisconsin and why Independent Living is not always the best option for most of these youth once they turn 18.

Independent Living Programs

It was not until 1986, Congress enacted the Title IV-E Independent Living Initiative. Since then states have developed programs to assist youth in transitioning out of foster care to independent living. The John H. Chafee Foster Care Independence Program is part of the Foster Care Independence Act and was developed with the main goal of more flexible funding so that states are able to implement a variety of programs that assist youth in transitioning from foster care. Since then there has been a renewed effort on addressing the challenges youth face after leaving foster care without having reached permanency (Scannapieco, Connell-Carrick, & Painter, 2007).

Youth in foster care, begin Independent living planning when they are 14 years old. They work with their case managers to develop a plan that contains a written description of the programs and services that will help them transition to independence and outlines his/her ability

to care for themselves physically, socially, economically, and psychologically. Every state has an Independent Living Program for foster youth starting from the age of 14 until they are 25 years old, which gives them access to support services. While services for youth aging out of foster care focuses on preparing them to live independently at age 18, there continues to be a lack of focus on developing and nurturing social relationships (Eilertson, 2002).

Wisconsin has several Independent Living programs, where services for youth begin at the age of 14 and can last until their 25th birthday. Santa is a private agency, contracted with the DMCPS (Department Milwaukee Child Protective Services) that provides several different components of Independent Living programming for youth. The Youth moving on Program provides housing in 1 bedroom apartments with 18 months of supportive services to former foster youth between the ages 18-24 who are at risk of being homeless. Services are designed to ensure teens pursue education, employment, learn how to access needed resources and achieve the skills necessary to live on their own. Goals include development of daily living skills, managing finances and budgeting, educational and vocational training, employment, managing of mental illness, achieving positive physical health and avoiding contact with the criminal justice system.

For teens to be eligible for this service they must have a High School Diploma/GED and an income. They must apply before their 25th birthday, their CHIPS order has to be ended and they must be able to take on rent responsibilities therefore youth should start saving prior to enrollment. Their first month rent is subsidized and the youth will be expected to pay no more than \$400 a month. The youth cannot be homeless but at imminent risk of homelessness and documentation is needed from the former case manager, caregiver, etc. This service also seeks to

help youth who have had issues within the legal system however this is on a case by case situation.

Then there is the Youth Transitioning to Adulthood Scholars Program, which is also a program through Santa that provides long-term support (usually 3-5 years) and guidance to young adults who are exiting the foster care system. The focus is education, employment and personal development, program services are designed to ensure youth engage in positive relationships, pursue further education and employment goals. The ILS counselor is at the center of their success and serves as a mentor, teacher, and advocate to the youth. There is also focus on enhancing supportive relationships as long-term connections. To be eligible for this program you must be 18-24 year olds and a former out-of-home care youth the resided in one of the following (foster care, group home, residential care). This specific program does not assist youth with housing services.

Lad Lake is another agency in Wisconsin made up of 3 different components that provides independent living services to teens. They are Independent living, supervised independent living and connections. Independent Living services within this agency help teens prepare for life on their own. They assist clients in obtaining stable housing, employment, and support services. Supervised Independent Living offers 16-21 year-olds who are on the verge of living independently daily transition services like subsidies, life skills, housing and supervision. Connections is a voluntary service for youth between the ages of 17.5-21 years old who have aged out of foster care with limited housing subsidies, instruction, direction, and support.

Independent living programs are not always the option for youth in foster care who lack the social foundation of a stable family and community resources. Most of these youth are not developmentally mature enough to take on adult roles, specifically those with emotional,

psychological, educational, and behavioral deficits resulting from abuse, neglect and abandonment (Dworsky & Courtney, Homeless and the Transition from Foster Care to Adulthood, 2009). There's an assumption that a more supportive transition to independent living will provide teens with skills to succeed, however in 1999 when congress passed a bill that provided increased funding for transitional programs there was little to no evidence of independent living programs being effective and improving outcomes for young people aging out of care (Akin, Bryson, McDonald, & Walker, 2012).

Youth need stability and loving families during and after their transition from foster care and most of these youth are not equipped to live independently. Some of these youth have limited abilities and are unable to perform everyday tasks due to physical disabilities. These limitations could preclude certain occupations and for some rules out independent living because of their need for special assistance. Because almost all of these youth have suffered from some form of abuse and neglect as children, they also suffer from health and mental health problems as young adults. In fact, nearly twice as many teens who age out of foster care suffer from post-traumatic stress disorder as U.S war veterans (Wieland & Nelson, 2014). This alone is another barrier to teens ever reaching permanency while in foster care. The next section will discuss permanency and the negative outcomes it has on youth when they have not reached permanency before their 18th birthday.

Permanency

There is a growing emphasis on permanency in the child welfare system and the concept tends to be misunderstood. A child achieves permanency when they are either reunified with family, living with other relatives, living with a legal guardian, or have been legally adopted (Lockwood, Friedman, & Christian, 2015). Teens experience a great amount of instability within

the child welfare system, which in turn affects their ability to later achieve permanency. Approximately 40% of children are moved within their first 6 months in placement, with teenagers experiencing multiple moves in that time frame (Wieland & Nelson, 2014). Ideally when families come into the known of child-welfare, the permanency plan is reunification and most of the time there is what is called a concurrent goal. This is usually known as a transfer of guardianship, adoption or long term foster care. A concurrent goal is basically a back-up plan in the event reunification is not able to occur.

In 2012, 87% of children in foster care were discharged to a permanent home. Of the 235,000 children who exited the foster care system in 2012, 58.7% were reunified, 6.8% were in guardianship care, 21.3% were adopted, and 9.8% were emancipated. Each year 23,000 youth age out of foster care, failing to reach permanency before reaching adulthood. Children with disabilities, older children, and those who have been in foster care longer achieve permanency at lower rates than the 87.3% of the general population in foster care (Lockwood, Friedman, & Christian, 2015). Most youth that aged out of foster care, have experienced all kinds of trauma prior to entering the system and most had continued to be traumatized throughout their years of being in out of home care which is another contributing factor that has led to negative outcomes in their later years of life and lowered their chances of ever reaching permanency while in foster care.

Abuse and neglect has contributed to chronic health problems and mental or behavioral problems. They can't afford housing, they have trouble finding work and most don't have the basic skills to care for themselves. They have trouble accessing health care and many have no connections or long term relationships with their biological family or other adults (Stott, Placement instability and Risky behaviors of Youth Aging Out of Foster Care, 2011). The

transition to adulthood should be a gradual process where teens become less dependent on their parents and more prepared to meet their own needs over time, however this is opposite for the youth who age out of foster care. Upon their 18th birthday if they are not enrolled in school and have an IEP, they cannot remain on a court order past their 18th birthday. For the youth who have an IEP or mental health diagnosis staying in care until their 21st birthday is their only option, as this condition lowers their chances of being eligible for IL services.

Homelessness is far too common amongst this specific population, as many as 25% of teens leaving foster care experience homelessness (Stott & Gustansson, *Balancing Permanency and Stability for youth in foster care*, 2010). Youth who are at higher risk for homelessness are the ones who reside in group home settings and residential facilities as most of them are not eligible for Independent living services and lack the basic skills to live on their own. Youth who are placed with relatives are less likely to experience homelessness at the age of 18 because they have sustained family connections. Young people who age out of foster care are those who the child welfare system has failed to find stable placement through reunification, adoption or legal guardianship. Half of foster youth do not finish high school before they age out, they tend to be behind educationally compared to their peers, with as few as 33% graduating from high school at the time of aging out (Scannapieco, Connell-Carrick, & Painter, 2007).

More than 60% of females leaving the system have a baby within 4 years, almost always outside of marriage (Dudley, 2013). The outcomes associated with being a teen parent for youth in or formerly in foster care often results in a cycle, where their own children end up being placed in out of home care. Case Managers have been encouraged to refer clients to clinics for contraception and some go as far as talking about the consequences of unprotected sex. But this is an issue that must be addressed more in depth and until then high pregnancy rates amongst this

population will continue until the underlying factors as to what motivate these youth to become teen parents are addressed. For some youth in foster care, having a child is seen as a way to create the family they never had, a family who will love them and who they can love, or simply a way to demonstrate that they can do a better job of parenting their own children compared to how their birth parents had done with them. Addressing these motivations means giving teens in foster care a reason to delay pregnancy. They need to believe that they can complete their education, find a good job and succeed in life before creating their own families.

For youth in the child welfare system the need to acquire independent living skills is vital. A study was conducted in the Midwest, where it showed teens that remained in care until the age of 21 were more likely to attend college than their peers as well as have higher earnings and delayed pregnancy (Dworsky & Courtney, Homeless and the Transition from Foster Care to Adulthood, 2009). Therefore, staying in the child welfare system longer extends family life protection that youth need as they transition to adulthood. Youth who have no interest in severing ties with their biological family, which would occur through adoption and adoptive families who wish to delay legal adoption to garner the benefits of state assisted college tuition the foster care system serves as a benefit to them.

Family Ties

There is limited information on the outcomes of youth who return to their biological families after they have aged out of foster care. This information is important because of the identified risks this population face (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001) and successful reconnection with family members could reduce those potential risks. Because reunification and reconnection with family has never been a focus of research, little is known about this. Reconnection with family might not involve living in the same household but instead

be focused on other aspects such as the youth receiving support from different biological family members.

Deficiencies in family support are a common challenge for most youth who age out of foster care. They have poor relationships with their families, who themselves have limited resources. The difficulty is not always a family's lack of support, in some cases parents and extended family members strive to be supportive, but the demands of the journey through childhood can weaken a parents' ability to take on the burdens of the transition to adulthood (Osgood, Foster, & Courtney, 2010) The impact child welfare involvement has on biological families is substantial and should not go unnoticed. Families are made up of people who have a shared history and future (Trusts, 2007). These relationships go through many transitions once a child is removed from the care of their biological family. Boundaries and roles may shift and connections are constantly being redefined. Functions of a particular individual may be replaced, such as the parenting role for a child in foster care, but the actual person is never replaced nor is the bond to the biological family. Crises and stressors can derail family functioning and the impact of this will be felt by individual family members and their relationships (Nicoletti, 2007).

It is thought that youth leaving foster care often reconnect, and sometimes live with biological family members even if the experience is short lived. Because these reconnections occur outside of the child welfare system little is known about the processes and outcomes. It is understandable that youth leaving the foster care system look to their birth family relationships for emotional or instrumental support regardless of the history and limitations. For some youth, foster parents are considered their only family even after they have aged out of foster care. The statistics, on how many youth maintain relationships with their foster parents after they have aged out is unknown. The next section will discuss the roles that Case Managers and

Independent Living workers play in the lives of these teens and they impact they have on their futures.

Child-Welfare/IL Case Managers

There are two types of case managers that serve teenagers within the child welfare system. There are Case Managers who serve teens up until they are 18 years old and once their dispositional order expires the case will close out unless they have an IEP to which they then have the option of staying on their order until they are 21 years old and or graduate from high school, whichever comes first. Then there are Independent living workers that are available to teens up until they are 25 years old. Independent living workers receive referrals from case managers within the child welfare department for teens who they feel are ideal candidates for the independent living program.

Child Welfare case managers service all children from birth up until age 18 years old, while IL Case managers only service teens that are apart of the independent living program. Caseload numbers vary amongst these two case managers, IL case managers at Santa can service from 15-20 teens at a time, and Child welfare case manager's carry between 12-17 cases and being they service an entire family unit this could mean high numbers for them and there is no specific number on how many teens they can service.

An interview was conducted with a Child Welfare Case Manager and an Independent living case manager both from the same agency. Both were asked a total of 10 questions related to their work experience working with youth in the child welfare system such as how long have they been working at the agency, what kinds of resources do they provide teens with before aging out of care, how often are they required to visit with teens, what is the living situation like for most of them, what is their family support like, what they feel teens need to be successful

upon exiting the foster care system, if they could change one thing about CPS in regards to policies and procedures as it relates to teens what would it be, what is their experience around the challenges to find homes for teens, how many teens are they currently serving and what do they believe are some barriers to the independent living program. The purpose of this interview was to develop a better understanding of the roles between the two, learn the services they offer and learn exactly what it is that they do to prepare teens for adult-hood.

Case managers begin working with teens on independent living skills at the age of 14 years old. If a teen is not placed in a home setting such as a foster home or in the care of a relative placement, it is the expectation that the group home setting will teach basic life skills. Once a teen turns 14, the case manager completes the Casey life skill assessment, which is an assessment that assesses the behaviors and competencies a youth needs in order to achieve their long-term goals (Casey Life Skills, 2017). Services are provided based off what the teen checks on the form, but it never gets to the underlying issues which is how will their basic needs be met when they are no longer in care which is food, clothing and shelter. The main thing a teen needs is certainty that they have a stable home before they leave foster care (Woods S. , 2017). Most of the teens served live in negative environments which force them to engage in risky behaviors in order to get their needs met. Independent Living workers provide services from budgeting, banking, education, employment, community resources, assist with looking for housing and etc...it should be noted that Independent Living workers within the child-welfare system will only assist teens with looking for housing but will not provide them with housing (Woods C. , 2017).

Child welfare case managers are required to visit Teens once a month and IL case managers are required to see teens twice a month. Depending on the needs of the teens can and

will visit with them more than required. For some of these teens the case managers are their only support. They tend to have little to no family support and because of this the teens enrolled in the independent living program become family to each other. In Child Welfare some teens will continue to have connections with their bio-parents. There are also situations where parents are un-documented, and with the courts being involved they become fearful of being deported which keeps them away from their children (Woods S. , 2017).

Both case managers described having positive relationships with the teens on their current caseloads. Studies have shown that teens often have contentious relationships with their Case managers because they are enforcing rules or telling them what to do without having the time to develop a trusting relationship and good communication which is necessary for a positive relationship (Wieland & Nelson, 2014). More than 42% of children in foster care are age 11 and older and as noted earlier throughout this research this specific age group has a higher average length of stay in foster care compared to younger children. Focusing on the differences between youth and children in the child welfare system could possibly assist in building better supports for the older population. Identifying specific challenges in this population will be important for program planning within the child welfare system (Cummings, et al., 2016).

Summary

This specific population who by definition was removed from their parents as a result of abuse and neglect deserves to be in a loving, caring stable environment. While some have had the privilege of been raised in foster homes even it was short lived, what these youth know above all is that they have been raised by people being paid to care for them. Because of this, most of them have not experienced unconditional parental love. Many have emotional scars from their childhood that has become increasingly problematic as they entered their teenage years, often

resulting in behavior problems or mental health issue (Wieland & Nelson, 2014). This in turn has lowered their chances of ever being placed in a family setting. With all that these teens have experienced the expectation that most of them are ready to live independently upon 18 is unrealistic and something must be done to fix this.

While most teens in foster care have been in out of home placements throughout their childhood up until their teenage years, there are a good number of them that enter foster care as teenagers due to unruly behavior towards their parents, untreated mental health needs, their parents not having the necessary resources to meet their basic needs and many other reasons. The unsettling fact is that for most their only placement options will be residential facilities and group home settings due to their behavioral issues, mental health needs and etc... Teenagers are a population that's seen as most undesirable amongst foster parents as they prefer younger children who are more adoptable and for some may even consider younger children easier to deal with. During the time of being placed in out of home care most will spend their years running from placement to placement. From the interview conducted with the child welfare case manager it was suggested that one way to achieve permanency is to address what the teens want to address when completing assessments versus what the case manager wants to fix (Woods S. , 2017). Basic needs and lifelong connections go a long way and when you compare a non-foster teen to a teen who is in care, you will see that while both lack life skills, the one with stable housing and able to have their basic needs met will do better, while the homeless teen is in constant fight or flight mode.

Chapter 3: Conclusion and Recommendations

In conclusion every child in foster care deserves a family, the need of a family and support does not stop once a child has reached 18yrs old. Therefore it should not be thought that our most vulnerable youth can independently take on this task. This research shows that even with independent living programs available to youth this is just not enough for one to sustain on their own and that a family setting is critical to their well-being. This is an epidemic that should not be looked at on a surface level. The fact that most of these youth have had little to no home life stability, given no skills to maintain relationships and experienced all depths of abuse and neglect it should be not assumed they are ready for adult-hood upon their 18th birthday when statistics have proven that in today's society youth are not leaving their parent's home until their mid-20's (Nicoletti, 2007). With this view we are only being a problem to the epidemic of homelessness by allowing these teens to age out of care and do nothing for them.

Recommendations

Youth should have the option of extending their stay in foster care on a voluntary basis until they are 21 years old especially if the foster parent is in agreement with keeping the teen past 18. This should not be a privilege only granted to teens that have an IEP. In most states in order for a teen to receive any type of housing services after their 18th birthday, they must be diagnosed with a mental health disorder or been enrolled in school under an IEP and this should not be the case.

Child welfare agencies should do better at supporting/maintaining relationships between teens and their families once placed in out of home care. There are family members who criminal histories have prohibited them from being placement options for relative children and in some cases even jeopardized their relationship all together once the child has been placed in out of

home care. As youth age and are without a physical, mental or developmental disability, reconnecting with family members and possibly being placed with them should be considered. This should be carefully addressed on a case by case situation with families.

There should be a policy created that allows for relatives with criminal histories older than 15yrs that are in good standing with the law and no current/pending criminal histories be considered for placement of children who are of a relative to them. This will be good because most of these teens return back to the families they were removed from once they are no longer in the system. Having a past criminal history should not automatically deem a person as being incapable of being able to safely parent a child and meet their basic needs.

Currently permanency outcomes are not realistic goals for teens and while it appears case managers have begun to incorporate teens more in the planning of their permanency outcomes. Child welfare workers need to set realistic goals for teenager as permanency will not look the same for all of them. Currently with the permanency laws, one is considered to have had reached permanency once they have been reunified with their bio-parents, relatives or adopted. With teens being the most challenging population to find adoptive homes the reality is when most of them are removed from their homes they rarely are reunified, therefore agencies should go back and redefine what a successful permanency situation would look like for teenagers.

The requirements to be considered for independent living are so strict; this easily cancels out teens who suffer with behavioral issues, mental health, cognitive delays and etc... And as mentioned earlier within this text, the responsibility of what it takes to live independently is not a task half these teens are ready to take on at the age of 18. Therefore there should be a housing program and or adult group homes specifically for teens with more challenging/severe behaviors

that are set to age out of foster care with nowhere to go. They should be able to live within these housing programs until their 21st birthday.

With the high rate of negative outcomes teens are faced with once placed in out of home care biological parents should not be allowed to leave children within the system simply because they do not want to take on the responsibility of parenting their children. There are a significant amount of children lingering within the foster care system because their parents do not want to deal with them. Once these children are under a court order they are provided with resources that address behavioral and mental health issues and most parents would prefer to parent their children outside of the home. These parents should be held accountable for their unwillingness to take on a parental role with their children. This does nothing but add to the staggering number of children lingering in the foster care system, age out and suffer.

Child-Welfare agencies should create recruitment groups that go into the community and recruit foster parents specifically for teens between the ages of 12-18years old. Because this is a population that is not appealing to the eye of foster parents there should be some sort incentive involved.

Child welfare agencies should figure out ways to provide extra support to teens and the adults who are fostering them. Sometimes this is as simple as allowing bio family members to be involved in the parenting aspect as much as possible and in some cases things are more complex. For many foster parents who have raised their own teenagers, the behaviors of an unruly foster child can be unpleasant. When it is your own child you handle situations according to your own parenting style, but laws and policies have put restriction on foster parents therefore most foster parents begin to feel powerless, unsupported and in some cases feel the foster child behaviors are

negatively impacting the behaviors of their biological children which in turn may result in the foster parent wanting the children removed.

It should not fully be the expectation of group homes to teach children independent living skills. With teens that possess more behavioral issues this may come as a challenge for staff as they are constantly dealing with AWOL behaviors that they are unable to focus on teaching teens how to be fully independent.

The monthly stipend for Kin-ship care payment should be increased to support relative family members that are caring for children. There are many children linger in the foster care system simply because family members are not financially equipped to care for them, yet if they are placed in out of home care foster parents are given more than enough to care for non-relative children. Kin-ship care providers do not have to attend the amount of trainings that foster parents attend therefore this should possibly be a requirement for family members in order to increase their monthly payments.

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